NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

January 11-12, 2023

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

Please do not remove the book from the meeting room.

Nevada State Board of Pharmacy

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

Date Posted: December 28, 2022

AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday January 11, 2023, at 9:00 am. The meeting will continue, Thursday, January 12, 2023, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

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

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

Please Note:

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

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

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

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

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

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

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

◈ CONSENT AGENDA ◈

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

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

   A. November 30- December 1, 2022
   B. December 8, 2022

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

   A. Eden Medical Supply LLC – Boca Raton, FL
   B. Lymphacare – Montgomeryville, PA
   C. Northeast Express – Frankford, DE

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

   Background Check Not Required by Law.

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

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

   D. Azurity Pharmaceuticals, Inc. – Wilmington, MA
   E. Bavarian Nordic Inc. – Morrisville, NC
   F. Bayshore Pharmaceuticals, LLC – Short Hills, NJ
   G. BWXT Medical Ltd. – Ottawa, Ontario
   H. Catalent Indiana, LLC – Bloomington, IN
   I. Cordis US Corp. – Miami Lakes, FL
   J. Greenwich Biosciences, LLC – Carlsbad, CA
   K. La Jolla Pharmaceutical Company – Waltham, MA
   L. Linde Gas & Equipment Inc. – Lake Havasu City, AZ
   M. Linde Gas & Equipment Inc. – Livingston, TN
   N. Linde Gas & Equipment Inc. – Phoenix, AZ
   O. Linde Gas & Equipment, Inc. – Salt Lake City, UT
   P. Rayner Surgical, Inc. – Seattle, WA

Q. Santen, Inc. – Emeryville, CA
R. Shorla Oncology Inc. – Cambridge, MA
S. Verathon Inc. – Bothell, WA

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

T. Agiliti Health, Inc. – Dallas, TX
U. Agiliti Health, Inc. – Hazelwood, MO
V. Agiliti Health, Inc. – Indianapolis, IN
W. Agiliti Health, Inc. – Odenton, MD
X. Agiliti Health, Inc. – Swedesboro, NJ
Y. Amryt Pharmaceuticals, Inc. – Boston, MA
Z. Biohaven Pharmaceuticals Inc. – New Haven, CT
AA. Dentsply IH Inc. – Waltham, MA
BB. Henry Schein, Inc. – Fort Worth, TX
CC. Henry Schein, Inc. – Whitestown, IN

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

DD. Catalent Pharma Solutions, LLC – Philadelphia, PA
EE. Cochran Wholesale Pharmaceutical LLC – Monroe, GA
FF. Covetrus North America, LLC – Aurora, CO
GG. Covetrus North America, LLC – Columbus, OH
HH. Covetrus North America, LLC (Twin Creeks) – Columbus, OH
II. Covetrus North America, LLC – Fort Worth, TX
JJ. Covetrus North America, LLC – Lexington, KY
KK. Covetrus North America, LLC – Southaven, MS
LL. Covetrus North America, LLC – Tualatin, OR
MM. Covetrus North America, LLC – Visalia, CA
NN. DHL Supply Chain (USA) – Mooresville, IN

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

OO. Dr. Reddy's Laboratories Inc. – Princeton, NJ

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

PP. Brasseler U.S.A Medical, LLC – Savannah, GA
QQ. Sirona Dental, Inc. – Long Island City, NY

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

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

RR. Idorsia Pharmaceuticals US Inc. – Radnor, PA
SS. Kuehne + Nagel Inc. – Southaven, MS
TT. Life-Assist, Incorporated – Lenexa, KS

UU. Reselia Pharmaceuticals, Inc. – Atlanta, GA
VV. RHS Healthcare Solutions Inc. – Jacksonville, FL

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

4.3.1 Manufacturer (NAC 639.593(7)(d))

WW. Linde Gas & Equipment Inc. – Carson City, NV
XX. Linde Gas & Equipment Inc. – Elko, NV
YY. Linde Gas & Equipment Inc. – Henderson, NV
ZZ. Linde Gas & Equipment Inc. – Sparks, NV

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

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

AAA. Fremont Public Health Center Pharmacy – Las Vegas, NV

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

BBB. All Desert Respiratory – Las Vegas, NV
CCC. Diamond DME, Inc – Las Vegas, NV

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

DDD. ARX, Accurate Rx Specialty Pharmacy Corp. – Kew Gardens, NY
EEE. Covetrus North America, LLC – Houston, TX
FFF. Covetrus North America, LLC – Omaha, NE
GGG. Professional Pharmacy Resources – Pace, FL

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

HHH. Birdi, Inc. – Tempe, AZ
III. Covetrus North America, LLC – Fort Worth, TX
JJJ. Covetrus North America, LLC – Portland, ME
KKK. Elevation Pharmacy LLC – North Palm Beach, FL
LLL. Pandia Pharmacy – San Jose, CA
MMM. Williams Bros. Rx Express – Washington, IN

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

NNN. Medical and Dental Center of Nevada, LLC – Las Vegas, NV

◈ REGULAR AGENDA ◈

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

A.	CVS Pharmacy #10861	(18-008-PH-S)
B.	Yuna Eun, RPH	(18-008-RPH-A-S)
C.	Cynthia To, RPH	(18-008-RPH-B-S)
D.	Walgreens Pharmacy #4854	(19-100-PH-S)
E.	Minhquang Nguyen, RPH	(19-100-RPH-S)
F.	Josette Spotts, MD	(22-396-CS-S)
G.	Jonathan Sorelle, MD	(22-027-CS-S)
H.	David Ludlow, MD	(22-067-CS-S
I.	Maria Regalado, MD	(22-066-CS-S)
J.	Esan Forde, RPH	(22-081-RPH-O)
K.	Abdel Khalek, MD	(19-003-CS-A-S)
L.	Robert Chancellor, MD	(19-003-CS-B-S)
M.	Lindsay Hoffman, PA-C	(19-003-CS-C-S)
N.	Wesley Robertson, MD	(21-063-CS-S)
O.	Michael Burkintas, RPH	(22-063-RPH-S)
P.	Amanda Marie Wagner, MD	(21-029-CS-N)
Q.	Carrie Chaney, APRN	(22-167-CS-N)
R.	Julio Garcia, MD	(20-142-CS-S)
S.	Chad Hall, DO	(21-108-CS-S)
T.	Alyza Ventura, PTT	(22-161-PTT-N)
U.	Joseph Lee Williams, MD	(22-334-CS-S)

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

A.	Vinay Bararia	(19-003-CS-S)
B.	Sierra Steger, DVM	(22-356-S)
C.	Joshua Schaffner	(22-189-S)

7. Hearing on Motion for Leave to File Another Motion for New Hearing. If granted, then hearing will be scheduled at a later date. If denied, then hearing on partially granted Motion for Reconsideration of paragraphs 7, and 10 of the Findings of Facts, Conclusions of Law, and Order pursuant to NRS 233B.130(4). **(FOR POSSIBLE ACTION)**

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

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

Cranial Technologies, Inc. – Las Vegas, NV

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

    A. Advance Pharma – Las Vegas, NV
    B. Choice LV Specialty Pharmacy – Las Vegas, NV
    C. Trinity Express Pharmacy – Las Vegas, NV
    D. Vital Care of Summerlin – Las Vegas, NV

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

    A. California Specialty Pharmacy – Whittier, CA
    B. Cardinal Health 414, LLC – East Rutherford, NJ
    C. Choice Compounding Pharmacy – Torrance, CA

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

    Innovation Compounding – Kennesaw, GA

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

    Kidney Specialists Surgical Center – Las Vegas, NV

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

    A. Amazi Harris
    B. Daynell White

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

    A. Danniel Garibay
    B. Latrice Robinson

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

    Hakyung Kim

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

Cesar Cabrera

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

    A. Alan Bolnick
    B. Joseph Lee Williams

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

    Wilson Bernales

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

    Kate Gibbons

20. Petition for Removal of Restrictions on Dispensing Veterinarian Registration issued pursuant to NAC 639.7423 – Appearance. **(FOR POSSIBLE ACTION)**

    Carrie Lambert

21. Approval of Pharmacy Technician Application. **(FOR POSSIBLE ACTION)**

22. Approval of Pharmacy Technician in Training Application. **(FOR POSSIBLE ACTION)**

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

24. Executive Secretary Report:

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

25. Date and Location of Next Scheduled Board Meeting:

    March 1-2, 2023 – Las Vegas, NV

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

27. Adjournment

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

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

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

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

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NEVADA STATE BOARD OF PHARMACY

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

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

• Web Page: bop.nv.gov

MINUTES

November 30 – December 1, 2022

BOARD MEETING

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

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

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

Board Members Present:

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

Board Staff Present:

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

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

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

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

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

2. Public Comment November 30, 2022, 9:00 AM

Jaime Cordoba-Hernandez commented that he is present for the Board meeting in accordance with his Order.

◈ CONSENT AGENDA ◈

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

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

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Board Meeting Minutes for October 12-13, 2022, and November 18, 2022.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

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

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

Background Check Not Required by Law.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Z. 3M Medical Solutions – Las Vegas, NV

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

AA. DHL Supply Chain (USA) – Reno, NV

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

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

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

DD. DME Healthcare Partners – Las Vegas, NV

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

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

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

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

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

NN. Canyon Ridge Surgery Center – Las Vegas, NV

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Consent Agenda.

Second: Wayne Mitchell

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

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

A. CVS Pharmacy #10861 (18-008-PH-S)
B. Yuna Eun, RPH (18-008-RPH-A-S)
C. Cynthia To, RPH (18-008-RPH-B-S)

These matters were continued to a future Board meeting.

D. CVS Pharmacy #9841 (19-257-PH-N)

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

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

Peter Keegan, Assistant General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding the pharmacy failing to comply with recordkeeping requirements for RX# C1041278 and their responsibility for the acts of all personnel that they employ.

Mr. Keegan clarified CVS #9841 is charged with only Count Three and the other Counts are against Rola Mseeh in the Notice of Intended Action and Accusation.

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

The stipulated penalties for CVS Pharmacy# 9841 Pharmacy License No. PH01364 are the following: 1) pay a fine of $1,000 for the violations; and 2) pay $500 to partially reimbursed the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Mr. Keegan clarified that the Stipulation and Order is for CVS Pharmacy #9841 located at 1695 Robb Drive, Reno, NV 89523. He will correct the Stipulation and Order to reflect the correct store number.

DRAFT

Board Action:

Motion: Richard Tomasso moved to approve the Stipulation and Order for CVS Pharmacy #9841 as presented by Mr. Keegan.

Second: President Park

Action: Passed unanimously (Jacobo and Zakariassen recused).

E. Rola Mseeh, RPH (19-257-RPH-N)

Malik Ahmad appeared as counsel on behalf of Rola Mseeh.

Rola Mseeh appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Ahmad commented to the Board that he requested a list of exhibits, witnesses, and a correct Notice of Intended Action and Accusation regarding Ms. Mseeh's case, but he did not receive any of the requested information.

Mr. Keegan clarified that the disciplinary actions noted in paragraph three of the Notice of Intended Action and Accusation are referring to CVS# 9841 and not against Ms. Mseeh.

Mr. Ahmad requested the Board dismiss the case against Ms. Mseeh due to an unclear Notice of Intended Action and Accusation.

President Park denied motion to dismiss.

Jade Jacobo disclosed that she works for CVS but stated that she could participate in this matter fairly and without bias.

Rolf Zakariassen recused himself due to his employment with CVS.

Peter Keegan prosecuted the case regarding Ms. Mseeh improperly declining to fill and failing to comply with recordkeeping requirements for RX# C1041278.

Mr. Keegan called Mark Bridges as a witness via phone since he is unable to appear in person due to personal reasons.

Mr. Ahmad objects to the witness as they should be appearing in person to the Board meeting.

President Park confirmed that extenuating circumstances may allow someone to not appear in person. Therefore, she denies objection to the witness.

DRAFT

Mr. Keegan questioned Mr. Bridges on the issue that occurred, and the complaint filed.

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

Mr. Keegan requested the Board to enter into the record the complaint form submitted by Mr. Bridges as Exhibit 2.

President Park admitted as Exhibit 2.

Mr. Keegan requested the Board to enter into the record the original prescription of Mr. Bridges as Exhibit 3.

President Park admitted as Exhibit 3.

Mr. Ahmad cross-examined Mr. Bridges.

Mr. Keegan called Monica Segedy a witness.

Monica Segedy, Investigator for the Nevada Board of Pharmacy, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Keegan questioned Ms. Segedy on her position with the Board and her investigation of the case.

Mr. Keegan requested the Board to enter Ms. Segedy's email chain with CVS Corporation as Exhibit 4.

President Park admitted as Exhibit 4.

Mr. Ahmad cross-examined Ms. Segedy.

Mr. Keegan called Rola Mseeh as a witness.

President Park clarified that Ms. Mseeh is still sworn in.

Mr. Keegan questioned Ms. Mseeh on the details regarding her case.

Mr. Ahmad cross-examined Ms. Mseeh.

The Board questioned Ms. Mseeh.

Mr. Keegan provided his closing statement and requested the Board to find the evidence supports a record keeping issue and unprofessional conduct.

DRAFT

Mr. Ahmad provided his closing statement and requested an error-free Accusation and dismissal of this case due to the lack of evidence.

Sophia Long, Deputy Attorney General from the Attorney General's Office, commented that the Accusation was done properly and provided "preponderance of the evidence" definition to the Board.

Board discussion ensued.

President Park called for a brief recess.

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

Gener Tejero and Wayne Mitchell was excused from the meeting at 1:30 PM.

Niki Neilon was present for the meeting

Ms. Neilon presented the Nevada Board of Pharmacy's auditing report to the Board's satisfaction.

Wayne Mitchell and Gener Tejero returned to the meeting at 1:33 PM.

Board discussion ensued.

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

E. Rola Mseeh, RPH (19-257-RPH-N)

President Park reopened the Rola Mseeh hearing.

Dave Wuest, Executive Secretary from the Nevada Board of Pharmacy, commented that Ms. Mseeh's and Board's counsel has discussed on how to proceed with the case.

Sophia Long advised of the options on how the Board can proceed with the hearing: 1) dismiss the case against Ms. Mseeh and proceed with a cite and fine; 2) find Ms. Mseeh not guilty if Board wants the case adjudicated; or 3) find Ms. Mseeh guilty and impose discipline against her registration.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to dismiss Case No. 19-257-RPH-N against Rola Mseeh.

Second: Jade Jacobo

Action: Passed unanimously (Zakariassen recused).

F. Walgreens Pharmacy #4854 (19-100-PH-S)
G. Minhquang Nguyen, RPH (19-100-RPH-S)

These matters were continued to a future Board meeting.

H. Walgreens Pharmacy #4854 (18-021-PH-S)
I. Minhquang Nguyen, RPH (18-021-RPH-A-S)
J. Diana Ebel, RPH (18-021-RPH-B-S)
K. Dimitris Efstathiou, RPH (18-021-RPH-C-S)
L. Maria Cruz, RPH (18-021-RPH-D-S)

These matters were continued to a future Board meeting.

M. Cyvada Sutton, APRN (22-127-PR-S)

Cyvada Sutton appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding Ms. Sutton prescribing controlled substances with an expired registration and for prescribing without a bona fide therapeutic relationship with the patient.

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

The stipulated penalties for Cyvada Sutton's Certificate of Registration No. PR16218 are the following: 1) pay a fine of $5,000 for the violations; and 2) pay $500 to partially reimbursed the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Wayne Mitchell wanted further clarification on why she prescribed controlled substances to the patient on behalf of her coworker.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Stipulation and Order for Cyvada Sutton as presented by Ms. Lee.

Second: Wayne Mitchell

Action: Passed unanimously.

N. Sherellen Gerhart, MD (22-106-CS-N)

This matter was continued to a future Board meeting.

P. Josette Spotts, MD (22-396-CS-S)

Charlotte Buys appeared as counsel via Zoom on behalf of Josette Spotts.

Josette Spotts was not present for the meeting.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case and commented that a personal appearance before the Board is required.

Ms. Buys confirmed that she is out of state, and Ms. Buys is travelling. Therefore, she thought a Zoom meeting was permissible.

Dave Wuest commented that her Zoom appearance was not approved.

President Park continued this matter to a future Board meeting.

O. William Smith, MD (22-065-CS-S)

William Smith was not present.

Brett Kandt prosecuted the case alleging that Dr. Smith surrendered his Nevada State Board of Medical Examiners (NSBME) License No. 7897 to practice medicine. resulting in immediate suspension of his Controlled Substance Registration No. CS08327.

Mr. Kandt called Shirley Hunting, Darlene Nases, and Kristopher Mangosing as witnesses.

Shirley Hunting (Board Coordinator for the Nevada Board of Pharmacy), and Darlene Nases (Assistant Board Coordinator for the Nevada Board of Pharmacy), and Kristopher Mangosing (Assistant Board Coordinator) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt questioned Ms. Nases on service of the Notice of Suspension of Certificate of Registration No. CS08327 on Dr. Smith.

Ms. Nases testified that she served the Notice of Suspension of Certificate of Registration No. CS08327 on Dr. Smith via certified mail at his address of record with the Board, as evidence in proposed Exhibit A.

Mr. Kandt requested Exhibit A be entered into the record.

President Park admitted Exhibit A.

Mr. Kandt questioned Ms. Hunting on service of the Notice of Intended Action and Accusation together with the Statement to Respondence and Notice of Hearing on Dr. Smith.

Ms. Hunting testified that she served the Notice of Intended Action and Accusation together with the Statement to Respondent and Notice of Hearing on Dr. Smith via certified mail at his address of record with the Board, as evidenced in proposed Exhibit B.

Mr. Kandt request Exhibit B be entered into the record.

President Park admitted Exhibit B.

Mr. Kandt questioned Mr. Mangosing on service of the 21-day Notice of the Hearing on Dr. Smith.

Mr. Mangosing testified that he served the 21-day Notice of Hearing on Dr. Smith via certified mail at his address of record with the Board, as evidenced in proposed Exhibit C.

Mr. Kandt requested Exhibit C be entered into the record.

President Park admitted Exhibit C.

Mr. Kandt requested the Board to find that Dr. Smith was properly noticed for the hearing.

Board Action:

Motion: President Park moved to find that Dr. William Smith was properly noticed for the hearing.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

Board Action:

Motion: Jade Jacobo moved to find the Findings of Fact consistent with paragraphs 1-3 of the Notice of Intended Action and Accusation.

Second: Rolf Zakariassen

Action: Passed unanimously.

Mr. Kandt requested that the Board make conclusions of law consistent with paragraphs 4-10 of the Notice of Intended Action and Accusation and find the respondent guilty of the alleged violations.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraphs 4-10 of the Notice of Intended Action and Accusation and find the respondent guilty of the violations.

Second: Rolf Zakariassen

Action: Passed unanimously.

Mr. Kandt proposed revocation of Dr. William Smith's Certificate of Registration No. CS08327, effective immediately. Dr. Smith may not possess (except pursuant to lawful order of a practitioner), administer, prescribe, or dispense a controlled substance until he petitions the Board for reinstatement pursuant to NRS 639.257. Dr. Smith may not petition for reinstatement for a period of one year from the day of Order and if he applies then he must appear before the Board.

Board Action:

Motion: Jade Jacobo moved to approve the revocation for Dr. William Smith's Certificate of Registration No. CS08237 as proposed by Mr. Kandt.

Second: Rolf Zakariassen

Action: Passed unanimously.

Q. Jonathan Sorelle, MD (22-027-CS-S)

This matter was continued to a future Board meeting.

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

Kathleen Janssen appeared as counsel on behalf of Dr. Keith Breiland.

Dr. Keith Breiland was not present for the hearing.

Courtney Lee prosecuted the case regarding Dr. Breiland allowing his medical assistant to electronically sign prescriptions on his behalf.

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

The stipulated penalties for Dr. Keith Breiland's Certificate of Registration No. CS06393 are the following: 1) pay a fine of $5,000 for the violations; 2) pay $500 to partially reimbursed the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 3) two hours of additional continuing education (CE) related to prescribing controlled substances.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the Stipulation and Order for Dr. Keith Breiland as presented by Ms. Lee.

Second: Richard Tomasso

Action: Passed unanimously.

S. Rebecca Reilly, APRN (22-154-PR-S)

Rebecca Reilly appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case regarding Ms. Reilly prescribing without a valid registration.

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

The stipulated penalties for Rebecca Reilly's Certificate of Registration No. PR16218 are the following: 1) pay a fine of $5,000 for the violations; and 2) pay $500 to partially reimbursed the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Rebecca Reilly as presented by Mr. Keegan.

Second: Krystal Freitas

Action: Passed unanimously.

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

    B. Rebecca Reilly

Board Action:

Motion: Jade Jacobo moved to approve Rebecca Reilly's controlled substance registration.

Second: Wayne Mitchell

Action: Passed unanimously.

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

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

Marie Ellerton appeared as counsel on behalf of Dr. Samuel Mujica-Trenche.

Dr. Samuel Mujica-Trenche appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee prosecuted the case regarding Dr. Mujica-Trenche allowing his staff to access and possess dangerous drugs while he was not present at his practice.

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

The stipulated penalties for Dr. Samuel Mujica-Trenche's Certificate of Registration No. CS04095 are the following: 1) pay a fine of $5,000 for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Ms. Ellerton commented that Dr. Mujica-Trenche has taken corrective action, and the issue has been fixed.

Board discussion ensued.

Dr. Samuel Mujica-Trenche mentioned that he resigned from this practice location after this incident.

Board Action:

Motion: President Park moved to approve Stipulation and Order for Dr. Samuel Mujica-Trenche as presented by Ms. Lee.

Second: Jade Jacobo

Action: Passed unanimously.

U. David Ludlow, MD (22-067-CS-S)

No representative was present on behalf of David Ludlow.

President Park tabled this matter.

V. Maria Regalado, MD (22-066-CS-S)

This matter was continued to a future Board meeting.

W. Complete Pharmacy and Medical Solutions LLC (22-082-PH-O)

No representative was present on behalf of Complete Pharmacy and Medical Solutions LLC.

Peter Keegan prosecuted the case and requested a default on this matter.

Mr. Keegan called Shirley Hunting as a witness.

President Park clarified that Ms. Hunting is still sworn in from a previous matter.

Mr. Keegan questioned Ms. Hunting on her position with the Board and if she served the Notice of Intended Action and Accusation for Complete Pharmacy and Medical Solutions LLC. In addition, he questioned her on the results of the corporation search in Florida where the business was incorporated.

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

Mr. Keegan requested that the 21-day notice of the hearing be entered into the record as Exhibit 2 and the corporation search in Florida as Exhibit 3.

President admitted as Exhibit 2-3.

Mr. Keegan called Kristopher Mangosing as a witness.

President Park clarified that Mr. Mangosing is still sworn in from a previous matter.

Mr. Keegan questioned Mr. Mangosing on his position with the Board and if he served the 21-day notice of the hearing and to confirm his timesheet for time worked on this case.

Mr. Mangosing answered questions to the Board's satisfaction and confirmed his timesheet.

Mr. requested the Board to enter into the record Exhibit 1, Notice of Service.

President Park admitted as Exhibit 1.

Mr. Keegan requested the Board to find that Complete Pharmacy and Medical Solutions LLC was properly noticed of the hearing.

Board Action:

Motion: Jade Jacobo moved to find that Complete Pharmacy and Medical Solutions LLC was properly noticed for the hearing.

Second: President Park

Action: Passed unanimously.

Mr. Keegan requested the Board to find the allegations against Complete Pharmacy and Medical Solutions LLC as true.

Board Action:

Motion: Wayne Mitchell moved to find the allegations against Complete Pharmacy and Medical Solutions LLC as true.

Second: Jade Jacobo

Action: Passed unanimously.

Ms. Hunting was called back as a witness.

Mr. Keegan questioned Ms. Hunting on her timesheet for her time working on this case.

Ms. Hunting confirmed her timesheet.

Mr. Keegan requested the timesheets for Board staff be entered into the record as Exhibit 4. He clarified in the summation total document that it lists "Darlene Nases", but the name should be changed to "Shirley Hunting".

President Park admitted as Exhibit 4.

Mr. Keegan requested the penalties for Complete Pharmacy and Medical Solutions LLC Pharmacy License No. PH02783 be revoked for one year before they can reapply. In addition, he requested the Board award attorney's fees and costs of $955.01 to partially reimburse the Board for recoverable attorney's fees and costs.

Sophia Long wanted clarification on Mr. Keegan's timesheet.

Mr. Keegan answered Ms. Long's question.

Dave Wuest provided clarification that two cases are being prosecuted which one is against Complete Pharmacy and Medical Solutions LLC, and the other is Esan Forde which was continued due to Covid.

Board Action:

Motion: Jade Jacobo moved to award the attorney's fees and costs of $955.01 on the basis that they were reasonable, necessary, and actually incurred.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to revoke Complete Pharmacy and Medical Solutions LLC Pharmacy License No. PH02783 as presented by Mr. Keegan.

Second: President Park

Action: Passed unanimously.

X. Esan Forde, RPH (22-081-RPH-O)

This matter was continued to a future Board meeting.

Y. Susan Bell, APRN (21-084-CS-S)

No representative was present on behalf of Susan Bell.

Courtney Lee prosecuted the case regarding Ms. Bell prescribing controlled substances on an expired registration.

Ms. Lee called Darlene Nases as a witness.

President Park clarified that Ms. Nases is still sworn in from a previous matter.

Ms. Lee questioned Ms. Nases on her position at the Board and if she served the Notice of Intended Action and Accusation to Ms. Bell.

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

Ms. Lee called Kristopher Mangosing as a witness.

President Park clarified that Mr. Mangosing is still sworn in from a previous matter.

Ms. Lee questioned Mr. Mangosing on his position at the Board and if he served the 21-day notice of the hearing to Ms. Bell.

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

Ms. Lee requested the Board to enter into the record Exhibit 1, the 21-day notice of the hearing letter.

President Park admitted as Exhibit 1.

Ms. Lee requested the Board to find that Ms. Bell was properly noticed for the hearing.

Board Action:

Motion: President Park moved to find that Susan Bell was properly noticed for the hearing.

Second: Rolf Zakarissen

Action: Passed unanimously.

Ms. Lee requested the following Exhibits be entered into the record: 1) Exhibit 2 is Board's printout from registrant database documenting that Ms. Bell did not renew her controlled substance registration as of 11/1/2018; 2) Exhibit 3 is a personal written statement from Ms. Bell; 3) Exhibit 4 is a redacted PMP Prescriber Activity Report from 11/1/2020-5/31/2021; and 4) Exhibit 5 are copies of exemplar controlled substance prescriptions written by Ms. Bell during the time her controlled substance registration was expired.

President Park admitted as Exhibits 2-5.

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

Board Action:

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

Second: Rolf Zakarissen

Action: Passed unanimously.

Ms. Lee requested the Board to find the Findings of Fact consistent with paragraphs 2-7 of the Notice of Intended Action and Accusation.

Board Action:

Motion: Krystal Freitas moved to make Findings of Fact consistent with paragraph 2-7 of the Notice of Intended Action and Accusation.

Second: President Park

Action: Passed unanimously.

Ms. Lee requested the Board to make Conclusions of Law consistent with paragraphs 13-14 in the Notice of Intended Action and Accusation.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraph 13-14 of the Notice of Intended Action and Accusation.

Second: Rolf Zakariassen

Action: Passed unanimously.

Ms. Lee requested that the attorney's fees and costs of $542.45 be entered into the record as Exhibit 6.

President Park admitted as Exhibit 6.

Board Action:

Motion: Jade Jacobo moved to award the attorney's fees and costs of $542.45 on the basis that they were reasonable, necessary, and actually incurred.

Second: President Park

DRAFT

Action: Passed unanimously.

Ms. Lee proposed the following penalties for Susan Bell Certificate of Registration No. CS23773: 1) pay a fine of $5,000 for the violations; and 2) pay attorney's fees and costs of $542.45 to partially reimbursed the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter within 30 days of the Order.

Board Action:

Motion: Jade Jacobo moved to approve the penalties for Susan Bell as proposed by Ms. Lee.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

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

This matter was vacated.

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

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

No representative was present on behalf of Antonio Darrel Childs.

Peter Keegan prosecuted the case regarding Mr. Childs Order of Summary Suspension.

Mr. Keegan called Darlene Nases as a witness.

President Park clarified that Ms. Nases is still sworn in from a previous matter.

Mr. Keegan questioned Ms. Nases on her position with the Board and if she served the Notice of Intended Action and Accusation and Order of Summary Suspension.

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

Mr. Keegan requested Exhibits 1-5 be entered into the record.

President Park admitted Exhibits 1-5.

Mr. Keegan called Kristopher Mangosing as a witness.

President Park clarified that Mr. Mangosing is still sworn in from a previous matter.

Mr. Keegan questioned Mr. Mangosing on his position with the Board and if he served the 21-day notice of the hearing letter.

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

Mr. Keegan presented to the Board a video of Mr. Childs removing pills from a bottle at SavOn Pharmacy #3016 as Exhibit 4.

Mr. Keegan requested the Board to find that Mr. Childs was properly noticed for the hearing.

Board Action:

Motion: President Park moved to find that Antonio Childs was properly noticed for the hearing.

Second: Jade Jacobo

Action: Passed unanimously.

Mr. Keegan requested the Board to find the allegations against Mr. Childs as true.

Board Action:

Motion: Rolf Zakariassen moved to find the allegations against Antonio Childs as true.

Second: President Park

Action: Passed unanimously.

Mr. Keegan proposed the following penalties for Antonio Childs Certificate of Registration No. PT26572: 1) revoke registration for a period of one year; and 2) pay attorney's fees and costs of $499.52.

Board Action:

Motion: Jade Jacobo moved to revoke Antonio Childs Certificate of Registration No. PT26572 for a period of one year.

Second: Rolf Zakariassen

Action: Passed unanimously.

DRAFT

Board Action:

Motion: Jade Jacobo moved to award the attorney's fees and costs of $499.52 on the basis that they were reasonable, necessary, and actually incurred within 30 days of the Order.

Second: Wayne Mitchell

Action: Passed unanimously.

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

U. David Ludlow, MD (22-067-CS-S)

This matter was continued to a future Board meeting.

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

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

These matters were continued to a future Board meeting.

23. Executive Secretary Report:

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

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

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

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, presented the Oncology Group Practice – Dispensing Practitioner Shared Inventory Site Application to the Board's satisfaction.

DRAFT

Board discussion ensued.

Board Action:

Motion: President Park moved to approve Oncology Group Practice – Dispensing Practitioner Shared Inventory Site Application.

Second: Jade Jacobo

Action: Passed unanimously.

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

There was no General Counsel Report.

Public Comment November 30, 2022, 4:00 PM

There was no public comment.

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

Board Members Present:

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

Board Staff Present:

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

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

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

Call to Order and Roll Call – Establishment of Quorum

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

Public Comment December 1, 2022, 9:00 AM

Yenh Long commented that a written public comment has been provided to the Board.

Ken Kunke, Pharmacist, requested clarification on the current law for pharmaceutical technicians and pharmacist interns who are only allowed to do immunizations under the direct supervision of a pharmacist. Recently, they have come across situations where pharmaceutical technicians are volunteering at vaccine clinics and are being supervised by other health care professionals such as a registered nurse, doctor, or nurse practitioner. Another similar situation is that pharmacist interns are volunteering at clinics (i.e. Immunized Nevada) and unless there is a licensed pharmacist at the clinic. They are unable to provide immunizations and only allowed to have auxiliary personnel to do it. Is this a regulation that can be changed? Or does it have to go through statutes? He is requesting the Board to get back to him on this issue.

◈ PUBLIC HEARING ◈

Thursday December 1, 2022 – 9:00 am

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

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

Dave Wuest provided background on public hearing item.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to adopt the proposed Amendment to Nevada Administrative Code (NAC) 453B. (LCB File R007-22)

Second: Wayne Mitchell

Action: Passed unanimously.

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

Yenh Long provided background on public hearing item.

President Park opened the floor to public comment.

Liz McMenamin from the Retail Association of Nevada wanted clarification on if dispensing technicians will be undergoing background checks.

Ms. Long commented that dispensing technicians will not undergo background checks as it is not allowed under current law.

Board discussion ensued.

Krystal Freitas wanted clarification if dispensing technicians would need to apply for each location.

Ms. Long provided clarification that dispensing technicians would only need one license to work at different locations.

Board Action:

Motion: Rolf Zakariassen moved to adopt the proposed Amendment to Nevada Administrative Code (NAC) 639. (LCB File R178-22)

Second: Krystal Freitas

Action: Passed unanimously.

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

Dave Wuest provided background on public hearing item.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to adopt the proposed Amendment to Nevada Administrative Code (NAC) 639. (LCB File R179-22)

Second: Rolf Zakariassen

Action: Passed unanimously.

D. **Amendment to Nevada Administrative Code (NAC) 639**. The proposed amendments authorize practitioners working in reproductive healthcare center to utilize an automated dispensing device located at the practice site to dispense reproductive health medications to their patients; establishes requirements that a reproductive healthcare center must follow when using such an automated drug dispensing system. (LCB File R180-22)

Dave Wuest and Brett Kandt provided background on public hearing item.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to adopt the proposed Amendment to Nevada Administrative Code (NAC) 639. (LCB File R180-22)

Second: Krystal Freitas

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

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

F. Bradley Rassuchine
G. Ean Tucker
H. Matthew Williams

President Park disclosed that she knows Ean Tucker through her previous employment at Roseman University but stated that she could participate in this matter fairly and without bias.

Bradley Rassuchine (Area Manager of Pharmacy and Admixture Services for Comprehensive Cancer Centers of Nevada), Matthew Williams (Pharmacy Operations Manager for Comprehensive Cancer Centers of Nevada), and Ean Tucker (Clinical Research Pharmacist for Comprehensive Cancer Centers of Nevada) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Bridget Kelly appeared as counsel.

Dave Wuest provided background on the appearance and asked what services they provide outside of a licensed pharmacy.

Mr. Rassuchine, Mr. Tucket, and Mr. Williams answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve Bradley Rassuchine, Ean Tucker, and Matthew Williams request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: President Park

Action: Passed unanimously.

A. Quyen Nhu Doan
B. Michelle Hon
C. Maribeth Moran
D. Catherine Oswald
E. Kaylee Putney

President Park disclosed that she knows Quyen Nhu Doan, Michelle Hon, Catherine Oswald, and Kaylee Putney through her previous employment at Roseman but stated that she could participate in this matter fairly and without bias.

Quyen Nhu Doan (Assistant Professor at Roseman), Michelle Hon (Assistant Professor at Roseman), Catherine Oswald (Pharmacist and Associate Professor at Roseman), Maribeth Moran (Clinical Pharmacist and Adjunct Faculty at Roseman), and Kaylee Putney (Assistant Professor at Roseman) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on the appearance.

The Board questioned everyone on the services that they intend to provide outside a licensed pharmacy.

Ms. Nhu Doan and Ms. Moran answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve Quyen Nhu Doan, Michelle Hon, Catherine Oswald, Maribeth Moran, and Kaylee Putney request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: Krystal Freitas

Action: Passed unanimously.

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

C. James Zubernis

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

Courtney Lee provided background on the appearance and the disclosure regarding the suspension and probation of his medical license in Pennsylvania due to improper prescribing of a controlled substance.

Mr. Zubernis provided background on his disclosure to the Board and the discipline taken against his medical license.

The Board questioned what he intends to do if they approve his application.

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

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve James Zubernis Controlled Substance Registration.

Second: Krystal Freitas

Action: Passed unanimously.

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

    A. Mayra Hernandez

Mayra Hernandez appeared and was sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on the appearance and the disclosure by the Texas Board of Pharmacy regarding Ms. Hernandez dispensing prescriptions without a pharmacist present.

Ms. Hernandez provided background on her disclosure.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve Mayra Hernandez Pharmaceutical Technician Registration.

Second: Krystal Freitas

Action: Passed unanimously.

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

    A. Bart Anderson

Bart Anderson appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee provided background on the appearance and the disclosure regarding Mr. Anderson voluntarily surrendering his license with the Georgia Board of Pharmacy due to his addiction with controlled substances.

Mr. Anderson provided background on the disclosure.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve Bart Anderson's Pharmacist Registration by Reciprocation.

Second: President Park

Action: Passed unanimously.

B. Min Oh

Min Oh's application was withdrawn.

C. James Rotoli

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

Peter Keegan provided background on the appearance and the disclosure regarding Mr. Rotoli diverting drugs and action taken by the New Jersey Board of Pharmacy.

Mr. Rotoli provided background on the disclosure.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve James Rotoli's Pharmacist Registration by Reciprocation.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

Cesar Cabrera

No representative present on behalf of Cesar Cabrera.

This matter was continued to a future Board meeting.

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

A. Kiarash Mirkia

Kiarash Mirkia appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt provided background on the appearance and the disclosures regarding a Settlement Agreement with the Nevada State Board of Medical Examiners and Stipulation and Order with the Nevada State Board of Pharmacy.

Dr. Mirkia provided background on the disclosures and current condition on his license.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve Controlled Substance Registration for Kiarash Mirkia with condition that he notify the Board of any arrest, citation, or investigation by any Board within three business days for a period of two years.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

A. Irfan Mirza

Irfan Mirza appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan provided background on the appearance and the disclosure regarding Mr. Mirza failing to maintain adequate records on a patient and committing any conduct or practice that might be harmful to the patient.

Dr. Mirza provided background on the disclosure to the Board's satisfaction.

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

A. Always Your Pharmacy LLC – Las Vegas, NV

Sandra Martin-Sanchez, Owner, and Joshua Jou, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge, Nevada Board of Pharmacy Inspector, provided background on the appearance and questioned Mr. Jou on his experience as a pharmacist, the business model of the company, and the products that they will be selling.

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

Board discussion ensued.

Board Action:

Motion: President Park moved to approve Nevada Pharmacy License for Always Your Pharmacy LLC pending positive inspection.

Second: Jade Jacobo

Action: Passed unanimously.

B. St. Mary Pharmacy – Las Vegas, NV

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

Joe Dodge provided background on the appearance and questioned Ms. Mashreky on her experience as a pharmacist, why she wants to start her own pharmacy, and the business model of the company.

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

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve change of ownership and name change for St. Mary Pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

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

Douglas Michael Green, Branch and Corporate Sales Manager, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan provided background on appearance and the disclosures regarding lawsuits for payment issues.

The Board questioned on if the lawsuits have been resolved, their business model, who does the training after they ship out the products, and clarification on page 2453 of the Board Book regarding top suppliers.

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

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve Nevada Wholesaler License for B2B Delivery, LLC.

Second: Wayne Mitchell

Action: Passed unanimously.

23. Executive Secretary Report:

Dave Wuest provided an updated regarding Pharmaceutical Technician Renewals and an update regarding an issue with a question on NABP's NAPLEX exam.

Board discussion ensued.

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

    A. Maquet Cardiovascular, LLC – Wayne, NJ – Background Check Not Required – Manufacturer (NAC 639.593(7)(d))

Chad Carlton (President at Atrium Medical Corporation & Vice President at Maquet Cardiovascular), Pierre Kernizan (Senior Quality Engineer Manager at Maquet Cardiovascular), Stephanie Trizinski (Vice President at Maquet Cardiovascular - Cardiac Surgery), Helder Sousa (Director of Regulatory Affairs at Atrium Medical Corporation), Susan Hudson (Senior Director of Regulatory Affairs at Maquet Cardiovascular), Shawn Hunsaker (Senior Vice President for Global Quality Operations at Getinge), and Robert Guzman (Senior Director for Regulatory Counsel at Getinge) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan provided background on the appearance and the disclosures regarding a lawsuit for adulterated medical devices in violation with the Food, Drug, and Cosmetic Act and failing to comply with reporting requirements.

Mr. Hunsaker provided background on the disclosure.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve Nevada Wholesaler License for B2B Delivery, LLC.

Second: Krystal Freitas

Action: Passed unanimously.

B. Optime Care, Inc. – Earth City, MO – Background Check Not Required - VAWD-Accredited (NAC 639.593(7)(c))

Brandon Salke, General Manager, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan provided background on appearance and the disclosure regarding Optime Care dispensing medications prior to obtaining a Michigan Pharmacy License.

Mr. Keegan requested a Letter of Authorization for Mr. Salke to speak on behalf of Optime Care, Inc.

Mr. Salke clarified that a change of President occurred, and a letter was sent to the Nevada Board of Pharmacy. However, he will work to get that Letter of Authorization send to Board staff.

The Board questioned Mr. Salke on the change of ownership and if there have been any business changes.

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

Mr. Keegan is concerned that the application does not have the updated officers, updated personal history application, and is concerned about the employee list which only has one person listed.

The Board tabled the application pending receipt of additional information.

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

    Danniel Garibay

No representative was present on behalf of Danniel Garibay.

This matter was continued to a future Board meeting.

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

    B. Anjmun Sharma

Anjmun Sharma appeared and was sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on the appearance regarding a disclosure from the Colorado Medical Board.

Mr. Sharma provided background on his disclosure regarding prescribing medical marijuana and not properly documenting his patients. Therefore, Colorado Medical Board took action where he entered a Stipulation and Order with the Board.

Board discussion ensued.

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

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

    C. Trinity Express Pharmacy – Las Vegas, NV

No representative was present on behalf of Trinity Express Pharmacy.

This matter was continued to a future Board meeting.

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

Kat Johnson, Director of Compliance at Asher College, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on the appearance.

The Board questioned on the business model of Asher College.

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

Board discussion ensued.

Board Action:

Motion: President Park moved to approve Asher College as a program of training for pharmaceutical technicians.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

    C. Optime Care, Inc. – Earth City, MO – Background Check Not Required - VAWD-Accredited (NAC 639.593(7)(c))

President Park returned to agenda item for Optime Care, Inc.

Mr. Keegan questioned Mr. Salke on if there are any changes to the Shareholders, Officers, and Director's list provided to Board staff.

Mr. Salke confirmed that the list will remain the same, and the employee list was incorrect. They will provide an updated employee list after the meeting.

Mr. Keegan provided background on the disclosures for Mark Zilner, Partial Owner of Optime Care, which are not directly related to the business.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve Out-of-State Wholesaler License for Optime Care, Inc pending Letter of Authorization and updated employee list.

Second: Wayne Mitchell

Action: Passed unanimously.

26. Public Comment December 1, 2022, 2:27 PM

There was no public comment.

25. Date and Location of Next Scheduled Board Meeting:

December 8, 2022 at 1:00 PM – Zoom Meeting

27. Adjournment

DRAFT

3B

NEVADA STATE BOARD OF PHARMACY

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

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

• Web Page: bop.nv.gov

MINUTES

December 8, 2022

BOARD MEETING

Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely at:

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

Board Members Present:

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

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan	Darlene Nases	Courtney Lee
Joe Dodge			

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

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

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

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

◈ PUBLIC HEARING ◈

Thursday December 8, 2022 – 1:00 pm

3. **Amendment of Nevada Administrative Code (NAC) 639.** The proposed amendments establish the requirements and locations for a pharmacist to engage is the practice of pharmacy at a site other than a licensed pharmacy. (LCB File R164-20)

Dave Wuest, Executive Secretary for the Nevada Board of Pharmacy, provided background and presented two proposed versions. Draft one is LCB's proposed changes and the second draft is LCB's proposed changes along with Board staff's additional amendments.

President Park opened the floor to public comment.

Lauren Paul from CVS Health supports the allowance of pharmacists to engage in the practice of pharmacy at a site other than a licensed pharmacy. Ms. Paul submitted written public comment to the Board with proposed language changes for their consideration. She requested the Board consider removing the restriction on a pharmacist who serves as a managing pharmacist or who provides pharmaceutical services at the listed facilities (b)(1-5) from engaging in the practice of pharmacy at a site other than a licensed pharmacy, and she requested the Board to remove specific data elements listed in (a-g) from the requirement of the computerized system and access to data that a pharmacist practicing at a location other than a licensed pharmacy. The data elements listed are not encompassing to all practice settings and would prohibit pharmacists from practicing remotely.

Ken Kunke from the Nevada Pharmacy Alliance commented that the current language excludes clinical pharmacist to engage in the practice of pharmacy at a site other than a licensed pharmacy. However, he supports the proposed language as written but request that the Board consider a future amendment for pharmacist who work in a clinical setting which requires an appearance before the Board for approval to work outside of a pharmacy.

Maribeth Moran, Pharmacist, supports Mr. Kunke's comments. She is a clinical pharmacist and was required to appear before the Board for approval to work outside a pharmacy. She stated that requirements to appear before the Board for each location can delay patient care.

Liz McMenamin from the Retail Association of Nevada supports the allowance of pharmacist to engage in the practice of pharmacy at a site other than a licensed pharmacy. Ms. McMenamin stated that she agrees with comments provided by Ms. Lauren Paul.

Michelle Hon, Pharmacist, supports the removal of the requirement to appear multiple times for the Board's approval to practice at a site other than a licensed pharmacy for each practice setting.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, commented that LCB's draft and the additional amendments will be up to LCB to accept any or all the changes. If LCB finds substantive changes, this public hearing item may need to go on a future Board meeting as another public hearing.

Jade Jacobo wanted clarification about the language regarding the restrictions on if they are a managing pharmacist.

Dave Wuest answered Ms. Jacobo's question.

President Park re-opened the floor to public comment regarding the restrictions on if their a managing pharmacist.

Ken Kunke is speaking on behalf of himself and commented that a Managing Pharmacist works 40 hours a week but can-do remote verification from home to get that site caught up. In addition, he requests that this regulation include clinical pharmacists.

Jade Jacobo addressed Ms. Kaylynn Bowman's written comment. She has never come across a situation where the Board has denied someone to engage in the practice of pharmacy outside of a licensed pharmacy. She suggests that Board staff approve the request instead and if unsure about the practice that they would need to appear before the Board.

President Park suggested proceeding with the current language as proposed and can amend the language in the future.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt proposed Amendment of Nevada Administrative Code (NAC) 639. (LCB File R164-20)

Second: Zakariassen

Brett Kandt commented that Ms. Jacobo needs to be clear on what draft that she is approving.

Jade Jacobo withdrew her motion.

Board Action:

Motion: Jade Jacobo moved to adopt proposed Amendment of Nevada Administrative Code (NAC) 639 with LCB's proposed changes along with Board staff's additional amendments. (LCB File R164-20)

Second: Zakariassen

Action: Passed unanimously.

4. Public Comment December 8, 2022, 2:00 PM

Liz McMenamin commented that she is thankful for the Board for working on this language and hopes pharmacies work like how they did during the pandemic.

Dave Wuest thanked the Board members for their service to the State.

President Park provided the date and location of the next scheduled Board meeting – January 11-12, 2023 – Las Vegas, NV.

5. Adjournment

DRAFT

4

4A

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

Section 1: General Information

Facility Name: EDEN MEDICAL SUPPLY LLC

MDEG Physical Address: 2840 NW 2ND AVE STE 106

City: BOCA RATON State: FL Zip: 33431

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 8008383560 Website: WWW.EDENMEDICALSUPPLY.COM

Email: MICHAEL@EDENMEDICALSUPPLY.COM

Name of MDEG Administrator (NAC 639.694): MICHAEL MASCIARELLA

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	■ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: gemco Medical Telephone: 3308401554

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 9am-5pm	☑ Tue: 9am-5pm	☑ Wed: 9am-5pm	☑ Thurs: 9am-5pm	☑ Fri: 9am-5pm
☐ Sat:	☐ Sun:	☐ Holidays:		

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

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

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

Medicare PTAN # 7853640001

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FLORIDA

Parent Company (if any): _____

Corporation/Organization Name: EDEN MEDICAL SUPPLY LLC

Mailing Address: 2840 NW 2ND AVE STE 106

City: BOCA RATON State: FL Zip: 33431

Telephone: 800-838-3560 Email: MICHAEL@EDENMEDICALSUPPLY.COM

Contact Person Name: MICHAEL MASCIARELLA

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Michael Mascarella

Print Name of Authorized Person Submitting Application

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

Date 9/29/22

Board Use Only	Date Received: 10-18-22	Amount: 500.00 CC ✓ Processed 11-9-22

Owners Information / List of officers & directors

Michael Masciarella - President / Assistant
[redacted]NE 69th Street
Boca Raton FL 33487
[redacted]
SS [redacted]
[redacted]
Owning 34%

Scott Alarcon - Director of Finance
[redacted] NE 69th Street
Boca Raton FL 33487
[redacted]
SS [redacted]
[redacted]
Owning 33%

Tristan Alarcon - Director of operations
[redacted] E. Ohio Street Unit [redacted]
Chicago IL 60611
[redacted]
SS [redacted]
[redacted]
33%

Facility Information

Eden Medical Supply LLC
85-138-0012
2840 NW 2nd Ave Unit 106
Boca Raton FL 33431
800-838-3560
100% Owned by the 3 owners above

State of Florida
Department of State

I certify from the records of this office that EDEN MEDICAL SUPPLY LLC is a limited liability company organized under the laws of the State of Florida, filed on June 14, 2022, effective June 3, 2020.

The document number of this limited liability company is L22000270338.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020 and that its status is active.

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

Secretary of State

Tracking Number: 5364862508CU

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

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

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/21/2022

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

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

PRODUCER

United Insurance\CR Processing
6971 N. FEDERAL HWY SUITE 405
Boca Raton, FL 33487

CONTACT NAME:
PHONE (A/C, No, Ext): (561)450-6528 **FAX (A/C, No):** (561)431-4647
E-MAIL ADDRESS: km@unitedinscorp.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Scottsdale Ins. Co.	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Eden Medical Supply LLC
2840 NW 2nd St, #106
Boca Raton, FL 33431

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	X	X	CPS7618145	7/13/22	7/13/23	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	POLICY [X] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

Board of Certification/Accreditation (BOC)
10461 Mill Run Circle
Suite 1250
Owings Mills, MD 21117

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Frank Cutolo

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Jessette Phaynarikone

From: Michael Masciarella <michael@edenmedicalsupply.com>
Sent: Wednesday, November 9, 2022 3:03 PM
To: Jessette Phaynarikone
Subject: Re: MDEG Application - Eden Medical Supply LLC - Boca Raton, FL
Attachments: FL Administrative Code 59A-25 copy.pdf

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

Sorry one more. Statue relating to why florida doesn't need to have a license.

On Wed, Nov 9, 2022 at 3:23 PM Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov> wrote:

Good morning,

I am in receipt of your MDEG Application for Eden Medical Supply LLC – Boca Raton, FL. Upon review I am missing documentation below.

- Proof of insurance (must be current and active)
- List of Officers and Directors
- Copy of MDEG License – Out of state
- MDEG Application – page 3, section 4 – please resubmit the whole page 3 – if this section does not apply to you please put NA or None as this cannot be blank.

CHAPTER 59A-25
MINIMUM STANDARDS FOR HOME MEDICAL EQUIPMENT PROVIDERS

59A-25.001 Definitions
59A-25.002 Licensure Requirements
59A-25.003 Scope of Services
59A-25.004 Minimum Qualifications for Personnel
59A-25.005 Compliance
59A-25.006 Emergency Management Planning

59A-25.001 Definitions.

In addition to definitions contained in Chapters 400, Part VII, and 408, Part II, F.S., the following terms shall apply to this rule chapter:

(1) "AHCA" means Agency for Health Care Administration.

(2) "Central Service Center" means the licensed premises that are in charge of taking consumer orders, dispatching the orders to licensed distribution centers owned and operated by the same licensee that provide home medical equipment services, and maintaining consumer and personnel records. The central service center is responsible for the operation of its designated distribution centers.

(3) "Distribution centers" means those licensed premises that are not located at the address of the central service center but are owned and operated by the same licensee, receive orders from the central service center and are utilized to provide home medical equipment services.

(4) "HME" means home medical equipment.

Rulemaking Authority 400.935, 408.819 FS. Law Implemented 400.935, 408.804 FS. History–New 6-4-00, Amended 10-6-02, 3-13-07, 5-4-15.

59A-25.002 Licensure Requirements.

(1) Home medical equipment locations requiring a license are any locations that sell, rent, or distribute, or offer to sell or rent to or for a consumer any home medical equipment that requires services. These locations can be identified as follows:

(a) Any location providing or distributing home medical equipment requiring services to consumers in Florida;

(b) Any location where an intake person takes calls from consumers in Florida and offers to sell or rent home medical equipment requiring services;

(c) Any location where a consumer in Florida may call in response to a provider advertising to sell or rent home medical equipment requiring services, e.g., television advertisements, toll-free telephone numbers, phone books, newspapers, flyers or any other forms of public advertisement;

(d) Any location out of state that offers to sell or rent home medical equipment requiring services to consumers in Florida;

(e) Any location in state or out of state, with sales representatives working in Florida, that offers to sell or rent home medical equipment requiring services to consumers in Florida, i.e., the sales representatives themselves do not need to be licensed; and,

(f) Any buildings, that are not located at the licensed central service center address, called shops, warehouses, distribution centers, or called by any other name, are required to have a license if that site location provides selection (via telephone, showroom or sales representative), delivery, set up, consumer instruction or maintenance of equipment to consumers in Florida.

1. A central service center must provide the names and locations of all of its designated distribution centers on the licensure application.

2. A distribution center must submit a separate licensure application and must specify the name of its central service center on the application.

3. Each licensed distribution center is required to meet all standards for licensure but may be determined to meet the standards through the activities of its designated central service center as referenced in paragraph 59A-25.005(1)(b), F.A.C.

(2) Home medical equipment locations that do not require a license: Diabetic monitors and disposable supplies, e.g., diabetic, ostomy, urological and wound care supplies have been identified as equipment and supplies that do not require services as defined in Section 400.925(9), F.S.; therefore, locations that supply these items only will not require a HME license.

(3) Licensing application and fees:

An application for initial, change of ownership and renewal licensure must be made on the Health Care Licensing Application, Home Medical Equipment Provider, AHCA Form 3110-1005, October 2014, incorporated by reference and available at https://www.flrules.org/Gateway/reference.asp?No=Ref-05267, and the Health Care Licensing Application Addendum prescribed in subsection 59A-35.060(1), F.A.C. These forms are available online at http://ahca.myflorida.com/HQAlicensureforms. An application for initial, change of ownership and renewal licensure must be accompanied by a non-refundable $304.50 biennial licensing fee and, if required, a $400 inspection fee per location. Businesses with a central service center having distribution centers are required to submit an application and a $304.50 biennial licensing fee for each location, but shall submit only one $400 inspection fee with the application of the central service center.

(4) Initial and change of ownership applicants must submit proof of financial ability to operate pursuant to Sections 408.8065(1) and 408.810(8), F.S., and Rule 59A-35.062, F.A.C. for each location to be licensed

(5) Each licensed HME provider location must obtain and maintain professional and commercial liability insurance as referenced in Sections 400.931(3) and 408.810(7), F.S. A corporation can provide a blanket policy, which indicates that each of its licensed locations is insured under one policy, verifying not less than $250,000 per claim for each location.

(6) Initial applicants and providers requesting to change the address of record must provide proof of compliance with local zoning requirements. Physical location cannot be a post office box. The licensee must have all county licenses and permits that are applicable.

(7) If a change of name and/or address of record is to occur, the provider must submit Home Medical Equipment Provider, Request to Amend License for Change of Name and/or Address, AHCA Form 3110-1020, October 2014, https://www.flrules.org/Gateway/reference.asp?No=Ref-05268, incorporated by reference, and available online at http://ahca.myflorida.com/HQAlicensureforms, according to the timeframes as required in subsection 59A-35.040(2), F.A.C., and accompanied by a fee as required in subsection 59A-35.050(4), F.A.C.

Rulemaking Authority 400.935, 408.805, 408.810(8), 408.819 FS. Law Implemented 400.925, 400.93, 400.931, 400.933, 400.935, 400.953, 408.803, 408.806, 408.8065, 408.807, 408.809, 408.810, 408.815 FS. History–New 6-4-00, Amended 10-6-02, 4-13-03, 3-13-07, 5-4-15.

59A-25.003 Scope of Services.

(1) Minimum standards: Each home medical equipment provider must:

(a) Have a visible sign with the name of the business, business hours, and a phone number where the business can be contacted during business hours.

(b) Maintain personnel records that must include the following: employment history for the past 5 years, proof of background screening including a signed copy of the good moral character form and a license of any professional that may work from that location. A distribution center will not be required to maintain personnel records but its central service center shall be responsible for maintaining personnel records.

(c) Provide management and consumer instruction regarding the use of home medical equipment requiring services, as referenced in Section 400.925(11), F.S. Delivery services include transportation of equipment and supplies to and from consumer homes, equipment setup, and record keeping.

(d) Coordinate services with another provider in the event the HME cannot ensure the provision of equipment and services as required in Section 400.935(7), F.S.

(e) Be ultimately responsible for the management of all equipment and services even if a contractor is involved.

(f) Honor all express warranties regarding assistive technology devices. The duration of the express warranty must be at least one year after first delivery of the assistive technology device to the consumer as required in Section 427.803, F.S.

(g) Honor all warranties as required in Section 400.934(9), F.S., and warranty used equipment at least 30 days.

(h) Provide the consumer with user instructions as required in Section 400.934(13), F.S.

(i) Be able to demonstrate the safety and infection control measures that follow:

1. Procedures that identify safety precautions to be followed in the handling and use of each type of equipment and its related supplies;

2. Equipment is routinely inspected for safety and stability prior to delivery;

3. The electrical adequacy and safety of a home is assessed prior to placing any electrical or electronic equipment, and instructions are provided to consumers regarding applicable precautions and safety measures;

4. Compliance with bedding and mattress reuse regulations;

5. Specific cleaning or sanitizing requirements between usage for each type of equipment according to the manufacturers' guidelines;

6. Storage of unclean equipment separate from clean equipment;

7. Transportation of unclean equipment separate from clean equipment;

8. Storage of equipment to prevent dust accumulation, water damage, and vermin contact; and,

9. Equipment is safely maintained and installed based upon the manufacturers' instructions.

(2) Home medical equipment includes oxygen and related respiratory equipment, customized wheelchairs and related seating and positioning as referenced in Section 400.925(8), F.S. In addition to the home medical equipment referenced in Section 400.925(8), F.S., other examples of equipment requiring services include the following:

(a) All equipment defined in Section 400.925(13), F.S., as life-supporting or life-sustaining equipment, which includes suctioning equipment.

(b) Continuous positive airway pressure machines, all electrostimulation equipment such as bone, muscle and transcutaneous electrical nerve stimulators, hospital beds, intermittent positive pressure breathing machines, motorized scooters, nebulizers, passive motion devices, patient lifts, phototherapy (billirubin) light with photometer, pressure ulcer care equipment, specialty prescribed cribs (child safety), trapeze equipment, ventilator equipment (that is non-life supporting), wheelchairs, and walkers. All of the equipment referenced here in paragraph (b), including the custom wheelchairs and seating as referenced in Section 400.925(8), F.S., is considered non-life supporting equipment.

(3) Minimum service standards required for equipment are as follows:

(a) Services for all home medical equipment must be based upon the current recommended manufacturers' standards.

(b) The provider must prioritize consumer service needs based upon the urgency of the situation. Any equipment utilized to provide a therapy treatment, as prescribed by the consumer's physician, shall require urgent attention. Also, any equipment in general that is completely non-functional shall be serviced with urgency. Any equipment that is functional, but needs minor repair may be serviced in a less urgent time frame. All service requests must be responded to in a timely manner that satisfies the consumer's needs.

(c) Service must be provided for life-supporting or life-sustaining equipment 24 hours, 7 days per week. Emergency service requests, as referenced in Section 400.934(8), F.S., must be responded to with a telephone call, within 30 minutes and back up service provided at the consumer's home within two hours or less due to equipment failure or power outages. Providers must offer assistance regarding registration with emergency management services for consumers who use life-supporting or life-sustaining equipment.

(d) Services may be provided for non-life supporting or life-sustaining equipment during regular business hours. Requests for consumer instruction or any needed repair shall be responded to by telephone within the same working day. The consumer may bring to the provider's place of business any small equipment item requiring consumer instruction or repair.

(e) Life-support or life-sustaining equipment and related supplies must be provided to the consumer in the home environment based on initial and periodic reassessments of the consumer's equipment needs. Life supporting or life sustaining equipment shall be provided based upon physician orders including any physician order for medically necessary back-up equipment and supplies.

(4) Consumer records:

(a) A record must be maintained for each consumer that documents the home medical equipment and any services received as required in Section 400.94(1), F.S.

(b) Consumer information may not be disclosed from the consumer's file without the written consent of the consumer, the consumer's guardian or the consumer's power of attorney. All information received by any employee, contractor or AHCA employee regarding a consumer of the HME is confidential.

(c) Consumer records must be made available to AHCA representatives when an inspection or a complaint investigation is done.

(d) Retained records can be stored as hard paper copy, microfilm, computer discs or tapes as long as they are retrievable for use during unannounced inspections or complaint investigations.

(5) Contracts: Services provided by contract for consumers must be through a written agreement between the provider and the business providing any equipment and services for a consumer, herein referred to as the contractor. Contracts must be retained for a minimum of 5 years. The contract must include the following at a minimum:

(a) A description of any of the equipment or services to be provided by the contractor;

(b) Designation if the HME provider or the contractor is responsible for monitoring the equipment and services provided by the

contractor;

(c) Charges for any contracted equipment and services and designation of who will be billing the consumer, the HME provider or the contractor;

(d) Responsibility of the HME provider to retain and maintain all records of consumers served by a contractor;

(e) Evidence that the contractor has professional and commercial liability insurance coverage (the licensee is responsible for making sure that the contractor has liability insurance);

(f) Period of the contract between the HME provider and the contractor;

(g) Procedures for reporting service and maintenance notes and any clinical or progress notes by the contractor to the HME provider;

(h) Date and signatures of all parties, and,

(i) Contracts must be retained for a minimum of five years.

Rulemaking Authority 400.935 FS. Law Implemented Chapter 400, Part VII, 400.92-.957 FS. History–New 6-4-00, Amended 10-6-02, 3-13-07.

59A-25.004 Minimum Qualifications for Personnel.

The provider must be in compliance with and make available to AHCA surveyors the information referenced in this section.

(1) General Manager, as defined in Section 400.925(7), F.S.:

(a) Qualifications: A minimum of two years experience in business management or a college degree in business or a health care related field can substitute for the required experience year for year.

(b) Duties: The general manager is responsible for the following areas either directly or by clear delegation in writing:

1. Assuring the maintenance of consumer records including equipment repair and maintenance records as referenced in Section 400.94, F.S.;

2. Maintain job descriptions of staff;

3. Assuring trained and qualified staff essential to the services provided as referenced in Sections 400.934(4), (5), (15), F.S.;

4. Keeping program personnel up to date with health care information and practices;

5. Directing staff in performance of their duties;

6. Assuring that staff can accommodate consumer's language;

7. Assuring an adequate inventory of equipment and supplies to provide consumers currently being served;

8. Assuring that policies are developed and implemented as required in state law and rule;

9. Maintaining and updating procedure manuals related to business functions;

10. Maintain customer service complaint records containing the specifics related to the complaint and how the complaint was resolved as referenced in Sections 400.934(8) and (10), F.S.;

11. Evaluating services, and personnel;

12. Establishing and maintaining effective channels of communication;

13. Maintaining training manuals and records verifying all training that personnel has received or is scheduled to receive thus assuring staff development including orientation, in-service education, and continuing education; and,

14. Assuring adequate staff supervision during all service hours.

(2) Licensed health care professionals, such as respiratory therapists, certified respiratory therapy technicians, registered nurses, and licensed practical nurses that may be on staff or contracted with as needed for service provision:

(a) Qualifications: Current professional license(s);

(b) Training: Clinical staff must have required experience or training relative to the specific service they are providing; and,

(c) Duties: Provider policies must clearly identify that the respective duties of each type of clinical professional worker are within the scope of the described clinical responsibilities.

(3) Delivery personnel:

(a) Qualifications: A driver's license as required by law for the vehicle being driven and the physical capacity to handle the equipment assigned. Delivery persons must be able to accommodate the consumer's language and have the ability to work without continuous direct supervision;

(b) Training: Delivery and equipment service staff shall have successfully completed a documented training program covering all components of their assigned jobs including training for each type of equipment they are responsible for delivering; and,

(c) Duties: Delivery personnel are responsible for providing safe and clean transport of equipment and supplies to and from

consumer homes, setting up equipment safely, and record keeping of the equipment delivered. They must provide in writing to the consumer a telephone number for use during business hours and an emergency number for after business hours when life supporting or life sustaining equipment is provided.

(4) Maintenance personnel:

(a) Qualifications: The ability to maintain and coordinate the repair of all equipment and to work without continuous direct supervision;

(b) Training: Attend any training required by the manufacturer regarding equipment maintenance; and,

(c) Duties: Coordinate maintenance of equipment, complete and sign maintenance logs that verify equipment has been maintained and repaired as required by manufacturer standards.

Rulemaking Authority 400.935 FS. Law Implemented Chapter 400, Part VII, 400.92-.957 FS. History–New 6-4-00, Amended 10-6-02, 3-13-07.

59A-25.005 Compliance.

(1) The survey or inspection:

(a) Except as described in paragraphs (b) and (c), each separately licensed home medical equipment provider location must be in compliance with and shall be surveyed in accordance with Chapters 400 Part VII, and 408, Part II, F.S., Chapter 59A-35, F.A.C. and these rules.

(b) If a provider is operating with a central service center that has one or more distribution centers, the central service center shall be the premises where the survey will be initiated. A surveyor will inspect at least one of the distribution centers associated with the central service center. The distribution center will be held accountable for equipment and services provided but will not be responsible for maintaining patient or personnel records.

(c) All providers must have available, at the time of survey, at least one category of equipment that is provided directly, filling orders from its own inventory as referenced in Section 400.934(2), F.S. Failure to have, at the time of survey, at least one category of equipment that is provided directly will result in the provider's application being denied or the provider's license being revoked. A licensed central service center may be determined to meet this standard through the inventory available at its designated distribution center.

(2) AHCA will conduct investigations of complaints regarding violations of licensure requirements. Complaint investigations will be unannounced. Distribution centers will be allowed forty-eight hours to obtain patient or personnel records from its central service center and to submit the records to the area office when related to a complaint investigation.

(3) Adverse action: Denial, Suspension, Revocation, and Administrative Fines.

(a) AHCA shall deny, suspend or revoke an application for license, or impose a fine for the reasons in Section 400.932, Part II of Chapter 408, F.S., Chapter 59A-35, F.A.C., and for the following reasons:

(a) If the provider fails to submit an application for a change of ownership within the time frames specified in Sections 408.806 and 408.807, F.S., a $50 fine per day, not to exceed 50% percent of the licensure fee, shall be levied. If the application is received after the required filing date and, exhibits a hand-canceled postmark from a United States Post Office dated on or before the required filing date, no fine will be levied;

(b) If the provider is cited for a Class I violation as defined in Section 408.813(2)(a), F.S., the agency shall impose an administrative fine in the amount of $5,000 for each occurrence and each day that the deficiency exists. In addition, the agency shall immediately revoke the license, deny the renewal of a license or impose a moratorium on accepting new consumers until the factors causing the deficiency have been corrected;

(c) If the provider is cited for a Class II violation as defined in Section 408.813(2)(b), F.S., the agency shall impose an administrative fine in the amount of $1,000 for each occurrence and each day that the deficiency exists. In addition the agency shall revoke the license, deny the renewal of a license or impose a moratorium of new consumers until the deficiency has been corrected;

(d) If the provider is cited for a Class III violation as defined in Section 408.813(2)(c), F.S., the agency shall impose an administrative fine not to exceed $500 for each occurrence and each day that the uncorrected or repeated deficiency exists;

(e) If the provider is cited for a Class IV violation as defined in Section 408.813(2)(d), F.S., the agency shall impose an administrative fine not to exceed $200 for each occurrence and each day that the uncorrected or repeated deficiency exists;

(f) If the provider is not available for inspection during the office hours indicated on its licensure application, AHCA shall deny an initial, renewal or change of ownership application or impose a $500 fine upon a licensed provider;

(g) If the central service center's license is revoked, the revocation includes the licenses of all distribution centers;

(h) Failure of a provider to provide records to AHCA during an inspection shall result in a $500 fine; and,

(i) Failure of a distribution center to provide records to AHCA within forty-eight hours shall result in a $500 fine.

Rulemaking Authority 400.935, 408.819 FS. Law Implemented 400.932, 400.933, 400.934, 400.935, 408.806, 408.807, 408.811, 408.812, 408.813, 408.815 FS. History–New 6-4-00, Amended 10-6-02, 3-13-07, 5-4-15.

59A-25.006 Emergency Management Planning.

(1) Pursuant to Section 400.934(20)(a), F.S., each home medical equipment provider must prepare and maintain a written comprehensive emergency management plan, that meets the minimum criteria in these rules and the Comprehensive Emergency Management Plan (CEMP) Format for Home Medical Equipment (HME) Providers, AHCA Form 3110-1019, December 2006, incorporated by reference. This document is available from the Agency for Health Care Administration at http://ahca.myflorida.com under Licensing & Certification, Home Medical Equipment Provider. The CEMP Format contains the minimum criteria that must be included in each home medical equipment provider emergency management plan, as required in Section 400.934(20), F.S. The plan must describe how the home medical equipment provider establishes and maintains an effective response to emergencies and disasters. The completed plan will be e-mailed or mailed to the local county health department for each county listed on the home medical equipment provider's license as required in Section 400.934(20)(b), F.S., unless the county health department does not require submission of home medical equipment provider emergency management plans per Section 381.0303(7), F.S.

(2) The home medical equipment provider must review its emergency management plan on an annual basis, make any substantive changes and inform their staff of those changes. For the purposes of this section, 'substantive changes' would include, but not be limited to, change of address, change of administrative staff who are responsible for coordinating the home medical equipment provider's emergency response or their contact telephone numbers and change of type of equipment or equipment services provided.

(3) The substantive changes as defined in subsection 59A-25.006(2), F.A.C., must be reported to the county emergency management office and to the county health department. For home medical equipment providers with multiple counties on their license, the changes must be reported to each county health department and each county emergency management office designated on the license. The telephone numbers must include numbers where the coordinating staff can be contacted outside of the home medical equipment provider's regular office hours. All home medical equipment providers must report these changes, whether their plan has been previously reviewed or not, as defined in subsection (1).

(4) When a home medical equipment provider goes through a change of ownership, the new owner must review the emergency management plan and make any substantive changes, including changes noted in subsection (3). Those home medical equipment providers will need to report any substantive changes in their plans to the reviewing entity in subsection (1).

(5) In the event of an emergency, the home medical equipment provider must implement the emergency management plan pursuant to Section 400.934(20), F.S.

(6) Home medical equipment providers must assist consumers receiving HME services who would need assistance and sheltering during evacuations because of physical, mental, cognitive impairment, or sensory disabilities in registering with the local emergency management agency, as required in Section 252.355(1), F.S., and as determined by the established procedures of the local emergency management agency related to special needs registration.

(a) Each home medical equipment provider must, pursuant to Sections 400.934 and 252.355, F.S., inform consumers and consumer caregivers, by the best method possible as it pertains to the person's disability, of the special needs registry and procedures for registration at the special needs registry maintained by their county emergency management office.

(b) If the consumer is to be registered with the special needs registry, the home medical equipment provider must assist the consumer with registering, pursuant to Sections 400.934 and 252.355, F.S., and the established procedures of the local emergency management agency. The home medical equipment provider must document in the consumer's file if the consumer plans to evacuate or remain at home and if the consumer's caregiver or family can take responsibility during the emergency for equipment services normally provided by HME staff or independent contractors referred by the home medical equipment provider or if the home medical equipment provider needs to make referrals in order for equipment services to continue. If the consumer is also receiving services through any other licensed health care provider or federal or state funded program designated in Section 252.355, F.S., to help clients register with the special needs registry, then the home medical equipment provider will check with the other service provider or program case manager to verify if the consumer has already been registered. If so, a note will be made in the consumer's file by the home medical equipment provider that the consumer's need for registration has already been reviewed and handled by the

other provider or program. Home medical equipment providers are not required to assist consumers residing in skilled nursing facilities, assisted living facilities or adult family care homes with special needs registration as those licensed facilities are responsible for evacuation and alternative sheltering of their clients.

(c) The collected registration information must be furnished to the county emergency management agency pursuant to Section 400.934, F.S., and as determined by the established procedures of the local emergency management agency related to special needs registration.

(7) The home medical equipment provider must provide the same type and quantity of equipment services to its consumers, which must include those being served in assisted living facilities and adult family care homes, who evacuate to special needs shelters which were being provided prior to evacuation, pursuant to Section 400.934(20)(a), F.S. Home medical equipment providers are not required to continue to provide services to consumers in emergency situations that are beyond their control and that make it impossible to provide services, such as when roads are impassable or when consumers do not go to the location specified in their consumer records.

(8) If the home medical equipment provider is unable to provide equipment services to consumers who are special needs registry patients, including any assisted living facility and adult family care home special needs registry patients, then the provider will make reasonable efforts to find another resource for the consumer, pursuant to Section 400.934(20)(a), F.S. This would include arranging for services for consumers who have been forced to relocate outside of the geographic service area of the home medical equipment provider.

(9) During emergency situations, when there is not a mandatory evacuation order issued by the local county emergency management office, some consumers, registered pursuant to Section 252.355, F.S., may decide not to evacuate and will stay in their homes. The home medical equipment provider must establish procedures, prior to the time of an emergency, which will delineate to what extent the provider will continue to arrange for essential equipment services during and immediately following an emergency pursuant to Section 400.934(20)(a), F.S.

Rulemaking Authority 400.925, 400.934, 400.935 FS. Law Implemented 400.925, 400.934, 400.935 FS. History–New 3-13-07.

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Board of Certification/Accreditation

Owings Mills, Maryland

Accredited Facility

Practice limited to DMEPOS supplier categories:

DM05.M01,DM08.OR03.PD06,DM21.PD09.DM22

The Board of Certification/Accreditation attests that the Facility named below complies with all requirements for facility accreditation.

Eden Medical Supply LLC

2840 NW 2nd Ave Ste 106

Boca Raton, FL 33431-6692

This accreditation is awarded for meeting the professional standards of BOC, together with all the honors, rights, privileges and responsibilities in pursuit of our mission to assure patients, physicians, professional organizations, the public-at-large, and government agencies and representatives of the competence and professionalism of BOC-Accredited Facilities. In witness whereof, we have affixed the seal of the Board and subscribed our names in acknowledgement.

Matthew Gruskin, MBA, BOCO, BOCPD, CDME, Chief Operating Officer

Claudia Zacharias, MBA, CAE, President & CEO

S62131

Facility Number

January 2024

Accredited Through

Accredited Since: 2021

BOC is a CMS deemed accrediting organization.

This accreditation is the property of BOC — the certificate holder agrees to abide by the BOC and CMS standards.

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

NAC 639.694

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

NAC 639.6946

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

NAC 639.6957

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

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

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

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG EDEN MEDICAL SUPPLY MDEG License # (if applicable) _____

Physical Address 2840 NW 2ND AVE STE 106

City BOCA RATON State FL Zip 33431

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 8008383560 Website WWW.EDENMEDICALSUPPLY.COM

Licensing Company Email INFO@EDENMEDICALSUPPLY.COM

Section 2: Personal Information

First MICHAEL Middle _____ Last MASCIARELLA

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

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

Mailing Address [redacted] NE 69TH STREET

City BOCA RATON State FL Zip 33431

Telephone [redacted] Email MICHAEL@EDENMEDICALSUPPLY.COM

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
WILDWOOD CATHOLIC HIGH SCHOOL		2001-2005	
Address	**City**	**State**	**Zip**
	NORTH WILDWOOD	NJ	08260
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		**From - To (MM/YY – MM/YY)**	
NORTHWOOD UNIVERSITY		2005-2009	
Address	**City**	**State**	**Zip**
	WEST PALM BEACH	FL	33416
Diploma/Degree obtained, if any			
BACHELORS DEGREE IN MARKETING AND BUSINESS MANAGEMENT			
School Name		**From - To (MM/YY – MM/YY)**	
LYNN UNIVERSITY		2017-2019	
Address	**City**	**State**	**Zip**
	BOCA RATON	fl	33433
Diploma/Degree obtained, if any			
MASTERS IN FINANCE			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2011-2017	[redacted]HORSESHOE LANE	BOCA RATON	fl	33496
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2017-2019	[redacted]TERN POINT CIRCLE	BOCA RATON	FL	33431
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019-PRESENT	[redacted]NE 69TH STREET	BOCA RATON	FL	33487
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
EDEN MEDICAL SUPPLY LLC			01/01/2022	
Business Address		**City**	**State**	**Zip**
2840 NW 2ND AVE		BOCA RATON	FL	33431
Phone	**Title**		**Number of Employed Hours**	
800-838-3560	PRESIDENT		1600	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
EVERT ENTERPRISES			2011-2022	
Business Address		**City**	**State**	**Zip**
674 TERN POINT CIRCLE		BOCA RATON	FL	33431
Phone	**Title**		**Number of Employed Hours**	
5614515152	ASSISTANT		25000	
Description of Duties				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

09/29/2022
Date

I, MICHAEL MASCIARELLA **, certify that as the MDEG Administrator for**

EDEN MEDICAL SUPPLY LLC ,

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

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

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

MICHAELMASCIARELLA
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/29/2022
Date

Board Use Only	Date Received: 10-18-22

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler _____

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

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First SCOTT Middle _____ Last ALARCON

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

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

Mailing Address [redacted]NE 69TH STREET

City BOCA RATON State FL Zip 33487

Telephone [redacted] Email SCOTT@EDENMEDICALSUPPLY.COM

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
OLYMPIC HEIGHT HIGH SCHOOL		2003-2007	
Address	**City**	**State**	**Zip**
	BOCA RATON	FL	
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF CENTRAL FLORIDA		2007-2013	
Address	**City**	**State**	**Zip**
		FL	
Diploma/Degree obtained, if any			
MASTERS IN MARKETING			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2013-PRESENT	[redacted]NE 69TH STREET	BOCA RATON	FL	33487
2010-2013	[redacted]BOCA BAY COLONY	BOCA RATON	FL	33487
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: EDEN MEDICAL SUPPLY			From - To (MM/YY – MM/YY): JUNE -PRESENT
Business Address: 2840 NW 2ND AVE STE 106	City: BOCA RATON	State: FL	Zip: 33431
Phone: 8008383560	Title: DIRECTOR OF FINANCE		
Description of Duties:			

Business Name: SENIOR MARKETING SPECIALISTS			From - To (MM/YY – MM/YY): MAY 2013-MAY 2022
Business Address: 7300 N. FEDERAL HWY	City: BOCA RATON	State: FL	Zip: 33487
Phone:	Title: DIRECTOR OF MARKETING		
Description of Duties:			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/6/22
Date

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

Scott Alarcon

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/6/22

Date

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

State of Florida, ss. County of Palm Beach

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

Original Signature

10/6/22

Date

Subscribed and Sworn to before me this 6th day of October.

Notary Public Signature

CHARLES MICHAEL MASCIARELLA
Notary Public - State of Florida
Commission # HH 230560
My Comm. Expires May 15, 2026
Bonded through National Notary Assn.

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler EDEN MEDICAL SUPPLY LLC

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

Physical Address 2840 NW 2ND AVE STE106

City BOCA RATON State FL Zip 33431

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 8008383560 Website WWW.EDENMEDICALSUPPLY.COM

Licensing Company Email INFO@EDENMEDICALSUPPLY.COM

Section 2: Personal Information

First MICHAEL Middle _____ Last MASCIARELLA

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

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

Mailing Address [redacted]NE 69TH STREET

City BOCA RATON State FL Zip 33487

Telephone [redacted] Email MICHAEL@EDENMEDICALSUPPLY.COM

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
WILDWOOD CATHOLIC HIGH SCHOOL		2001-2005	
Address	**City**	**State**	**Zip**
	NORTH WILDWOOD	nj	
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
NORTHWOOD UNIVERSITY		2005-2009	
Address	**City**	**State**	**Zip**
	WEST PALM BEACH	FL	33316
Diploma/Degree obtained, if any			
BACHELORS DEGREE IN MARKETING AND BUSINESS MANAGEMENT			

School Name		From - To (MM/YY – MM/YY)	
LYNN UNIVERSITY		2017-2019	
Address	**City**	**State**	**Zip**
	BOCA RATON	FL	33433
Diploma/Degree obtained, if any			
MASTER'S IN FINANCE			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2011-2017	[redacted]HORSESHOE LANE	BOCA RATON	FL	33496
2017-2019	[redacted]TERN POINT CIRCLE	BOCA RATON	FL	33431
2019-2022	[redacted]NE 69TH STREET	BOCA RATON	FL 33487	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
EVERT ENTERPRISES			2011-2022
Business Address	**City**	**State**	**Zip**
674 TERN POINT CIRCLE	BOCA RATON	FL	33431
Phone	**Title**		
5614515152	ASSISTANT		
Description of Duties			
MANAGED FINANCES AND MANAGED CLIENT			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

9/29/22
Date

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

MICHAEL MASCIARELLA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/29/2022

Date

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

State of Florida, ss. County of Palm Beach

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

Original Signature

9/29/22

Date

Subscribed and Sworn to before me this 29th day of September.

CHARLES MICHAEL MASCIARELLA
Notary Public - State of Florida
Commission # HH 230560
My Comm. Expires May 15, 2026
Bonded through National Notary Assn.

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler _____

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

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Tristan Middle R Last Alarcon

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

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

Mailing Address [redacted] E Ohio Street Unit [redacted]

City Chicago State IL Zip 60611

Telephone [redacted] Email tristan@edenmedicalsupply.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Grandview Preparatory School		2011-2015	
Address	**City**	**State**	**Zip**
336 NW Spanish River Blvd	Boca Raton	FL	33431
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
University of Florida		2015-2019	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
Bachelors of Business Administration - Marketing			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Pre-2020	[redacted] NE 69th Street	Boca Raton	FL	33487
2020-2021	[redacted] N Federal Hwy Apt. [redacted]	Boca Raton	FL	33487

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

Business Name: Eden Medical Supply			From - To (MM/YY – MM/YY): June-Present	
Business Address: 2840 NW 2nd Ave Suite 106		City: Boca Raton	State: FL	Zip: 33431
Phone: 800-838-3560	Title: Director of Operations			
Description of Duties:				

Business Name: Senior Marketing Specialists			From - To (MM/YY – MM/YY): May 2019 - May 2022	
Business Address: 7300 N Federal Hwy Suite 101		City: Boca Raton	State: FL	Zip: 33487
Phone:	Title: Director of Operations			
Description of Duties:				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/6/22
Date

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

Tristan Alarcon

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/6/22

Date

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

State of Florida, ss. County of Palm Beach

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

Original Signature

10/6/22

Date

Subscribed and Sworn to before me this 6th day of October.

Notary Public Signature

CHARLES MICHAEL MASCIARELLA
Notary Public - State of Florida
Commission # HH 230560
My Comm. Expires May 15, 2026
Bonded through National Notary Assn.

(Seal)

4B

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

Section 1: General Information

Facility Name: Med Supply Cabinet, Inc dba Lymphacare

MDEG Physical Address: 101 Commerce Drive, Ste 100

City: Montgomeryville State: Pa Zip: 18936

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 877-799-6863 Website: www.lymphacare.com

Email: tdoran@lymphacare.com

Name of MDEG Administrator (NAC 639.694): Thomas Doran

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9am-4pm	■ Tue: 9am-4pm	■ Wed: 9am-4pm	■ Thurs: 9am-4pm	■ Fri: 9am-4pm
☐ Sat: Closed	☐ Sun: Closed	☐ Holidays: Closed		

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare: 39117580001
Medicaid: PA -0019389320004 FL -101974000 GA- 003210120A LA - 2512625

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

Name: None	Credentials: NA	%: NA
Name: None	Credentials: NA	%: NA
Name: None	Credentials: NA	%: NA
Name: None	Credentials: NA	%: NA
Name: None	Credentials: NA	%: NA

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

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Pennsylvania

Parent Company (if any): _____

Corporation/Organization Name: Med Supply Cabinet, Inc. dba LymphaCare

Mailing Address: 101 Commerce Drive, Ste 100

City: Montgomeryville State: Pa Zip: 18936

Telephone: 877-799-6863 Email: tdoran@lymphacare.com

Contact Person Name: Thomas Doran

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Thomas W. Doran

Print Name of Authorized Person Submitting Application

T. W. Doran

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

11/7/2022

Date

Board Use Only	Date Received: 11-14-22	Amount: 500	CHECK# 1844 ✓

POLICY NUMBER: VGM D1021 G2179-19

COMMERCIAL GENERAL LIABILITY
CG DS 01 10 01

COMMERCIAL GENERAL LIABILITY DECLARATIONS

State National Insurance Co 1900 L Don Dodson Dr Bedford, TX 76021	VGM Insurance Services, Inc. PO Box 1328 Waterloo, IA 507041328

NAMED INSURED: Med Supply Cabinet Inc; LymphaCare

MAILING ADDRESS: 101 Commerce Drive Ste 100
Montgomeryville, PA 18936

POLICY PERIOD: FROM 09/29/2022 TO 09/29/2023 AT 12:01 A.M. TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

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

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	$ 1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	$ 100,000	Any one premises
MEDICAL EXPENSE LIMIT	$ 10,000	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	$ 1,000,000	Any one person or organization
GENERAL AGGREGATE LIMIT		$ 3,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT		$ 3,000,000

RETROACTIVE DATE (CG 00 02 ONLY)

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

RETROACTIVE DATE: None

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

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ JOINT VENTURE ☐ TRUST

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

BUSINESS DESCRIPTION: Home Medical Equipment

© ISO Properties, Inc., 2000

ALL PREMISES YOU OWN, RENT OR OCCUPY	
LOCATION NUMBER	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY
See Location Schedule	

CLASSIFICATION AND PREMIUM							
LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops
ALL	Medical, Hospital and Surgical Supply Stores	15314	$ 815,000	$	$	$	$

	ASSESSMENT/SURCHARGE (if applicable)	$ 0
	TOTAL PREMIUM (SUBJECT TO AUDIT)	$ 5,226.00
PREMIUM SHOWN IS PAYABLE:	AT INCEPTION	$ 5,226.00
	AT EACH ANNIVERSARY	$ NA
	(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)	

AUDIT PERIOD (IF APPLICABLE)	☒ ANNUALLY	☐ SEMI-ANNUALLY	☐ QUARTERLY	☐ MONTHLY

ENDORSEMENTS
ENDORSEMENTS ATTACHED TO THIS POLICY:
See attached Schedule of Endorsements

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

Countersigned:	By:
9/28/2022	David Cleff
(Date)	(Authorized Representative)

NOTE

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

© ISO Properties, Inc., 2000

LymphaCare

Your Resource for Lymphatic & Vascular Disorders

To Whom It May Concern,

Thomas W. Doran is the Only Officer and Director of Med Supply Cabinet, Inc. dba LymphaCare

Thanks,

Thomas W. Doran

Phone 1-877-799-6863
Fax 1-866-799-6863
www.LymphaCare.com

101 Commerce Drive
Suite 100
Montgomeryville, PA 18936

Certificate of Registration

Certificate No. 6000009360
(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Devices

MED SUPPLY CABINET, INC DBA LYMPHACARE
101 COMMERCE DRIVE
SUITE 100
MONTGOMERYVILLE, PA 18936

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: May 23, 2018
Expiration Date: The Last Day of June, 2023

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

K Klinepeter
Keara Klinepeter
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Certificate of Registration

Certificate No. 6000009360
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Devices

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

MED SUPPLY CABINET, INC DBA LYMPHACARE
101 COMMERCE DRIVE
SUITE 100
MONTGOMERYVILLE, PA 18936

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: May 23, 2018
Expiration Date: The Last Day of June, 2023

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

K Klinepeter
Keara Klinepeter
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

01/31/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MED SUPPLY CABINET, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC220131100975-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

Regarding: MED SUPPLY CABINET, INC.
Request Type: Subsistence Certificate
Request No.: 004272625
Receipt No.: 000240252
Filing Type: Domestic Business Corporation
Filing Subtype: Business
Initial Filing Date: October 20, 2000
Status: Active

Issuance Date: November 07, 2022
File No.: 0002968819

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

MED SUPPLY CABINET, INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvainia are paid.

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Leigh M. Chapman

Leigh M. Chapman
Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

NAC 639.694

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

NAC 639.6946

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

NAC 639.6957

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

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

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

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Med Supply Cabinet, Inc dba LymphaCare MDEG License # (if applicable) _____

Physical Address 101 Commerce Drive Ste 100

City Montgomeryville State Pa Zip 18936

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877-799-6863 Website www.lymphacare.com

Licensing Company Email tdoran@lymphacare.com

Section 2: Personal Information

First Thomas Middle William Last Doran

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

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

Mailing Address [redacted] Regency Drive

City North Wales State Pa Zip 18936

Telephone [redacted] Email tdoran@lymphacare.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Indiana University of PA		9/83-6/87	
Address	City	State	Zip
1011 South Drive	Indiana	Pa	15705
Diploma/Degree obtained, if any			
BS Medical Technology/ BA Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Pittston Area High School		9/80-6/83	
Address	City	State	Zip
5 Stout St.	Yatesville	Pa	18640
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/01- Current	[redacted] Regency Drive	North Wales	Pa	19454
From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/08- Current	[redacted] Landis Ave NS	Sea Isle City	NJ	08243
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Med Supply Cabinet, Inc			10/2000-current	
Business Address		**City**	**State**	**Zip**
101 Commerce Drive Ste 100		Montgomeryville	PA	18936
Phone	**Title**		**Number of Employed Hours**	
2159873718	President			
Description of Duties				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/7/2022
Date

I, Thomas W. Doran, **certify that as the MDEG Administrator for**

Med Supply Cabinet, Inc.,

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

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

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

Thomas W. Doran
Print Name (First, Last)

T W Doran
Original Signature (electronic, copies or stamps not accepted)

11/7/2022
Date

Board Use Only	Date Received: 11-14-22

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Med Supply Cabinet, Inc. dba LymphaCare

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

Physical Address: 101 Commerce Drive, Ste 100

City: Montgomeryville State: PA Zip: 18936

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 877-799-6863 Website: www.lymphacare.com

Licensing Company Email: tdoran@lymphacare.com

Section 2: Personal Information

First: Thomas Middle: William Last: Doran

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

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

Mailing Address: [redacted] Regency Drive

City: North Wales State: Pa Zip: 18936

Telephone: [redacted] Email: tdoran@lymphacare.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Indiana University of PA		9/83-6/87	
Address	**City**	**State**	**Zip**
1011 South Drive	Indiana	Pa	15705
Diploma/Degree obtained, if any			
BS Medical Technology/ BA Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Pittston Area High School		9/80-6/83	
Address	**City**	**State**	**Zip**
5 Stout St.	Yatesville	Pa	18640
Diploma/Degree obtained, if any			
Graduated Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/01- current	[redacted] Regency Drive	North Wales	Pa	19454
4/8- current	[redacted] Landis Ave NS	Sea Isle City	NJ	08243
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

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

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/7/2022
Date

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

Thomas W. Doran

Print Name (First, Last)

T. W. Doran

Original Signature (electronic, copies or stamps not accepted)

11/7/2022

Date

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

State of Penna., ss. County of Bucks

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

T. W. Doran

Original Signature

11-8-22

Date

Subscribed and Sworn to before me this 8 day of NOV. 2022

Patricia Laporta

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Patricia Laporta, Notary Public
Bucks County
My commission expires March 19, 2023
Commission number 1347295
Member, Pennsylvania Association of Notaries

(Seal)

4C

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

Section 1: General Information

Facility Name: NORTHEAST EXPRESS

MDEG Physical Address: 36017 BURBAGE RD. SUITE A.

City: FRANKFORD State: DE Zip: 19945

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (302)-829-8312 Website: NORTHEASTEXPRESS.NET

Email: SWEARERLYNNEKELSY@YAHOO.COM

Name of MDEG Administrator (NAC 639.694): DEANNA L SWEARER

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

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 9AM-5PM	☑ Tue: 9AM-5PM	☑ Wed: 9AM-5PM	☑ Thurs: 9AM-5PM	☑ Fri: 9AM-4PM
☐ Sat: closed	☐ Sun: closed	☐ Holidays: closed		

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

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

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

Medicare provider; NPI: 1114928991
Medicaid: we do not accept any medicaids.

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

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

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): N/A

Corporation/Organization Name: Northeast Express, Inc.

Mailing Address: 36017 Burbage Rd. Suite R.

City: Frankford, State: DE Zip: 19945

Telephone: (302)-829-8312 Email: swearerlynnekelsy@yahoo.com

Contact Person Name: Kelsy Swearer

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Deanna Swearer

Print Name of Authorized Person Submitting Application

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

9/20/22

Date

Board Use Only	Date Received: 10·10·22	Amount: 500 CC ✓ processed 10·12·22 LG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/27/2022

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

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

PRODUCER	CONTACT NAME:	
CBIZ INSURANCE SERVICES INC/PHS 39320172 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	PHONE (A/C, No, Ext): (866) 467-8730	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC#
Northeast Express Inc 36017 BURBAGE RD # A FRANKFORD DE 19945-6703	INSURER A : Hartford Underwriters Insurance Company	30104
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR [X] General Liability GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			39 SBA AN4S2R	09/24/2022	09/24/2023	EACH OCCURRENCE	$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$2,000,000
							GENERAL AGGREGATE	$4,000,000
							PRODUCTS - COMP/OP AGG	Excluded
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			39 SBA AN4S2R	09/24/2022	09/24/2023	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/ A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE -EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	Employment Practices Liability Insurance			39 SBA AN4S2R	09/24/2022	09/24/2023	Each Claim Limit Annual Aggregate Limit	$25,000 $25,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

For Informational Purposes
36017 BURBAGE RD # A
FRANKFORD DE 19945-6703

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

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The ACORD name and logo are registered marks of ACORD

Northeast Express
36017 Burbage Rd
Suite A
Frankford, DE 19945
(302)-829-8312

List of all Officers/Directors:

Northeast Express, Inc is a very small DME equipment provider, we only have two full-time employees and one part time employee.

Deanna Lynn Lykins-Swearer, President

Kelsy Lynne Swearer, Vice President

STATE OF DELAWARE

Department of Finance
Division of Revenue

ACTIVE BUSINESS LICENSE

1993108896

EFFECTIVE 01/01/2022 - 12/31/2022

ISSUED TO
NORTHEAST EXPRESS
RICH SWEARER
36017 BURBAGE RD
FRANKFORD DE 19945-6703

LOCATION
NORTHEAST EXPRESS
36017 BURBAGE RD
FRANKFORD, DE 19945-6703

TRADE, BUSINESS OR PROFESSIONAL ACTIVITY
RETAILER, GENERAL

GREAT SEAL OF THE STATE OF DELAWARE · 1704 · 1776 · 1787 ·

2022

ISSUED: 12/20/2021
FEE PAID: $90.00

Is hereby licensed to practice, conduct, or engage in the occupation or business activity indicated above in accordance with the license application duly filed pursuant to Title 30, Delaware Code.

– POST CONSPICUOUSLY - NOT TRANSFERABLE

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTHEAST EXPRESS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF OCTOBER, A.D. 2022.

Jeffrey W. Bullock, Secretary of State

2883709 8300

SR# 20223677253

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

Authentication: 204533739

Date: 10-03-22

Jessette Phaynarikone

From: Kelsy Swearer <swearerlynnekelsy@yahoo.com>
Sent: Monday, November 21, 2022 12:06 PM
To: Jessette Phaynarikone
Subject: Re: Urgent

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

No, for the state of Delaware we are only required to have the license I provided you.

On Monday, November 21, 2022 at 02:13:09 PM EST, Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov> wrote:

Hi Kelsy

Thank you for providing the requested documents. Do you have the MDEG license?

Kind regards,

Jessette Phaynarikone

Licensing Specialist | Nevada State Board of Pharmacy

jphaynarikone@pharmacy.nv.gov

Office: 775-850-1440

Fax: 775-850-1444

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

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

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

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Northeast Express, Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 21017 Burbage Rd. suite A

City Frankford State DE Zip 19945

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (302)-829-8312 Website northeastexpress.net

Licensing Company Email swearerlynnekelsy@yahoo.com

Section 2: Personal Information

First Deanna Middle Lynn Last Lykins-Swearer

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

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

Mailing Address [redacted] Bunker ct.

City Frankford State DE Zip 19945

Telephone [redacted] Email [redacted]

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

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

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

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

School Name	From - To (MM/YY – MM/YY)
William Penn High School	1976 - 1980

Address	City	State	Zip
713 E Basin Rd.	New Castle	DE	19720

Diploma/Degree obtained, if any: Diploma received (1980)

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2017-current	[redacted] Bunker Ct.	Frankford	DE	19945
2015-2017	[redacted] October Glory Ave.	Ocean View	DE	19970
2005-2016	[redacted] Aronimink Dr.	Newark	DE	19711

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

Business Name: Northeast Express, Inc.			From - To (MM/YY – MM/YY): 1998-current
Business Address: 36017 Burbage Rd. Suite A.	City: Frankford	State: DE	Zip: 19945
Phone: (302)-829-8312	Title: President		
Description of Duties: oversee all business operations.			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

N/A

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/26/22
Date

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

Deanna Swearer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/27/22

Date

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

State of Delaware, ss. County of Sussex

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

Original Signature

9/28/22

Date

Subscribed and Sworn to before me this 28 day of September 2022

Notary Public Signature

KELLY L. MELLOTT
MY COMMISSION EXPIRES AUGUST 17, 2024
NOTARY PUBLIC
STATE OF DELAWARE

Jessette Phaynarikone

From: Kelsy Swearer <swearerlynnekelsy@yahoo.com>
Sent: Wednesday, October 12, 2022 8:31 AM
To: Jessette Phaynarikone
Subject: Re: MDEG Application - Northeast Express - Frankford, DE
Attachments: NevadaPers7of7.png; NevadaPers6of7.png; NevadaPers5of7.png; NevadaPers4of7.png; NevadaPers3of7.png; NevadaPers2f7.png; NevadaPers1of7.png; NevadaRevised.png

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

Jessette,

I have attached "Main Page Section 1" and edited the MDEG Admin to Deanna.
In addition, I did submit the personal history record application, but I have attached it again.
Deanna is the only one who had to complete that because she owns 100% of the business as the owner.

Is there anything else?

Thank you

On Tuesday, October 11, 2022 at 07:47:33 PM EDT, Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov> wrote:

Good afternoon,

We are in receipt of your MDEG Application for Northeast Express – Frankford, DE. As I was going over with the application you sent, I noticed we are missing pages of the applications. Please refer below for the following.

- **Frankford, DE**
  - MDEG Application – main page, section 1 – Name of MDEG Administrator Kelsy or Deanna – if Deanna, please resubmit this page (you may email this to me)



Section 1: General Information

Facility Name: Northeast Express
MDEG Physical Address: 36017 Burbage Rd. suite A
City: Frankford State: DE Zip: 19945
Mailing Address (if different from physical address):
City: State: Zip:
Telephone: (302)-829-8312 Website: northeastexpress.net
Email: swearerlynnekelsy@yahoo.com
Name of MDEG Administrator (NAC 639.694): Kelsy Swearer

Entities the MDEG will Serve | Type of MDEG products that will be sold (check all applicable)

- MDEG Administrator Application – Kelsy Swearer – will need to submit this if she's the MDEG Administrator

- Personal History Record Application – must be completed by **EACH** shareholder/stockholder/owner/partner (top 4 or owns 10% or more)

Applications can be found below.

MDEG Administrator Application -
https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2022%20MDEG%20Administrator%20Application%20Fillable%20PDF%2006.21.2022.pdf

Personal History Application -
https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2022%20Personal%20History%20Application%20FINAL%20Fillable%20PDF.pdf

- Please refer to our statues and regulations below for the requirements for MDEG Administrator.

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Northeast Express MDEG License # (if applicable) N/A

Physical Address 31e017 Burbage Rd. Suite A

City Frankford State DE Zip 19945

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (302)-829-8312 Website northeastexpress.net

Licensing Company Email swearerlynnekelsy@yahoo.com

Section 2: Personal Information

First Deanna Middle Lynn Last Lykins-Swearer

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

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

Mailing Address [redacted] Bunker ct. [redacted]

City Frankford State DE Zip 19945

Telephone [redacted] Email [redacted]

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

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

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

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

School Name	From - To (MM/YY – MM/YY)
William Penn High School	1976-1980

Address	City	State	Zip
713 E Basin Rd.	New Castle	DE	19720

Diploma/Degree obtained, if any: Diploma (1980)

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY

Address	City	State	Zip

Diploma/Degree obtained, if any:

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2017-current	[redacted] Bunker Ct	Frankford	DE	19945
2015-2017	[redacted] October Glory Ave.	Ocean View	DE	19970
2005-2016	[redacted] Aronimink Dr.	Newark	DE	19711
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name		From - To (MM/YY – MM/YY)
Northeast Express, Inc.		1998-current
Business Address	**City**	**State / Zip**
36017 Burbage Rd. Suite A	Frankford	DE 19945
Phone	**Title**	**Number of Employed Hours**
(302)-829-8312	president	1500+
Description of Duties		
oversees all business operations.		<9AM-5PM mon-Fri since 1998>

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

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

I, Deanna Swearer, **certify that as the MDEG Administrator for** Northeast Express, Inc., **that I (initial that you have read and meet the following requirements):**

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

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

Deanna Swearer
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/26/22
Date

Board Use Only	Date Received:

Current Payroll Tax Liabilities | *** To-Date Tax Liabilities (Please Read) ***

Basic Company Information
NORTHEAST EXPRESS 36017 BURBAGE RD, STE A FRANKFORD, DE 19945
Company No: 12104

Payroll Dates
Check Date: 09/15/22 (1) Period Start Date: 09/01/22 (1) Period End Date: 09/15/22
Federal Deposit Freq.: MONTHLY Federal Deposit Method: Total Tax

Payroll Statistics			
No. of PR Checks:	0	Total Check Net:	$3,493.65
No. of Misc Checks:	0	Total Misc. Net:	$0.00
No. of Tax Checks:	0		
No. of Adj. Entries:	0	Total Adj. Net:	$0.00
No. of Void Entries:	0	Total Void Net:	$0.00
No. of DD Vouchers:	3	Total PR Net:	$3,493.65
Total PR Gross:	$6,887.41	Invoice Amt:	$60.65

Federal Tax Section

Federal Tax Deposit Liability (941)	
Federal Withholding Tax	$799.24
Earned Income Credit	$0.00
Social Security (Employer Portion)	$427.02
Social Security (Employee Portion)	$427.02
Medicare (Employer Portion)	$99.86
Medicare (Employee Portion)	$99.86
Cobra Premium Assistance Credit	$0.00
Total PR Federal 941 Liability	$1,853.00

Federal Unemployment Liability (940)	
Federal Unemployment Tax (FUTA)	$3.64
Total PR Federal 940 Liability	$3.64

Total Unpaid 941 Liability -- DUE	$1,853.00
This amount will be withdrawn 1 day(s) before your checkdate *The total withdrawal will be listed at the end of the report*	
Quarter / Year : 3-2022	Tax Type: 941

Delaware Tax Section

Delaware State Withholding Liability	
State Withholding Tax (W/H)	$319.69
Total Delaware PR WH Liability	$319.69

Delaware Unemployment Liability	
State Unemployment Tax (SUTA)	$1.82
Total DE PR SUTA Liability	$1.82

Total Unpaid DE State Withholding Liability -- DUE	$319.69
This amount will be withdrawn 1 day(s) before your checkdate *The total withdrawal will be listed at the end of the report*	

Total Tax Deposit	$2,178.15

********* Total Bank Deposit: $5,732.45

NORTHEAST EXPRESS
36017 BURBAGE RD, STE A
FRANKFORD, DE 19945

Check Date	Reference No.
09/15/2022	2000113

Amount
$1,246.37

Direct Deposit Voucher

Div.: 0 / Dept.: 1

Payee **DEANNA L. SWEARER**
[redacted] BANKER CT
FRANKFORD, DE 19945

Non-Negotiable

Fold Here

9/13/2022 2:03:54 PM

Company Name	NORTHEAST EXPRESS											Processed By Delaware Payroll Services		
Address	36017 BURBAGE RD, STE A FRANKFORD, DE 19945											(302) 829-8312		
DBA														
Employee Name	DEANNA L. SWEARER					UCI	DE	Tax Status				Dep	Flat E/F	% E/F
Company No.	12104	Payroll No.	43	Pay Freq.	Semi-Monthly	Federal		Single		(4a)	0.00			
Employee No.	2	Division No.	0	Start Date	09/01/2022			(2c) ☐	(3) 0.00	(4b)	0.00			
SSN No.	[redacted]	Home Dept. No.	1	End Date	09/15/2022	(W) DE		Single				0		
Check No.	2000113	Net Pay	1,246.37	Check Date	09/15/2022									

Dept.	Earnings							Taxes			Deductions & Memos			
	Current				Year-to-Date			Tax	Current	YTD	Deduction	Current	YTD	
No.	Description	Rate	Hours	Amount	Description	Hours	Amount	Description	Amount	Amount	Description	Amount	Amount	
1	0-Regular Pay			3,166.67	0-Regular Pay		53,833.39	Federal WH	395.33	6,720.61	40-401K ROTH	1,125.00	19,125.00	
								OASDI	196.34	3,337.67	M1-ER MATCH	126.67	2,153.39	
								Medicare	45.92	780.59				
								DE: State WH	157.71	2,681.07				
	Employee Totals			3,166.67	Total YTD:		53,833.39		795.30	13,519.94		1,251.67	21,278.39	

Account Type	Bank Routing No.	Bank Account No.	Amount Deposited
Checking	*****5759	*****0190	1,246.37

Company Memo:

Private Memo:

4D

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Azurity Pharmaceuticals, Inc.

Physical Address: 841 Woburn Street

City: Wilmington State: MA Zip: 01887

Mailing Address (if different from physical address): 8 Cabot Road, Suite 2000

City: Woburn State: MA Zip: 01801

Telephone: 781-935-8141 x112 Website: www.azurity.com

Name of Designated Representative (DR): Adren John Hughes

Licensing Company Email: licensing@azurity.com DR Email: jhughes@azurity.com

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Patheon, Inc.
Address: 2111 E. Gabard Road City: Cincinnati State: OH Zip: 45215

Name: Delpharm Montreal, Inc.
Address: 3535 Trans Canada Highway City: Point-Claire State: QC Zip: H9R 1B4

Name: Safecor Health
Address: 4060 Business Park Drive City: Columbus State: OH Zip: 43204

Name: PCI Pharma Services
Address: 4545 Assembly Drive City: Rockford State: IL Zip: 61109

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): CutisPharma Intermediate Holdings, Inc.
Corporation/Organization Name: Azurity Pharmaceuticals, Inc.
Mailing Address: 8 Cabot Road, Suite 2000
City: Woburn State: MA Zip: 01801
Telephone: 781-935-8141 x112 Email: licensing@azurity.com
Contact Person Name: Hanok George

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Azurity Pharmaceuticals, Inc.

Facility Name

Hanok George

Print Name of Authorized Person Submitting Application

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

September 15, 2022

Date

Board Use Only	Date Received: 9.20.22	Amount: 1000.00 CC

Directors

- Vern Davenport
  - vern.davenport@nqcapital.com
- Jeff Edwards
  - jeff.edwards@nqcapital.com

Corporate Officer List

- President/CEO
  - Name: Richard Blackburn
  - Contact: 781-935-8141 EXT. 114; richard.blackburn@azurity.com
  - DOB: [redacted]
- Treasurer/CFO
  - Name: Ronald Scarboro
  - Contact: 781-935-8141 EXT. 175; rscarboro@azurity.com
  - DOB: [redacted]
- Secretary/General Counsel
  - Hanok George
  - Contact: 781-935-8141 EXT. 112; hgeorge@azurity.com
  - DOB: [redacted]

Ownership

- CutisPharma Intermediate Holdings, Inc.
  - 100% ownership
  - 8 Cabot Rd, Suite 2000, Woburn, MA 01801
  - 781-935-8141

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant:

- J.P. Morgan Chase Bank, NA
- Truist Bank
- Variety of publicly traded debtors

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0096570	02/04/2022	02/04/2023	Drug Manufacturers & Distributors

SCHEDULES VI

ISSUED TO

AZURITY PHARMACEUTICALS, INC.
841 WOBURN STREET
WILMINGTON, MA 01887
ATTN: AMIT PATEL CEO

Margret R Cooke

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RENEWAL

819450

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AZURITY PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AZURITY PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TENTH DAY OF DECEMBER, A.D. 1998.

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

Jeffrey W. Bullock, Secretary of State

2977052 8300

SR# 20220229408

Authentication: 202472468

Date: 01-24-22

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

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

PRINT

New Search (default.cfm)

Search Results for **azurity**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Azurity Pharmaceuticals, Inc.	3003395329	117505635	ANALYSIS;	8 Cabot Road, Suite 3000, Woburn, Massachusetts (MA) 01801, United States (USA)	12/31/2022
Azurity Pharmaceuticals, Inc.	3003395329	090598256	LABEL; MANUFACTURE; PACK;	841 Woburn St., Wilmington, Massachusetts (MA) 01887, United States (USA)	12/31/2022
Azurity Pharmaceuticals, Inc.		118312786	MANUFACTURE;	600 Research Dr, Wilmington, Massachusetts (MA) 01887, United States (USA)	12/31/2022

Showing 1 to 3 of 3 entries

Previous1Next

Data Current through: Sunday, Dec 19, 2021

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Emp Number	First Name	Last Name	Status	Date of Hire	Department	Position
5896	Fedoua	Elhilali	Active	8/8/2022	Business Development	Clinical Specialist, Business Development
4866	Brianna	Irvine	Active	1/30/2018	Commercial - Cmm. Ops	Associate, Sales Administration
5758	Nichole	Johnson	Active	10/12/2020	Commercial - Cmm. Ops	Data Analyst
5900	Jesse	Godsey	Active	8/15/2022	Commercial - Cmm. Ops	Director, Commercial Analytics and Excellence
2003	Paige	Kihm	Active	7/11/2016	Commercial - Cmm. Ops	Manager, Commercial Operations
5766	Madison	Garvey	Active	2/15/2021	Commercial - Marketing	Associate, Institutional Marketing
5744	Krista	Dossie	Active	7/27/2020	Commercial - Marketing	Associate, Marketing Operations
0020	Christina	Dalton	Active	10/11/2010	Commercial - Marketing	Director, Institutional Marketing
6038	Timothy	Ryan	Active	9/26/2018	Commercial - Marketing	Manager, Marketing Operations
6075	Gina	Fallon	Active	9/23/2019	Commercial - Marketing	Marketing Coordinator
5876	Elizabeth	Farris	Active	6/20/2022	Commercial - Marketing	Brand Manager
5871	Enid	Curevac	Active	6/6/2022	Commercial - Marketing	Brand Manager
0119	Anne	Martin Davis	Active	5/2/2011	Commercial - Marketing	Brand Manager
0220	Alex	Nunez	Active	2/27/2012	Commercial - Marketing	Brand Manager
5845	Paul	Murasko	Active	4/25/2022	Commercial - Marketing	Sr. Director, Digital Innovation & Marketing Operations
0702	Stephanie	Behrens	Active	6/2/2015	Commercial - Marketing	Sr. Director, Marketing
5804	Vasiliki	Weiden	Active	1/4/2022	Commercial - Marketing	Sr. Director, Marketing
6029	Susan	Monahan	Active	3/19/2018	Commercial - Marketing	Sr. Director, Marketing
6116	Robert	Yee	Active	9/14/2020	Commercial - Marketing	Sr. Brand Manager
6105	Raimonds	Dzelme	Active	5/26/2020	Commercial - Marketing	VP, Marketing
0603	David	Goerz	Active	12/17/2014	Commercial - Sales	Director, Institutional Sales
5861	Roy	Williams	Active	5/16/2022	Commercial - Sales	Director, Specialty Sales East
0321	Laura	Corbell	Active	9/16/2013	Commercial - Sales	Director, Specialty Sales West
0210	S'Kati	Roquemore	Active	1/16/2012	Commercial - Sales	Director, Virtual Sales

5880	Kirk	DuMont	Active	7/11/2022	Commercial - Sales	District Business Manager, Adults
0051	Timothy	Phillips	Active	10/11/2010	Commercial - Sales	District Business Manager, Adults
5881	Susan	Prince	Active	7/5/2022	Commercial - Sales	District Business Manager, Adults
6030	Susan	Cramer	Active	4/9/2018	Commercial - Sales	District Business Manager, Pediatrics
6118	Lisa	Ellis	Active	9/21/2020	Commercial - Sales	Territory Sales Specialists, Pediatrics
6088	Andrea	Struble	Active	1/6/2020	Commercial - Sales	Territory Sales Specialists, Pediatrics
0817	Dawn	Alexander	Active	10/26/2015	Commercial - Sales	Institutional Business Manager
5780	Trenton	Branstetter	Active	6/21/2021	Commercial - Sales	Institutional Business Manager
2741	Danilo	Chan	Active	10/1/2014	Commercial - Sales	Institutional Business Manager
5759	Christian	Coney	Active	10/12/2020	Commercial - Sales	Institutional Business Manager
0847	Crystal	Deleon	Active	12/7/2015	Commercial - Sales	Institutional Business Manager
2272	Erik	Johanson	Active	8/29/2016	Commercial - Sales	Institutional Business Manager
6027	Walter	Klaus	Active	1/1/2018	Commercial - Sales	Institutional Business Manager
5732	Alexandria	Lopresto	Active	3/30/2020	Commercial - Sales	Institutional Business Manager
5761	Amanda	Mitchell	Active	10/12/2020	Commercial - Sales	Institutional Business Manager
5840	Matthew	Morgeson	Active	4/18/2022	Commercial - Sales	Institutional Business Manager
4210	Shawn	Nunn	Active	8/7/2017	Commercial - Sales	Institutional Business Manager
5664	Kyle	Parker	Active	8/5/2019	Commercial - Sales	Institutional Business Manager
4061	Nate	Paulin	Active	8/7/2017	Commercial - Sales	Institutional Business Manager
6073	Paige	Richardson	Active	9/9/2019	Commercial - Sales	Institutional Business Manager
5910	Crystal	Rosser	Active	9/6/2022	Commercial - Sales	Institutional Business Manager
0131	Brian	Runge	Active	5/1/2011	Commercial - Sales	Institutional Business Manager
5904	Karen	Sidoti	Active	9/6/2022	Commercial - Sales	Institutional Business Manager

5739	Phoebe	Tran	Active	7/6/2020	Commercial - Sales	Institutional Business Manager
0901	Stephen	Yates	Active	3/7/2016	Commercial - Sales	Institutional Business Manager
4554	Frank	Zubal	Active	11/6/2017	Commercial - Sales	Institutional Business Manager
0109	Eric	Greenberg	Active	4/4/2011	Commercial - Sales	Sr. District Business Manager, Adults
2814	Walter	Kallaher	Active	1/25/2016	Commercial - Sales	Sr. District Business Manager, Adults
0959	Rollin	Knecht	Active	3/14/2016	Commercial - Sales	Sr. District Business Manager, Adults
0375	Marsha	Stone	Active	11/15/2013	Commercial - Sales	Sr. District Business Manager, Adults
0942	Kayla	Tasler	Active	3/7/2016	Commercial - Sales	Sr. District Business Manager, Adults
0251	Joseph	Tinnirella	Active	12/3/2012	Commercial - Sales	Sr. District Business Manager, Adults
0081	Donna	Wilmoth	Active	4/1/2009	Commercial - Sales	Sr. District Business Manager, Adults
6026	Scott	Koon	Active	1/1/2018	Commercial - Sales	Sr. District Business Manager, Pediatrics
0276	Barbara	Battle	Active	4/1/2013	Commercial - Sales	Sr. Institutional Business Manager
0955	Michael	Cecil	Active	3/7/2016	Commercial - Sales	Sr. Institutional Business Manager
0009	Steve	Cung	Active	10/11/2010	Commercial - Sales	Sr. Institutional Business Manager
0413	Kyla	Cuomo	Active	11/15/2013	Commercial - Sales	Sr. Institutional Business Manager
0153	Kimberly	Deacon	Active	5/9/2011	Commercial - Sales	Sr. Institutional Business Manager
6153	Amy	Eaton	Active	5/24/2021	Commercial - Sales	Sr. Institutional Business Manager
0317	Kevin	Hergott	Active	9/3/2013	Commercial - Sales	Sr. Institutional Business Manager
0675	Terra	Hoffman	Active	5/4/2015	Commercial - Sales	Sr. Institutional Business Manager
0635	Golden	Smith	Active	2/9/2015	Commercial - Sales	Sr. Institutional Business Manager
0782	Bruce	Trottere	Active	8/3/2015	Commercial - Sales	Sr. Institutional Business Manager
0323	Beau	Bradley	Active	10/2/2013	Commercial - Sales	Sr. Regional Business Manager, Institution Sales

0487	Erika	De Los Santos	Active	3/31/2014	Commercial - Sales	Sr. Regional Business Manager, Institution Sales
5843	Michael	Allen	Active	4/18/2022	Commercial - Sales	Sr. Territory Sales Specialists, Adult
0588	Jay	Dalton	Active	12/8/2014	Commercial - Sales	Sr. Territory Sales Specialists, Adult
0737	Michael	Dibenedetto	Active	7/20/2015	Commercial - Sales	Sr. Territory Sales Specialists, Adult
5834	Gary	Greco	Active	4/18/2022	Commercial - Sales	Sr. Territory Sales Specialists, Adult
0026	Jason	Harvard	Active	9/1/2009	Commercial - Sales	Sr. Territory Sales Specialists, Adult
0111	Elizabeth	Hughes	Active	5/1/2011	Commercial - Sales	Sr. Territory Sales Specialists, Adult
5831	Lauren	Liese	Active	4/18/2022	Commercial - Sales	Sr. Territory Sales Specialists, Adult
0310	Georgie	Martinez	Active	7/8/2013	Commercial - Sales	Sr. Territory Sales Specialists, Adult
0040	Christine	Maurer	Active	10/11/2010	Commercial - Sales	Sr. Territory Sales Specialists, Adult
1102	Sheri	Mcgregor	Active	4/25/2016	Commercial - Sales	Sr. Territory Sales Specialists, Adult
0547	Kelli	Moore	Active	9/29/2014	Commercial - Sales	Sr. Territory Sales Specialists, Adult
0236	Audra	Moss	Active	9/10/2012	Commercial - Sales	Sr. Territory Sales Specialists, Adult
0796	Jeremy	Pyper	Active	8/17/2015	Commercial - Sales	Sr. Territory Sales Specialists, Adult
0101	Michael	Schutter	Active	3/14/2011	Commercial - Sales	Sr. Territory Sales Specialists, Adult
5823	Kenneth	Skinner	Active	4/18/2022	Commercial - Sales	Sr. Territory Sales Specialists, Adult
0200	Tammie	Stapleton	Active	12/26/2011	Commercial - Sales	Sr. Territory Sales Specialists, Adult
0079	Darlene	Williamson	Active	10/11/2010	Commercial - Sales	Sr. Territory Sales Specialists, Adult
6148	Sally	Alberg	Active	3/15/2021	Commercial - Sales	Sr. Territory Sales Specialists, Pediatrics
6017	Arthur	Compean	Active	7/16/2015	Commercial - Sales	Sr. Territory Sales Specialists, Pediatrics
5841	Stacy	Lewis	Active	4/18/2022	Commercial - Sales	Sr. Territory Sales Specialists, Pediatrics
5833	Jennifer	Spangler	Active	4/18/2022	Commercial - Sales	Sr. Territory Sales Specialists, Pediatrics

5832	Kimberly	Viens	Active	4/18/2022	Commercial - Sales	Sr. Territory Sales Specialists, Pediatrics
6012	Britt	Westmacott	Active	10/15/2014	Commercial - Sales	Sr. Territory Sales Specialists, Pediatrics
0422	Sheyna	Babayev	Inactive	11/15/2013	Commercial - Sales	Territory Sales Specialists, Adults
5755	Ciara	Boucher	Active	8/31/2020	Commercial - Sales	Territory Sales Specialists, Adults
3577	Roxane	Bradley	Active	4/24/2017	Commercial - Sales	Territory Sales Specialists, Adults
5856	Jeffrey	Bruno	Active	5/16/2022	Commercial - Sales	Territory Sales Specialists, Adults
5787	Stephen	Carbone	Active	7/26/2021	Commercial - Sales	Territory Sales Specialists, Adults
5852	Kimberly	Carter	Active	5/16/2022	Commercial - Sales	Territory Sales Specialists, Adults
5844	Stacey	Collins	Active	4/18/2022	Commercial - Sales	Territory Sales Specialists, Adults
5821	Samuel	Colon	Active	4/18/2022	Commercial - Sales	Territory Sales Specialists, Adults
3088	Douglas	Dolecki	Active	2/20/2017	Commercial - Sales	Territory Sales Specialists, Adults
5915	Roderick	Duncan	Active	9/6/2022	Commercial - Sales	Territory Sales Specialists, Adults
5882	Sean	Fischer	Active	7/18/2022	Commercial - Sales	Territory Sales Specialists, Adults
5853	George	Greene	Active	5/16/2022	Commercial - Sales	Territory Sales Specialists, Adults
3521	Timothy	Hogan	Active	4/3/2017	Commercial - Sales	Territory Sales Specialists, Adults
5890	Ariel	Houston	Active	7/18/2022	Commercial - Sales	Territory Sales Specialists, Adults
5822	Ashley	Knotts	Active	4/18/2022	Commercial - Sales	Territory Sales Specialists, Adults
5849	Marta	Kohn	Active	5/16/2022	Commercial - Sales	Territory Sales Specialists, Adults
5772	Erika	Lang	Active	3/1/2021	Commercial - Sales	Territory Sales Specialists, Adults
5827	Madison	Leone	Active	4/18/2022	Commercial - Sales	Territory Sales Specialists, Adults
5919	Janine	Lopez	Active	9/6/2022	Commercial - Sales	Territory Sales Specialists, Adults
5789	Morgan	Loy	Active	7/26/2021	Commercial - Sales	Territory Sales Specialists, Adults
0039	Julie	Marshall	Active	7/26/2010	Commercial - Sales	Territory Sales Specialists, Adults

5885	Gregory	McLaughlin	Active	7/18/2022	Commercial - Sales	Territory Sales Specialists, Adults
5920	Adam	Mellen	Active	9/6/2022	Commercial - Sales	Territory Sales Specialists, Adults
5923	Jose	Miller	Active	9/6/2022	Commercial - Sales	Territory Sales Specialists, Adults
5911	Maaike	Mondi	Active	9/6/2022	Commercial - Sales	Territory Sales Specialists, Adults
5889	Etjen	Nako	Active	7/18/2022	Commercial - Sales	Territory Sales Specialists, Adults
5906	Gary	Palmisano	Active	9/6/2022	Commercial - Sales	Territory Sales Specialists, Adults
5847	Stacy	Parent	Active	5/16/2022	Commercial - Sales	Territory Sales Specialists, Adults
2541	Darryl	Partin	Active	9/12/2016	Commercial - Sales	Territory Sales Specialists, Adults
5921	Christopher	Patrick	Active	9/6/2022	Commercial - Sales	Territory Sales Specialists, Adults
1699	Erin	Poole	Active	5/23/2016	Commercial - Sales	Territory Sales Specialists, Adults
5925	Nicholas	Ramos	Active	9/6/2022	Commercial - Sales	Territory Sales Specialists, Adults
0054	Louis	Riccio	Active	10/18/2010	Commercial - Sales	Territory Sales Specialists, Adults
5857	Kenneth	Rutherford	Active	5/16/2022	Commercial - Sales	Territory Sales Specialists, Adults
2791	George	Schaible	Active	10/1/2014	Commercial - Sales	Territory Sales Specialists, Adults
5825	Evan	Scranton	Active	4/18/2022	Commercial - Sales	Territory Sales Specialists, Adults
5866	Eva	Sendi Castellanos	Active	5/16/2022	Commercial - Sales	Territory Sales Specialists, Adults
2795	Elena	Shamshurina	Active	1/1/2016	Commercial - Sales	Territory Sales Specialists, Adults
0155	Ashley	Smith	Active	5/9/2011	Commercial - Sales	Territory Sales Specialists, Adults
5826	Kelsey	Steele	Active	4/18/2022	Commercial - Sales	Territory Sales Specialists, Adults
5785	Bert	Stewart	Active	7/26/2021	Commercial - Sales	Territory Sales Specialists, Adults
5397	Brian	Tabor	Active	10/1/2018	Commercial - Sales	Territory Sales Specialists, Adults
5891	Kaisha	Thomas	Active	7/18/2022	Commercial - Sales	Territory Sales Specialists, Adults
5858	James	Valdez	Active	5/16/2022	Commercial - Sales	Territory Sales Specialists, Adults

5368	Benjamin	Wajda	Active	10/1/2018	Commercial - Sales	Territory Sales Specialists, Adults
3870	Kimberly	Wells	Active	7/10/2017	Commercial - Sales	Territory Sales Specialists, Adults
5886	Erika	White	Active	7/18/2022	Commercial - Sales	Territory Sales Specialists, Adults
5695	Christina	Williams	Active	9/30/2019	Commercial - Sales	Territory Sales Specialists, Adults
5851	Lakaya	Williams	Active	5/16/2022	Commercial - Sales	Territory Sales Specialists, Adults
5786	Jonathan	Wilson	Active	7/26/2021	Commercial - Sales	Territory Sales Specialists, Adults
5912	Danielle	Zelenak	Active	9/6/2022	Commercial - Sales	Territory Sales Specialists, Adults
5824	Jesse	Drake	Active	4/18/2022	Commercial - Sales	Territory Sales Specialists, Pediatrics
5867	Amanda	Foote	Active	5/16/2022	Commercial - Sales	Territory Sales Specialists, Pediatrics
5868	Breanna	Froemke	Active	5/16/2022	Commercial - Sales	Territory Sales Specialists, Pediatrics
5924	Lindsey	Lane	Active	9/6/2022	Commercial - Sales	Territory Sales Specialists, Pediatrics
5918	Megan	Mead	Active	9/6/2022	Commercial - Sales	Territory Sales Specialists, Pediatrics
5842	Ashley	Nevelle	Active	4/18/2022	Commercial - Sales	Territory Sales Specialists, Pediatrics
5855	Cenia	Peters	Active	5/16/2022	Commercial - Sales	Territory Sales Specialists, Pediatrics
5767	Kennedy	Shasteen	Active	3/1/2021	Commercial - Sales	Territory Sales Specialists, Pediatrics
5837	Savannah	Veal	Active	4/18/2022	Commercial - Sales	Territory Sales Specialists, Pediatrics
5782	Samantha	Voegele	Active	7/26/2021	Commercial - Sales	Territory Sales Specialists, Pediatrics
0328	Troy	Petrick	Active	10/1/2013	Commercial - Training	Sr. Director, Training & Development
0113	Justin	Schumacher	Active	5/3/2011	Commercial - Training	Sr. Manager Training & Dev.
0298	Lee	Walden	Active	5/28/2013	Commercial - Training	Sr. Manager Training & Dev.
5685	Emma	Petrick	Active	5/13/2019	Commercial- MASA	Associate, Patient Services
0866	Kevin	Johnson	Active	1/4/2016	Commercial- MASA	Director, Federal Accounts
5860	Thomas	Murphy	Active	5/9/2022	Commercial- MASA	Director, National Accounts

5877	Darin	Cecil	Active	6/20/2022	Commercial- MASA	Director, National Accounts
6028	David	O'Brien	Active	2/28/2018	Commercial- MASA	Director, National Accounts
0265	James	Seignious	Active	2/18/2013	Commercial- MASA	Director, National Accounts
0780	David	Joffe	Active	7/16/2015	Commercial- MASA	Director, Patient Services
6146	Randy	Collins	Active	3/8/2021	Commercial- MASA	Manager, Trade Operations
6050	Phillip	Sitko	Active	4/11/2019	Commercial- MASA	Regional Account Manager
0623	John	Kelly	Active	1/12/2015	Commercial- MASA	Sr. Director, Managed Markets
6019	Bruce	Wallace	Active	12/1/2015	Commercial- MASA	Sr. Director, Strategic Accounts
6020	Joseph	Sturgeon	Active	12/1/2015	Commercial- MASA	Sr. Director, Trade
0865	Paul	Smith	Active	1/4/2016	Commercial- MASA	Sr. Manager, Trade Relations
5902	Sheila	Bhattacharya	Active	8/22/2022	Commercial- MASA	VP, Market Access & Strategic Accounts
5887	Utku	Ozdemir	Active	7/11/2022	Digital Innovation	Director, Brand Insights
5901	John	Border	Active	8/22/2022	Digital Innovation	Director, Corporate Applications
5893	Julie	George	Active	7/25/2022	Digital Innovation	Director, IT
5872	Dennis	Ehikhamen	Active	6/13/2022	Digital Innovation	IT Systems Administrator
0093	Mark	Schumacher	Active	2/1/2011	Digital Innovation	Manager, Data Analytics
5747	Ammon	Livingston	Active	8/19/2020	Digital Innovation	Sr. Manager, IT
6107	Jarrod	Nagowski	Active	7/6/2020	Digital Innovation	VP, Commercial Operations & Analytics
5873	Phillip	Shilling	Active	6/21/2022	ELT	VP, Business Operations
5916	Shelby	Tramel	Active	8/29/2022	EPMO	Sr. Manager, Business Operations
6176	Jamon	Malan	Active	9/15/2021	EPMO	Project Manager
6178	Brandon	Whitman	Active	10/4/2021	EPMO	Project Manager
5928	John	Walkowski	Active	9/26/2022	Finance	Analyst, Financial
5883	Spencer	Heuman-Gutman	Active	7/5/2022	Finance	Corporate Development Manager

0219	Jennifer	Crosswell	Active	3/5/2012	Finance	Director, Contracts & Pricing
6138	Carmen	Mejia	Active	1/19/2021	Finance	Director, GL & Revenue
6142	Hui	Sheng	Active	2/22/2021	Finance	Director, Tax & Treasury
6167	Sean	Dignan	Active	8/9/2021	Finance	Director, Workplace Services
0526	Michelle G	Klovanish	Active	5/19/2014	Finance	Executive Assistant
6081	Melody	McDowell	Active	10/14/2019	Finance	Executive Assistant
0405	Pamela M	Taylor	Active	11/1/2013	Finance	Manager, Financial Operations
0546	Venus	Taylor	Active	10/6/2014	Finance	Manager, Financial Operations
5926	Joshua	Burch	Active	9/19/2022	Finance	Manager, Financial Reporting & Analytics
6141	Christopher	Kelley	Active	2/22/2021	Finance	Manager, FP &A
6137	James	Tremblay	Active	1/11/2021	Finance	Manager, FP &A
6130	Jenifer	Tuttle	Active	12/17/2020	Finance	Manager, Procure to Pay
6001	Michelle	Pelletier Garside	Active	2/16/2010	Finance	Manager, Third Party Returns
6040	Ginny	Cheung	Active	11/26/2018	Finance	Project Manager
5777	Dave V	Ennis	Active	4/5/2021	Finance	Specialist, Contracts
5779	Antoinette	Anderson	Active	6/1/2021	Finance	Sr. Accountant
5895	Denzel	Livingston	Active	8/2/2022	Finance	Sr. Accountant
6165	Brooke	Diachenko	Active	7/19/2021	Finance	Sr. Manager, FP & A
5884	Valerie	Johnson	Active	7/11/2022	Finance	Sr. Project Analyst
5864	Iree	Blount - Peterson	Active	6/6/2022	Finance	Sr. Specialist, Finance
6134	Cooper	Bigelow	Active	1/4/2021	Finance	Staff Accountant
6080	Maria	Gagne	Active	10/9/2019	Finance	Staff Accountant
0672	Jaimee L	Monroe	Active	4/20/2015	Finance	Staff Accountant
5805	Roxanna	Williams	Active	1/17/2022	Finance	VP, Finance Admin
6066	Karol	Jarzabek	Active	8/5/2019	Finance	VP, Strategic Finance
5913	Jason	Hatley	Active	8/29/2022	Human Resources	Director, Human Resources
2542	Charles	Irvine	Active	9/12/2016	Human Resources	Director, Talent Acquisition
5903	Srishti	Mishra	Active	8/15/2022	Human Resources	HR Coordinator

5816	Allison	Dailey	Active	3/28/2022	Human Resources	HR Generalist
5850	Holly	Jones	Active	5/4/2022	Human Resources	HR Recruiter
5898	Thalita	Lopes Paffenback	Active	8/15/2022	Human Resources	HR Recruiter
5716	Wendy	Sullivan	Active	9/6/2022	Human Resources	HR Recruiter
6154	Michelle	Tribbett	Active	5/28/2021	Human Resources	Manager, Benefits and Payroll
5874	Samantha	Cummis	Active	6/27/2022	Human Resources	Sr. Director, Corporate Communications
5818	Michele	Vita Cassano	Active	4/18/2022	Human Resources	Sr. Director, Human Resources - Commercial
6162	Shilpa	Iyyer	Active	7/12/2021	Legal	Associate Legal Counsel
5660	Katherine R	Claros	Active	7/23/2019	Legal	Associate, Compliance Reporting
5914	Paul	Krol	Active	8/23/2022	Legal	Contracts Specialist
5803	Christine	Valway	Active	1/4/2022	Legal	Contracts Specialist
5802	Nanette	Almeida	Active	1/10/2022	Legal	Director, Compliance
2271	James	Corbitt	Active	8/15/2016	Legal	Director, Intellectual Property
6056	Kellen	Scarboro	Active	9/1/2021	Legal	Legal Ops Specialist
5839	Jared	Tanz	Active	4/18/2022	Legal	Sr. Legal Counsel
5908	Lena	Cavallo	Active	8/15/2022	Legal	Sr. Legal Counsel, Litigation & Strategic Transactions
5927	Kevin	Camacho	Active	9/26/2022	Marketing	Manager, Digital and Marketing Operations
5879	Alisa	Nguyen	Active	7/1/2022	Medical Affairs	Sr. Specialist, Medical Affairs
6119	Christopher	Kuehl	Active	10/5/2020	R&D	Associate Director, Product Development
0484	Justin D	Kilby	Active	3/20/2014	R&D	Associate Director, Regulatory Affairs
0146	Tina	Morton	Active	5/2/2011	R&D	Associate Director, Regulatory Affairs
5811	Greg	Gilmore	Active	2/7/2022	R&D	Associate Principal Scientist
6125	Jordan	Hunt	Active	10/26/2020	R&D	Associate Principal Scientist
5931	Alea	Miller	Active	10/3/2022	R&D	Associate Principal Scientist

5932	Creighton	Miller	Active	10/3/2022	R&D	Associate Principal Scientist
6175	Nicole	Vega	Active	9/13/2021	R&D	Associate Project Manager
0225	Tania D	Johnson	Active	3/31/2012	R&D	Director, Clinical Development
6013	HC	Gardner	Active	10/15/2014	R&D	Director, Medical Affairs
6003	Christi	Bruns	Active	9/10/2012	R&D	Director, R&D Project Management
6163	Shahid	Alam	Active	7/19/2021	R&D	Director, Regulatory Affairs
5917	Bharathi	Devarakonda	Active	9/6/2022	R&D	Director, Regulatory Affairs
6114	Raquel	Terry	Active	8/31/2020	R&D	Director, Regulatory Affairs
5763	Philisha	Mack	Active	1/4/2021	R&D	Manager, Drug Safety
5894	Vivian	Chen	Active	7/19/2022	R&D	Manager, Medical Affairs
6009	Scott	Brauer	Active	12/16/2013	R&D	Principal Scientist
6006	David	Miles	Active	3/5/2013	R&D	Principal Scientist
5899	Michelle	Reiter	Active	8/22/2022	R&D	Sr Project Manager
6164	Amanda	Roden	Active	7/19/2021	R&D	Sr Project Manager
6060	John	Hall	Active	7/8/2019	R&D	Sr. Chemist
0456	Taylor	Salinardi	Active	1/1/2014	R&D	Sr. Director, Medical Affairs
5888	Amritpal	Kahlon	Active	7/25/2022	R&D	Sr. Manager, Medical Affairs
0193	Kristen	Totten	Active	12/26/2011	R&D	Sr. Medical Science Liaison
6095	Jonathan	Beckloff	Active	2/10/2020	R&D	Sr. Specialist, Regulatory Affairs
5726	Darin	Mast	Active	3/6/2020	R&D	Sr. Specialist, Regulatory Affairs
6005	Gerold	Mosher	Active	1/15/2013	R&D	VP, Product Development
6025	Korie	Osborn	Active	11/13/2017	R&D	VP, Regulatory Affairs
0290	Ashley	Prange	Active	5/13/2013	SPM	Director, Business Development
5905	Bobbie	Smith	Active	8/22/2022	SPM	Director, New Product Planning
5781	Brandon	Feil	Active	7/1/2021	SPM	Manager, Business Development

6052	Seham	Yennes	Active	4/15/2019	SPM	SVP, Corporate Strategy & New Product Planning
0472	Mayra	Salas	Active	2/4/2014	Operations	Sr. Manager, Technical Operations
0687	Joel	Vega-Rodriguez	Active	6/1/2015	Operations	Manager, Technical Operations
5102	Eric	Burge	Active	6/18/2018	Operations	Associate Director, Technical Operations
0110	Adel	Gomez	Active	4/11/2011	Operations	Sr. Director, Technical Operations
5762	Amanda	Fincher	Active	11/9/2020	Operations	QA Associate
1739	Emily	King	Active	5/9/2016	Operations	Supervisor, Supplier Quality
2861	Scott	D'Zurilla	Active	11/28/2016	Operations	Manger, R&D QA - Operations
781456	Abreu, Natas	09/27/2022	Production T	Lapierre, Kevin	Manufacturing	
420183	Mayberger, S	07/08/2020	Manufacturi	Jose, Rod	Manufacturing	
000216	Alcius, Lesly	07/15/2019	Quality Assu	Palakurthy, Sus	Quality Assurance	
420285	Arau, Whit	08/17/2021	QC Chemist	Lozano, Francis	Quality Laboratory	
781256	Boho, Jason T	09/20/2021	QC Chemist	Lozano, Francis	Quality Laboratory	
000277	Berrios, Rube	01/02/2020	Production T	Thiru, Prathees	Manufacturing	
781323	White, Henry	06/06/2022	QC Chemist	Lozano, Francis	Quality Assurance	
000273	Bonifacio, Fra	12/09/2019	Production T	Thiru, Prathees	Manufacturing	
420216	Beggan, Sara	11/09/2020	QC Microbio	Lozano, Francis	Quality Laboratory	
781268	Chea, Saroeu	01/10/2022	Maintenance	Kan, Paul	Engineering & Support	
000261	Checo, Edwin	10/07/2019	Production T	Lapierre, Kevin	Manufacturing	
420207	Chep, Rathny	10/19/2020	Component	Zonderman, Da	Quality Assurance	
000110	Chong, Henry	06/02/2014	Senior Maint	Kan, Paul	Engineering & Support	
781269	Haddad, Cass	01/18/2022	Quality Engi	Fisher, Mary	Document Control	
781404	Culhane, Rob	07/11/2022	Production T	Francois, Jean	Operations OH	
000182	De Campos, T	03/05/2019	Production T	Lapierre, Kevin	Manufacturing	
000195	Doherty, Rob	04/22/2019	Warehouse I	Choz, Marvin	Warehouse	
420162	Eng, Vanessa	02/26/2020	Production T	Rivas, Ana	Manufacturing	
000210	Tran, Francis	06/24/2019	Technical Do	Lucas, Scott	Quality Assurance	
000227	Fonseca-Mer	09/09/2019	Quality Oper	Pham, Nick	Quality Assurance	
000137	Francois, Jea	06/05/2017	Production S	Jose, Rod	Manufacturing	
000132	Godzyk, Nich	11/07/2016	Validation Er	Lucas, Scott	Engineering & Support	

000113	Silva, Glen	11/24/2014	Warehouse I	Choz, Marvin	Warehouse
000105	Gilford, Danie	03/25/2013	Analyst, Logi	Choz, Marvin	Warehouse
420267	Vince, Natha	06/07/2021	Supply Chain	Mooney, Charl	Supply Chain
420268	Watrous Hall	06/15/2021	QC Sr. Chem	Lozano, Francis	Quality Laboratory
420209	Guevara, Jair	10/19/2020	Sr. Quality A	Pham, Nick	Quality Assurance
420228	Gula, Shane \	01/05/2021	Quality Assu	Fisher, Mary	Quality Assurance
420192	Gruenhagen,	08/17/2020	QC Sr. Micro	Lozano, Francis	Quality Laboratory
000213	Hall, John W	07/08/2019	Sr. Chemist	Lozano, Francis	Quality Laboratory
000224	Adamik, Con	09/03/2019	Sr. Mechanic	Lucas, Scott	Engineering & Support
420276	Herra, Jason	07/12/2021	Warehouse /	Choz, Marvin	Warehouse
781263	Helldorfer, E	12/13/2021	Sr. Specialist	Seaback, David	Supply Chain
781345	Ingalls, Betha	05/31/2022	Quality Cont	Lozano, Francis	Quality Laboratory
420169	Inthongkham	04/20/2020	Production T	Lapierre, Kevin	Manufacturing
420274	Mooney, Cha	07/06/2021	Associate Di	Seaback, David	Supply Chain
000217	Kan, Paul	07/15/2019	Maintenance	Lucas, Scott	Engineering & Support
000196	Keath, Hongs	04/22/2019	Production T	Thiru, Prathees	Manufacturing
781258	Kim, Taeyeor	10/04/2021	Quality Cont	Lozano, Francis	Quality Laboratory
000262	Kong, Samna	10/15/2019	Production T	Thiru, Prathees	Manufacturing
000179	Lapierre, Kev	03/04/2019	Production S	Jose, Rod	Manufacturing
420226	Long, Brianna	01/04/2021	Document C	Robb, Kimberly	Document Control
781281	Long, Tia Mai	05/02/2022	Production T	Rivas, Ana	Operations OH
781265	Choz, Marvin	01/04/2022	Manager, Lo	Seaback, David	Warehouse
000104	Gandhi, Prer	04/16/2012	Manager, Pr	Macci, Anthony	Operations OH
420157	Fisher, Mary	02/03/2020	Manager, Qu	Raposo, Kimbe	Quality OH
781431	Massey, Sopl	08/22/2022	Manager, M	Jarzabek, Karol	Non Promoted Division
420166	Monterrosa,	04/06/2020	QC Sr. Lab Te	Lozano, Francis	Quality Laboratory
781262	Pularo-Spazic	12/13/2021	Manager, Tr	Raposo, Kimbe	Quality Assurance
420219	Nem, Kevin	11/09/2020	Quality Assu	Polanco, Rossy	Quality Assurance
000157	Noel, Frantz J	07/09/2018	Production T	Francois, Jean	Manufacturing
781416	Ortiz, Kevin	07/25/2022	Production T	Francois, Jean	Manufacturing
000152	Palakurthy, S	05/21/2018	Quality Assu	Carroll, Lisa	Quality Assurance
781271	Panzeri, Sara	02/07/2022	Document C	Robb, Kimberly	Document Control
781441	Pen, Larry	09/06/2022	Maintenance	Kan, Paul	Engineering & Support
781455	Peranelli, Ma	09/26/2022	Quality Assu	Polanco, Rossy	Quality Assurance

000191	Peth, Chhour	04/15/2019	Senior Maint	Kan, Paul	Engineering & Support
000114	Pham, Nick	12/29/2014	Quality Assu	Carroll, Lisa	Quality Assurance
000177	Phung, Cam (	02/11/2019	Production T	Thiru, Prathees	Manufacturing
781261	Polanco, Mar	12/06/2021	Production T	Rivas, Ana	Manufacturing
420173	Polanco, Ros:	05/11/2020	QA Line Insp	Carroll, Lisa	Quality Assurance
000186	Lucas, Scott F	04/08/2019	Dir., Enginee	Macci, Anthon	Operations OH
000185	Jose, Rodrigo	04/08/2019	Dir, Manufac	Macci, Anthon	Operations OH
000155	Rivas, Ana	07/03/2018	2nd Shift Prc	Jose, Rod	Manufacturing
000208	Robb, Kimbe	06/17/2019	Supervisor, I	Fisher, Mary	Document Control
000207	Rodriguez, Je	06/10/2019	Production T	Lapierre, Kevin	Manufacturing
420281	Ruiz, Rafaelin	07/26/2021	Production T	Francois, Jean	Manufacturing
420234	Sanchez, Yira	02/09/2021	Production T	Lapierre, Kevin	Manufacturing
781267	Sang, Cheyen	01/04/2022	Production T	Rivas, Ana	Manufacturing
781377	Schuurman, I	06/27/2022	Production T	Rivas, Ana	Manufacturing
420255	Carroll, Lisa M	04/26/2021	Dir, Quality /	Lozano, Francis	Quality OH
420168	Raposo, Kimb	04/20/2020	Dir, Quality S	Lozano, Francis	Quality OH
000256	Som, Sophall	10/07/2019	Quality Oper	Pham, Nick	Quality Assurance
781418	Taveras, Thor	08/01/2022	Production T	Francois, Jean	Manufacturing
000154	Thiru, Prathe	07/02/2018	Production S	Jose, Rod	Manufacturing
420229	Seaback, Dav	01/05/2021	Sr. Dir, Suppl	Macci, Anthon	COO
420273	Valandro, An	06/29/2021	Production T	Rivas, Ana	Manufacturing
781371	Vargas, Nina	06/21/2022	Intern	Carroll, Lisa	Manufacturing
781337	Vijayamohan	06/01/2022	Production T	Francois, Jean	Manufacturing
420286	Hughes, Adre	08/17/2021	VP, Manufac	Macci, Anthon	COO
000158	Von, Inthalay	07/09/2018	Production T	Thiru, Prathees	Manufacturing
000174	Lozano, Fran	02/04/2019	VP, Quality	Macci, Anthon	COO
420198	Zonderman, I	09/21/2020	Quality Inspe	Carroll, Lisa	Quality Assurance
000159	Krishanthan,	07/11/2018	Quality Assu	Palakurthy, Sus	Quality Assurance
~~000212~~	~~Garner, Kath~~	~~07/08/2019~~	~~Supply Chain~~	~~Seaback, David~~	~~Supply Chain~~

RIDER

To be attached to and form part of:

Bond Number 83BSBIW5534

dated August 3, 2022

issued by the HARTFORD FIRE INSURANCE COMPANY

on behalf of AZURITY PHARMACEUTICALS, INC.
(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Bond Address shall be amended:

BY ADDING: 841 Woburn Street, Wilmington, MA 01887

AND

The attached Schedule A is and shall become part of and be incorporated into Bond Number 83BSBIW5534.

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of November, 2022.

Signed, Sealed & Dated this 7th day of November, 2022.

AZURITY PHARMACEUTICALS, INC.
(Principal)

By: _____

HARTFORD FIRE INSURANCE COMPANY
(Surety)

By: _____
Aerie Walton, Attorney-in-Fact

BOND NUMBER 83BSBIW5534 SCHEDULE A

LIST OF COVERED LOCATIONS FOR AZURITY PHARMACEUTICALS, INC.

8 Cabot Road, Suite 2000, Woburn, MA 01801

841 Woburn Street, Wilmington, MA 01887

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: AON RISK SERVICES CENTRAL INC
Agency Code: 83-553702

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :

Derek J. Elston, Christopher P. Troha, Marcia K. Cesafsky, Rachel Fore, Jennifer L. Jakaitis, Bartlomiej Siepierski, Aerie Walton of CHICAGO, Illinois

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of November 7, 2022.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 83BSBIW5534

Application/License No. _____

AZURITY PHARMACEUTICALS, INC. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 8 Cabot Road, Suite 2000 Wobum, MA 01801 (Address of Applicant/Principal), as PRINCIPAL, and HARTFORD FIRE INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza Hartford, CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 3, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 3rd day of August, 20 22.

APPLICANT/PRINCIPAL
AZURITY PHARMACEUTICALS, INC.

Authorized Representative

SURETY COMPANY
HARTFORD FIRE INSURANCE COMPANY

Surety Company's Representative

Bartlomiej Siepierski, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Rachel Fore

Witness Ricky Casas

Countersigned by:

Nevada ~~Resident~~ Non-Resident Agent Christopher P. Troha

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

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- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast,** a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :

Derek J. Elston, Christopher P. Troha, Marcia K. Cesafsky, Rachel Fore, Jennifer L. Jakaitis, Bartlomiej Siepierski, Aerie Walton of CHICAGO, Illinois

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 8/3/2022.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Azurity Pharmaceuticals, Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 841 Woburn Street

City: Wilmington State: MA Zip: 01887

Mailing Address (if different from physical address): 8 Cabot Road, Suite 2000

City: Woburn State: MA Zip: 01801

Telephone: 781-935-8141 Website: www.azurity.com

Licensing Company Email: licensing@azurity.com

Section 2: Personal Information

First: Adren Middle: John Last: Hughes

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

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

Mailing Address: [redacted] Main Campus Drive

City: Lexington State: MA Zip: 02421

Telephone: 781-935-8141 x220 Email: jhughes@azurity.com

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

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

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

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

School Name: BRIGHAM YOUNG UNIVERSITY			From - To (MM/YY – MM/YY): 09/82 - 06/87	
Address	City: PROVO		State: UT	Zip: 84602
Diploma/Degree obtained, if any: Ph. D.				
School Name: EAST CAROLINA UNIVERSITY			From - To (MM/YY – MM/YY): 09/81 05/82	
Address: E 5th STREET	City: GREENVILLE		State: NC	Zip: 27858
Diploma/Degree obtained, if any: BS				
School Name: COLLEGE OF THE ALBEMARLE			From - To (MM/YY – MM/YY): 09/79 05/81	
Address: 1208 N. ROAD St.	City: ELIZABETH CITY		State: NC.	Zip: 27909
Diploma/Degree obtained, if any: AS				
School Name: KUBASAKI HIGH SCHOOL			From - To (MM/YY – MM/YY): 09/70 01/73	
Address	City: SUKIRAN		State: OKINAWA	Zip: JAPAN
Diploma/Degree obtained, if any: HIGH SCHOOL DIPLOMA				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/14 - CURRENT	[redacted] MAIN CAMPUS DR.	LEXINGTON	MA	02421
04/13 - 03/14	[redacted] WALNUT ST.	NORTH QUINCY	MA	02171
01/11 - 03/14	[redacted] EAST SIERRA MADRE AVE.	GILBERT	AZ	85296
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Azurity Pharmaceuticals			From - To (MM/YY – MM/YY): 08/21 – Current
Business Address: 8 Cabot Road Suite 2000	City: Woburn	State: MA	Zip: 01801
Phone: 781-935-8141 x220	Title: V.P. Manufacturing		Number of Employed Hours: 2,080
Description of Duties: Fill, finish and packaging of drug products			

Business Name: Novartis Pharma			From - To (MM/YY – MM/YY): 04/13 09/15
Business Address: 350 Mass Avenue	City: Cambridge	State: MA	Zip: 02139
Phone	Title: Head of Core Functions.		Number of Employed Hours: 4,320
Description of Duties: Oversight of manufacturing, sample management, systems engineering, and assay method development in support of drug product introduction			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 1 & 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1979	1979	N.C.	CURRITUCK	CURRITUCK COUNTY
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
UNAVAILABLE		CURRITUCK COUNTY SHERRIF / COURT		
Reason/Charge				
MISDEMEANOR DILIVERY OF A CONTROLLED SUBSTANCE				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
~~DEFICTY~~ ADREN John Hughes Jr.			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

IN 1979 I ALLOWED A FRIEND TO TAKE ONE MARIJUANA CIGERETTE (LESS THAN ONE GRAM) AND THAT PERSON WAS CAUGHT WITH IT AND INDICATED WHOM SHE HAD GOTTEN IT FROM. THERE WAS NO MONEY EXCHANGED AND I WAS FOUND GUILTY OF MISDEMEANOR DISTRIBUTION OF A CONTROLLED SUBSTANCE. I WAS ORDERED TO PAY A FINE OF $100.00 PLUS THE COST OF COURT.

Original Signature (electronic, copies or stamps not accepted)

08/18/2022
Date

I, Adren John Hughes, **certify that as the designated representative for**

Azurity Pharmaceuticals, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ___ I am at least 21 years of age;
3. ___ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ___ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ___ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ___ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ___ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Adren Hughes

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/18/2022

Date

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

Adren Hughes

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/18/2022

Date

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

State of Massachusetts, ss. County of Middlesex

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

Original Signature

8/18/2022

Date

Subscribed and Sworn to before me this 18th day of August, 2022

Notary Public Signature

SHILPA P. IYYER
Notary Public
Commonwealth of Massachusetts
My Commission Expires
October 6, 2028

(Seal)

State of North Carolina
General Court of Justice
CLERK OF SUPERIOR COURT
CURRITUCK COUNTY

RAY MATUSKO, CLERK
EX OFFICIO JUDGE OF PROBATE

P.O. Box 175
CURRITUCK, NC 27929-0175

JERRY TILLETT
SENIOR RESIDENT JUDGE

J. CARLTON COLE
RESIDENT JUDGE

To Whom It May Concern,

All original files and documents for Adren John Hughes Jr. (DOB [redacted] have been purged from our records and are no longer held in our office. In 1979, Mr. Hughes was charged with the following:

POSSESSION WITH INTENT TO SELL OR DELIVER A CONTROLLED SUBSTANCE (F)

DELIVER A CONTROLLED SUBSTANCE (M)

The first listed charge of possession with intent to sell or deliver a controlled substance (**felony**) was **dismissed** by the state. Mr. Hughes plead **guilty** to the second charge of deliver a controlled substance (**misdemeanor**) and was ordered to pay a fine of $100 plus the cost of court. Adren John Hughes Jr. **does not** have any felony convictions on his record from Currituck County.

Thank You;

Brandon Johnson

Brandon Johnson
Deputy Clerk

4E

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Bavarian Nordic Inc.

Physical Address: 3025 Carrington Mill Boulevard, Suite 100

City: Morrisville State: NC Zip: 27560

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: 984-243-5000 Website: www.bavarian-nordic.com

Name of Designated Representative (DR): Christopher Hamon

Licensing Company Email: chhn@bavarian-nordic.com DR Email: chhn@bavarian-nordic.com

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: AmerisourceBergem
Address: 1 West First Avenue City: Conshohocken State: PA Zip: 19428

Name: McKesson
Address: 6555 State Highway 161 City: Irvin State: TX Zip: 75039

Name: Cardinal Health (Corporate Office)
Address: 7000 Cardinal Place City: Dublin State: OH Zip: 43017

Name: Medico-Mart, Inc.
Address: 2323 Corporate Drive City: Waukesha State: WI Zip: 53189

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any): N/A
Corporation Name: N/A
Mailing Address: N/A
City: State: Zip:
Telephone: N/A Email:
Contact Person Name: N/A

Date of SEC Registration: N/A | SEC Registration Number: N/A | Stock Exchange Symbol: N/A

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Bavarian Nordic A/S
Corporation/Organization Name: Bavarian Nordic Inc.
Mailing Address: Philip Heymans Alle 3
City: Hellerup State: Denmark Zip: D-2900
Telephone: +45 3326 8383 Email: twi@bavarian-nordic.com
Contact Person Name: Troels Winkelmann

Section 6: Partnership

Partnership Name: N/A
Mailing Address: N/A
City: State: Zip:
Telephone: N/A Email:
Contact Person Name: N/A

Section 7: Sole Owner

Owner's Name: N/A
Business Name: N/A
Business Address: N/A
City: State: Zip:
Telephone: N/A Email: N/A

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right:	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.69S7). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Bavarian Nordic Inc.

Facility Name

Lee Ann Kimak

Print Name of Authorized Person Submitting Application

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

4/2/2022

Date

Board Use Only	Date Received: _____	Amount: 1000.00 CK-3797

Bavarian Nordic Inc.
3025 Carrington Mill Blvd, Suite 100
Morrisville, NC 27560

Bavarian Nordic, Inc.
Ownership

Ownership:

Bavarian Nordic A/S- 100% owner of Bavarian Nordic Inc.

Address: **Alle3, DK-2900**
Hellerup, Denmark

FDA#: **3008318564**

Bavarian Nordic Inc.

Officer:

Lee Ann Kimak Vice President, US Commercial

2022

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1629

NOT TRANSFERABLE
STATUTE GS 81.106.119

LICENSE/CERTIFICATE: Virtual Manufacturer
TYPE

Expiration Date 12/31/2022

LICENSEE
OR
CERTIFICATOR

BAVARIAN NORDIC INC
3025 CARRINGTON MILL BLVD STE 100
MORRISVILLE NC 27560

LICENSED 2022 NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAVARIAN NORDIC INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAVARIAN NORDIC INC." WAS INCORPORATED ON THE THIRD DAY OF JANUARY, A.D. 2005.

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

Jeffrey W. Bullock, Secretary of State

3906219 8300

SR# 20223675836

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

Authentication: 204746714

Date: 10-31-22

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF AUTHORIZATION

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

BAVARIAN NORDIC INC.

a corporation organized under the laws of Delaware was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on the 28th day of December, 2016.

I FURTHER certify that the said corporation's certificate of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation's certificate of authority is not revoked for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said corporation as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of April, 2022.

Elaine F. Marshall

Secretary of State

Scan to verify online

Certification# 113377393-1 Reference# 18676845- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

Labeler Code

Labeler code for Bavarian Nordic A/S

Labeler Name: Bavarian Nordic A/S

Labeler Code Assigned: 50632



U.S. FOOD & DRUG ADMINISTRATION

LICENSING LETTER
January 5, 2021

Bavarian Nordic A/S
Attn: Ms. Maria Oyaski
3025 Carrington Mill Blvd
Suite 100
Morrisville, NC 27560

Dear Ms. Oyaski:

We have been advised by your letter of May 27, 2020, that Bavarian Nordic A/S has acquired the rights to the following biological product formerly held by GlaxoSmithKline Biologicals, U.S. License No. 1617.

It is our understanding that Bavarian Nordic A/S will continue to prepare the following product in the same manner as GlaxoSmithKline Biologicals, using the same equipment, manufacturing procedures and methods, and responsible personnel.

STN	**Name of Biological Products**
BL 103334	Rabies Vaccine

It is our understanding that you will be the authorized official for Bavarian Nordic A/S. The appropriate license application and other information required for the change in licensure have been reviewed, and found to be in compliance with required standards.

Therefore, in accordance with the provisions of Section 351(a) of the Public Health Service Act, you are hereby authorized to introduce or deliver for introduction into interstate commerce, the above product under your exisiting U.S. License No. 2096, effective this date.

Under this license you are authorized to manufacture and introduce or deliver for introduction into interstate commerce the product listed in the table above manufactured at the following contract manufacturing locations: GSK Vaccines GmbH, Marburg, Germany; Vetter Pharma-Fertigung GmbH & Co. KG, Langenargen, Germany; and GSK Vaccines s.r.l., Sovicille, Italy.

U.S. Food & Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
www.fda.gov

Please submit final printed labels for the product you are authorized to manufacture at these locations showing your corporate name and license number to the Division of Vaccines and Related Product Applications. Please provide your final content of labeling in Structured Product Labeling (SPL) format and include the carton and container labels. All final labeling should be submitted as Product Correspondence to the appropriate BLA at the time of use (prior to marketing) and include implementation information on FDA Form 356h and FDA Form 2567 as appropriate. Labeling revisions reflecting your establishment should be completed within 180 days of receipt of this letter.

All pending supplements submitted under U.S. License No. 1617 for the above listed product have been transferred to U.S. License No. 2096. All future correspondence should be submitted under the originally assigned STN. We recommend that you keep a copy of this letter available for review at the time of FDA inspections.

We request that you acknowledge receipt of this letter to the Director, Division of Manufacturing and Product Quality, Office of Compliance and Biologics Quality, Center for Biologics Evaluation and Research, Food and Drug Administration, Document Control Center, 10903 New Hampshire Ave., WO71-G112, Silver Spring, MD 20993.

Sincerely yours,

Mary A. Malarkey -S

Digitally signed by Mary A. Malarkey -S
DN: c=US, o=U.S. Government, ou=HHS, ou=FDA, ou=People, 0.9.2342.19200300.100.1.1=1300054353, cn=Mary A. Malarkey -S
Date: 2021.01.05 10:24:27 -05'00'

Mary A. Malarkey
Director
Office of Compliance
and Biologics Quality
Center for Biologics
Evaluation and Research

Marion F. Gruber -S

Digitally signed by Marion F. Gruber -S
DN: c=US, o=U.S. Government, ou=HHS, ou=FDA, ou=People, 0.9.2342.19200300.100.1.1=13000771 11, cn=Marion F. Gruber -S
Date: 2021.01.05 08:08:50 -05'00'

Marion Gruber, Ph.D.
Director
Office of Vaccines
Research and Review
Center for Biologics
Evaluation and Research

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

±

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

PRINT

Current through December 09, 2021

You have searched Finished drug products

Search Results: *'bavarian'*

Back to Search Page () | Search Again ()

CSV | Excel

Display 50 **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class	DEA
RabAvert	50632-010-01		KIT		BLA103334	Bavarian Nordic A/S	50632-010	Rabies Vaccine		VACCINE	11/11/1997	N/A	BLA	1 KIT in 1 CARTON (50632-010-01) * 1 mL in 1 VIAL, GLASS (50632-013-01) * 1 mL in 1 SYRINGE (50632-011-01)	N/A	N/A

Showing 1 to 1 of 1 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm076801.htm)

Bavarian Nordic Inc.
NRS 639.500 (2)
List of Employees

Last name	First name
Westerlund	Li
Kimak	Lee Ann
Baxter	Bryan
Clarke	Mark
Leone	Melina
Naumann	Abigail
Langston	Cam
Padilla	Myrna
Evolga	Alicia
Williams	Annika
Reynolds	Whitney
Cockrell	Christopher
Kimbel	Heidi
Kron	Laura
Perschy	Teresa
Driest	Haley
Henderson	Ashley
McBride	Jennifer
Ihbais	Jumana
Hamon	Christopher
Johnson	Andrea
Mitchell	Bennie
Thorne	Leigh
Sierra	Yecenia
Costa	Peter
Smith	Dorian
Nnah	Ekpeno
Wedsworth	Tom
Chen	Liddy
Bousquet	Estelle
Menius	Erika
Gafoor	Zarina
Bentz	Andrea
Martin	Barbara
Zwiers	Susan
Efros	Laura

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Bavarian Nordic Inc.

Physical Address 3025 CarringtonMill Blvd., Suite 100

City Morrisville State NC Zip 27560

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 984-843-5000 Website bavarian-nordic.com

Licensing Company Email meredith.shinn@qpharmacorp.com

Section 2: Personal Information

First Christopher Middle _____ Last Hamon

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

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

Mailing Address [redacted] Quail Roost Dr.

City Carrboro State NC Zip 27510

Telephone [redacted] Email chhn@bavarian-nordic.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials CH

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

School Name	Address	City	State	Zip	From - To (MM/YY – MM/YY)
Queen Margaret University		Edinburgh	UK	EH21 6UU	09/08 - 11/09
Diploma/Degree obtained, if any: Msc. Global Health					
State University of New York at Albany	1400 Washington Ave.	Albany	NY	12222	08/97 - 08/01
Diploma/Degree obtained, if any: BA. Urban Planning					
Mamaroneck High School	1000 W. Boston Post Rd.	Mamaroneck	NY	10543	09/91 - 06/95
Diploma/Degree obtained, if any: H.S. Diploma					
Diploma/Degree obtained, if any					
Diploma/Degree obtained, if any					

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/18 - current	[redacted] Quail Roost Dr.	Carrboro	NC	27510
09/16 - 10/18	[redacted] Irvington Rd.	Somerville	MA	02144
09/10 - 09/16	[redacted] Kinnaird St. #2	Cambridge	MA	02139

Applicant's initials CH

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Bavarian Nordic Inc.				From - To (MM/YY – MM/YY): 07/20 - current
Business Address: 3025 Carrington Mill Blvd. Suite 100		City: Morrisville	State: NC	Zip: 27560
Phone: 984-243-5000	Title: Distribution Manager			Number of Employed Hours: 3680
Description of Duties: Responsible for US commercial distribution activities				
Business Name: Partners In Health				From - To (MM/YY – MM/YY): 09/16 - 09/18
Business Address: 800 Boylston St. Suite 300		City: Boston	State: MA	Zip: 02199
Phone: 857-880-5100	Title: Assoc. Director, Logistics			Number of Employed Hours: 4,000
Description of Duties: Responsible for global logistics + distribution activities.				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials CH

I, Christopher Hamon, **certify that as the designated representative for**

Bavarian Nordic Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Christopher Hamon

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

25-Apr-2022

Date

Applicant's initials CH

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

Christopher Hamon
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

25-April-2022
Date

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

State of North Carolina, ss. County of Orange

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

Original Signature

25-April-2022
Date

Subscribed and Sworn to before me this 25 day of April 2022.

Notary Public Signature

J WYATT ALLEN
NOTARY
My Comm. Exp.
12-16-2026
(Seal)
PUBLIC
ORANGE COUNTY, NC

Applicant's initials CH

CHRISTOPHER HAMON
[redacted]Quail Roost Drive, Carrboro, NC 27510
Telephone: [redacted]

Qualification Summary

- 10+ years progressively responsible experience in global supply chain management, global health project design and management, and emergency response operations.
- Proven track record of supply chain capacity building and training in diverse settings addressing topics such as inventory management, logistics, procurement, fleet management.
- Fluency in English, French (native speaker), advanced proficiency in Haitian Creole.

Employment

2020-present **Bavarian Nordic, Inc.: Morrisville, NC**
Distribution Manager

- Responsible for managing US network of Logistic Service Providers (LSP) and Distributors/wholesalers
- Responsible for the commercial storage and distribution in US, incl. fulfilment capacity
- Implement the distribution strategy in US as well as proposing optimization strategies in the US markets
- Liaise and negotiate with US wholesalers/customers and LSP's
- Continuously work on improving patient and business performance, while adhering to requirements in legislation, GMP/GDP, transportation costs
- Manage all deviations in relation to distribution activities
- Perform logistic audits at key wholesalers/LSP's
- Assist in any serialization issues, inquiries, etc. that may arise
- Develop, track and optimize distribution KPIs, incl. with logistic service providers
- Manage projects within the area of logistics

2018-2020 **Ipas: Chapel Hill, NC**
Senior Technical Advisor, Supply Chain Management

- Provide commodity and supply chain technical assistance, such as forecasting supply needs, inventory monitoring and management, short term and long-term strategy development to meet supply chain management needs at different country levels (national, regional, and health facilities).
- Provide technical guidance on quality assurance of medical devices and pharmaceuticals for reproductive health and ensure that country programs are following applicable Ipas procurement policies.
- Build staff capacity in supply chain management, including workshop facilitation and on the job and virtual training.
- Design and disseminate tools and resources for effective supply chain management of abortion commodities.
- Assist teams to creatively design process improvements and supply chain solutions.

2016-2018 **Partners In Health: Boston, Massachusetts**
Associate Director, Logistics (2018)

Manager, Global Logistics and Distribution (2016-2018)

- Defined and reviewed logistics and distribution strategy to support Partners In Health sites.
- Provided physical inventory and logistics support for all Partners In Health sites.
- Established effective inventory management controls that aligned with site and global strategies.
- Managed freight and warehousing supplier relationships including cost reduction goals.
- Subject matter lead for OpenBoxes inventory management software development and implementation.
- Developed systems and processes to ensure proper handoff between planning and logistics teams.
- Collaborated with sourcing, operations, finance, development, and clinical teams to ensure all information was shared between these functional groups.
- Managed Boston logistics team and technical advisor for warehouse teams in Miami and Port au Prince, Haiti.
- Provided technical support to all PIH sites globally in biomedical equipment management and facilities management.

2014-2016 **International Rescue Committee, Inc.: New York, New York**

Roving Global Supply Chain Coordinator

- Provided remote and in country support of supply chain activities to IRC country programs and staff.
- Built local supply chain capacity through regular collaboration, training, implementation of new procedures and initiatives.
- Served as the primary point of contact for supply chain activities for seven francophone IRC country programs. Linked staff from different country programs and created forums for information sharing and idea exchange.
- Developed and revised global and local standard operating procedures and training materials.
- Managed supply chain departments during deployments to IRC country programs.
- Responsible for recruiting and training of new supply chain staff across different IRC country programs.
- Acted as a liaison and ensured clear and open communication between in country supply chain teams and Global Supply Chain team at the headquarters office.
- Reviewed and provided feedback on supply chain reports submitted by country programs.
- **Mali:** Conducted procurement audit and made recommendations for improving the in-country supply chain system.
- **Greece:** Led a team in establishing a logistics system for transporting refugees arriving in country. Developed a proposal with community members to establish a new refugee transit camp on the island of Lesbos. Managed the day-to-day supply chain team to respond to emergency operational and logistics needs in country during the refugee crisis.
- **South Sudan:** Acted as interim supply chain coordinator and managed all supply chain aspects for a period of two months.
- **Central African Republic:** Led supply chain analysis to identify gaps and worked with team to develop priority plans for strengthening processes. Served as acting security director during presidential elections.

- **Chad:** Trained local staff on new purchase request procedures and establishment of master purchasing agreements.

2010-2014 **Partners In Health: Boston, Massachusetts**
Haiti Supply Chain Manager (2014)
Haiti Procurement Coordinator (2012-2014)
Senior Coordinator for International Operations (2010-2012)

- Managed Partners In Health's supply chain for Haiti, including procurement, logistics, and inventory management for all medical related goods to support 13 clinics and hospitals in Haiti's Central Plateau and Lower Artibonite.
- Managed the implementation of new inventory control practices: established increased order frequency and regular inventory review procedures, developed metrics to measure success and reveal gaps. Improved access to and quality of inventory data which lead to more accurate procurement and increased stock availability throughout Haiti.
- Oversaw the operations of the inventory control processes. Ensured that processes were followed properly and that goals for performance and efficiency were met.
- Performed ongoing review of inventory control activities; provided strategic direction and suggestions for growth and improvement as processes matured.
- Initiated and processed regular medication and supply orders.
- Provided administrative management of the Miami warehouse which handled 70% of PIH's inventory to Haiti. Created and managed the annual budget for warehouse operations. Oversaw staff at that location.
- Carried out all medical related procurement and logistics for PIH's 13 clinical sites in Haiti.
- Coordinated all medical related procurement and logistics for the opening of the Hopital Universitaire de Mirebalais (HUM), one of Haiti's largest public facilities with 300 beds.
- Developed workflows and processes to ensure availability of medical stock and a seamless flow of goods throughout HUM.
- Managed development, training, and deployment of OpenBoxes, PIH's in house developed inventory management software, at storage facilities in the US and Haiti.

2004-2007 **United States Peace Corps: Togo**
Community Health and AIDS Prevention Extension Agent – Togolese Red Cross, Lome (2004-2005)
Field Liaison – Hope Through Health, Bafilo (2006-2007)

- Member of the HIV/AIDS department of the Togolese Red Cross as an NGO advisor.
- Organized training sessions with local Red Cross volunteers on HIV/AIDS testing and counseling activities.
- Organized food distribution kits for HIV+ widows after presidential elections of 2005.
- Acted as focal point person responsible for interpreting and logistical coordination for two CDC field visits to Togo.
- Played an active role in the creation of a rural HIV/AIDS treatment clinic offering medical, psychosocial and nutritional assistance to people living with HIV/AIDS.
- Worked in tandem with *Association Espoir pour Demain*, a local association of people living with HIV/AIDS in Northern Togo and *Hope Through Health* to carry out the project's design and implementation.
- Assured services were offered and running efficiently for approximately 350 people living with HIV/AIDS in the region.

- Liaised with local governmental and non-governmental organizations to improve or increase patient services.

Education

2008-2009 **Queen Margaret University: Institute for International Health and Development; Edinburgh, United Kingdom**
Master of Science in International Health.
Degree obtained with distinction.
- Thesis topic: evaluation of community health worker program at rural HIV/AIDS treatment clinic in northern Togo. (Primary data collection involved focus group discussions, semi structured interviews and case studies)

2000-2001 **Université Paris I, Panthéon, La Sorbonne; Paris, France**
Cours de Civilisation Française
Diploma received with honors.

1997-2001 **State University of New York at Albany; Albany, NY**
Bachelor of Arts in Urban Planning
- Graduate level courses taken in urban design and environmental planning.
- Minor in sociology.

Certifications

2013, 2014 **Project Management in Development – PMD Pro Level 1 & 2**
Accredited by APMG International

Skills

Languages: Bilingual French/English (native speaker of both), fluent in Haitian Creole, practical knowledge of Spanish.

Publications:

Hamon, Christopher, et al. "Supply Chain Management". *Global Health Informatics: Principles of EHealth and MHealth to Improve Quality of Care*, The MIT Press, 2017.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 13BSBIU9744

Application/License No. _____

Bavarian Nordic, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
3025 Carrington Mill Boulevard, Suite 100, Morrisville, NC 27560, as
(Address of Applicant/Principal)
PRINCIPAL, and Hartford Fire Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of Connecticut
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Hartford Plaza, Hartford, CT 06155 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 9, 2022.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

13BSBIU9744

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of February, 2022.

APPLICANT/PRINCIPAL
Bavarian Nordic, Inc.

Authorized Representative

SURETY COMPANY
Hartford Fire Insurance Company

Surety Company's Representative

Neil A. Owens, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 *or fax:* 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: ELIAS B COHEN & ASSOCIATES
Agency Code: 13-656527

- [X] **Hartford Fire Insurance Company,** a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company,** a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company,** a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company,** a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company,** a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois,** a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest,** a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast,** a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Neil A. Owens

its true and lawful Attorney-In-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 13BSBIU9744
Naming Bavarian Nordic, Inc. as Principal,
and Nevada State Board of Pharmacy as Obligee,
In the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of February 9, 2022.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois

Keith D. Dozois, Assistant Vice President

NAME, OBJECTS OF THE COMPANY AND CORPORATE LANGUAGE

Article 1

The name of the company is Bavarian Nordic A/S ("the Company").

Article 2

The objects for which the Company has been established is to carry on research, trade, manufacture and any other related activities, primarily within the pharmaceutical industry.

Article 3

Subsection 1

The Company has English as corporate language and company announcements are published in English.

Subsection 2

General meetings are held in English with or without translation into Danish. Documents prepared for use by general meetings, including the notice convening the general meeting and the agenda with the complete proposals as well as any additional material, are prepared in English.

THE COMPANY'S SHARE CAPITAL

Article 4

The Company's share capital amounts to DKK 638,172,480 in words sixhundredthirtyeightmilliononehundredseventytwothousandandfourhundredandeighty 00/100 Danish kroner, divided into shares in the denomination of DKK 1 and multiples thereof. The share capital has been paid up in full.

AUTHORISATION TO INCREASE THE SHARE CAPITAL

Article 5a

Subsection 1

For the period ending on 30 June 2022, the Board of Directors shall be authorised to increase the Company's share capital in one or more issues with a total of nominally DKK 63,736,800 (6,373,680 shares of DKK 10 each) by the subscription of new shares. The existing shareholders shall have pre-emption rights to subscribe for the amount by which the share capital is increased, proportional to their shareholdings. The share capital shall be increased by cash payment at a subscription price which may be lower than the value of the shares.

The terms and conditions of the subscription for shares shall be determined by the Board of Directors.

The new shares shall be negotiable instruments, shall be registered in the names of the holders and shall be entered in the Company's register of shareholders. No restrictions

shall apply to the transferability of the new shares, and no shareholder shall be obliged to have his shares redeemed - in whole or in part. The shares shall carry the right to dividend as from the date fixed by the Board of Directors, but not later than the first financial year following the capital increase.

Subsection 2
For the period ending on 30 June 2022, the Board of Directors shall be authorised to increase the Company's share capital in one or more issues with a total of nominally DKK 63,736,800 (6,373,680 shares of DKK 10 each) by the subscription of new shares. The existing shareholders shall not have pre-emption rights to subscribe for the amount by which the share capital is increased.

The share capital may be increased by cash payment or in other ways, such as by conversion of debts or in payment of a contribution in kind. The share capital shall in any event be increased at a subscription price, which is not lower than market value.

The terms and conditions of the subscription for shares shall be determined by the Board of Directors.

The new shares shall be negotiable instruments, shall be registered in the names of the holders and shall be entered in the Company's register of shareholders. No restrictions shall apply to the transferability of the new shares, and no shareholder shall be obliged to have his shares redeemed - in whole or in part. The shares shall carry the right to dividend as from the date fixed by the Board of Directors, but not later than the first financial year following the capital increase.

Subsection 3
When exercising the authorisations given in Articles 5a(1) and 5a(2) the Board of Directors is overall authorised to increase the share capital of the Company with a total of nominally DKK 63,736,800 (6,373,680 shares of DKK 10 each).

Article 5b

During the period ending 31 December 2022, the Company may issue warrants, in one or more portions, by resolution of the Board of Directors. The warrants may be issued to the management and employees of the Company or its subsidiaries for the subscription of a nominal value of up to DKK 14,000,000 (1,400,000 shares of DKK 10 each), however, the number of shares may be higher or lower due to subsequent adjustments of the warrants in accordance with the adjustment clauses determined by the Board of Directors when the warrants are issued. The warrants can be exercised by cash contribution at a subscription price and on such other terms as the Board of Directors may determine. Any issuance of warrants to the management shall be made in accordance with the Company's Remuneration Policy. Warrants may not be granted to members of the Company's Board of Directors (except for employee representatives (if such may have been elected) who receive warrants in their capacity as employees of the Company or of the Company's subsidiaries).

Holders of warrants shall have pre-emption right to subscribe for the shares, issued based on the warrants, meaning that the pre-emption rights to subscribe to warrants and new shares for existing shareholders are deviated from.

As a consequence of the exercise of awarded warrants, the Board of Directors is authorised during the period until 1 April 2026 to increase the share capital by a nominal value of up to DKK 14,000,000 (1,400,000 shares of DKK 10 each) in one or more portions by resolution of the Board of Directors by cash contribution at a subscription price and on such other terms as the Board of Directors may determine without pre-emption right for the existing shareholders, however, the number of shares by which the share capital may be increased may be higher or lower if the number of warrants is increased in accordance with the adjustment clauses determined by the Board of Directors when the warrants are issued.

The new shares, issued based on warrants, shall have the same rights as existing shares according to the Articles of Association. The new shares shall be negotiable instruments, shall be registered in the names of the holders and shall be entered in the Company's register of shareholders. No restrictions shall apply to the transferability of the new shares and no shareholder shall be obliged to have his shares redeemed - in whole or in part. The new shares shall carry the right to dividend from the time of subscription.

Subject to the rules in force at any time, the Board of Directors may reuse or reissue lapsed and unexercised warrants if any, provided that the reuse or reissue occurs under the terms and within the time limitations set out in this authorisation. Reuse is to be construed as the Board of Directors' entitlement to let another party enter into an existing agreement on warrants. Reissue is to be construed as the Board of Directors' option to reissue new warrants, under the same authorisation, if previously issued warrants have lapsed.

Article 5c
Cancelled

Article 5d
In accordance with authorisations from the general meeting, the Board of Directors has issued warrants as set out in appendix 1 to the Articles of Association. As required by the Danish Companies Act and as set out in appendix 1, the Board of Directors has determined the adjustment clauses that apply to the warrants in the event of changes that affect the Company's share capital etc. The purpose of the adjustment clauses is to ensure that the potential gain on the warrants remain unchanged in the event of such changes. Consequently, the number of shares by which the share capital may be increased will automatically be higher or lower than the maximum number set out in the original authorizations granted by the general meeting if the warrants are adjusted in accordance with the adjustment clauses.

SHARES

Article 6

All shares shall be registered in the names of the holders and shall be entered in the Company's register of shareholders. The shares shall be negotiable instruments and there shall be no restrictions as to their transferability.

Article 7

No share shall confer any special rights upon the holder, and no shareholder shall be obliged to have his shares redeemed, whether in whole or in part, by the Company or by any other party.

Article 8

As resolved by the Board of Directors, the Company's register of shareholders may be kept either by the Company, or by a secretary outside the Company to be designated by the Board of Directors. The Company's register of shareholders is kept by Computershare A/S, CVR nò. 27088899.

Article 9

Share certificates may be declared null and void without a prior court order in accordance with the statutory rules applying from time to time to the annulment of negotiable instruments.

GENERAL MEETINGS

Article 10

The general meeting has the supreme authority in all the Company's affairs, subject to statute and to these Articles of Association.

General Meetings shall be held in the municipality in which the Company's registered office is situated, or in the Capital Region of Denmark (in Danish Region Hovedstaden).

General Meetings shall be convened by the Board of Directors giving not less than three weeks' nor more than five weeks' notice.

General meetings shall be convened by publication on the Company's webpage. The Board of Directors may resolve that notice to convene the general meeting shall be published in a leading newspaper. Furthermore, a written notice convening the general meeting shall be sent to all registered shareholders who have so requested.

The convening notice shall contain the agenda of the relevant General Meeting. If any proposals are to be considered at the General Meeting, the adoption of which is subject to a special majority, then this fact shall be emphasized in the convening notice and the essentials of the relevant proposal shall be reproduced in it.

Article 11

Each share amount of DKK 10 shall give one vote at General Meetings. Any shareholder may cast different votes in respect of his shares. Any shareholder shall be entitled to attend the General Meeting and exercise his voting rights, provided that he has requested an admission card from the Company's offices no later than three days prior to the pertinent meeting. His capacity as a shareholder shall be documented by his title having been registered in the Company's register of shareholders no later than one week prior to the general meeting or by the Company having received his application for entry of the title in the register of shareholders before this date.

The shareholder may attend in person or be represented by proxy, and is entitled to attend together with an advisor.

The proxy holder must provide a dated and written proxy issued to a person who does not need to be a shareholder in the Company. Unless containing a provision to the contrary, proxies shall be deemed to be in force until revoked in writing by notification to the Company. However, proxies issued to the Company's Board of Directors may not be issued for a period of more than 12 months and may only be issued in respect of a specific general meeting for which the agenda is known in advance.

Article 12

The ordinary general meeting shall be held in time to allow for the audited and approved annual report to be received in the Danish Business Authority no later than 4 months after the end of the financial year.

The agenda of the Annual General Meeting shall contain the following business:

1. The Board of Directors' report on the Company's activities in the past year.

2. The presentation of the annual report for adoption.

3. A proposal from the Board of Directors regarding the application of profit or covering of loss pursuant to the annual report as adopted.

4. Presentation of and indicative vote on the Remuneration Report.

5. A resolution for ratification of the acts of the Board of Directors and the Board of Management.

6. Election of members to the Board of Directors.

7. Election of auditors.

8. Any proposals from the Board of Directors or shareholders, including proposals authorising the Company to acquire shares of Company stock.

Requests from shareholders for proposals for consideration at the Annual General Meeting must be lodged with the Company no later than six weeks before the general meeting. Are requests made later than six weeks before the general meeting, the Board of Directors decides whether the proposals can be admitted to the agenda.

Article 13

Extraordinary General Meetings shall be held if requested by the General Meeting, the Board of Directors or an auditor, or by written request to the Board of Directors from shareholders holding in the aggregate not less than 1/20 of the share capital. The request from the shareholders must contain a specification of the business desired to be considered at the General Meeting. The General Meeting shall be convened no later than 14 days after the appropriate request having reached the Board of Directors.

Article 14

A chairman appointed by the Board of Directors shall preside over the General Meeting.

The Chairman shall officiate at the General Meeting and shall settle all matters relating to the transaction of business.

Minutes of the proceedings at a General Meeting shall be entered in a Minute Book, such minutes to be signed by the Chairman and all members of the Board of Directors present at the General Meeting.

No later than 14 days after a General Meeting, the Minute Book and the results of the voting shall be available for the shareholders on the Company's webpage.

VOTING RIGHTS

Article 15

Cancelled

Article 16

All resolutions put to the vote of shareholders at General Meetings shall be subject to adoption by a simple majority of votes, unless the Danish Companies Act or these Articles of Association prescribe special rules regarding representation and majority.

Unless a greater majority or unanimity is required pursuant to legislation, the adoption of resolutions regarding amendment of these Articles of Association, the dissolution of the Company or its merger or amalgamation with another company or business is subject to such resolution being adopted by not less than 2/3 of all the votes cast as well as of the votes represented at the relevant General Meeting.

BOARD OF DIRECTORS AND BOARD OF MANAGEMENT

Article 17

The Company shall be managed by a Board of Directors of not less than four nor more than seven members to be elected for one year at a time by the shareholders at the General Meeting. Retiring Directors shall be eligible for re-election. In addition to the Directors elected by the General Meeting, the Board of Directors may be comprised of such members that are to be elected pursuant to the statutory rules on employee representation.

The shareholders at the General Meeting shall determine the remuneration of the Board of Directors.

Article 18

Minutes shall be taken of all proceedings at Board Meetings. Such minutes shall be signed by all attending directors.

The Board of Directors shall elect its own chairman and deputy chairman.

The Board of Directors may grant powers of procuration to individuals to sign singly or collectively.

In addition, the Board of Directors shall lay down more specific Rules of Procedure regarding the discharge of its duties.

The Board of Directors shall appoint a Board of Management.

BINDING SIGNATURES

Article 19

The Company shall be bound in legal transactions by the joint signatures of the Chairman of the Board of Directors and that of either a member of the Board of Management or any two members of the Board of Directors, or by the joint signatures of any two members of the Board of Directors and any member of the Board of Management.

AUDITORS

Article 20

The Company's annual report shall be audited by one or two Danish state-authorised public accountants elected by the shareholders at the General Meeting.

Auditors shall be elected for a term of one year at a time. Retiring auditors shall be eligible for re-election.

ANNUAL REPORT

Article 21

The Company's financial year shall coincide with the calendar year.

The Annual Report and consolidated financial statements shall be prepared pursuant to the applicable legislation regarding the presentation of Annual Reports and the international standards in accordance with the IFRS Regulation.

Article 22

The Company's annual reports and interim financial reports are prepared in English. The Board of Directors may resolve that the annual report shall also be prepared in Danish.

GENERAL MEETINGS BY ELECTRONIC MEANS

Article 23

The Company's general meetings can be held by electronic means with no physical attendance possible. Participation in such general meetings shall take place via the Internet, on the Company's website and/or by videoconference.

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The foregoing Articles of Association were amended by the Board of Directors on 10 June 2021 in connection with exercise of warrants.

Appendix 1:

Section 1

Cancelled (expired warrants).

Section 2

Cancelled (expired warrants).

Section 3

Cancelled (expired warrants).

Section 4

Cancelled (expired warrants).

Section 5

Cancelled (expired warrants).

Section 6

Cancelled (expired warrants).

Section 7

Cancelled (exercised and lapsed warrants).

Section 8

Cancelled (exercised and lapsed).

Section 9

Cancelled (exercise and lapsed warrants).

Section 10

Cancelled (exercised and lapsed warrants).

Section 11

Cancelled (exercised warrants).

Section 12

Cancelled (exercised and lapsed warrants).

Section 13

In accordance with authorisations in Article 5b of the Articles of Association and, the Board of Directors has issued 237,094 warrants, providing the right to subscribe to a maximum of 237,094 shares, each with a nominal value of DKK 10 (a total nominal value of DKK 2,370,940), at a rate of DKK 205.80 per share of nominal value DKK 10. The nominal value and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants.

Subscription for shares according to the awarded warrants can be made, wholly or partly, in periods of each 14 days (1) first time being after the publication of the Company's 2019 annual report; (2) second time being after the publication of the Company's quarterly report (Q1) for the first 3 months of 2020; (3) third time being after the publication of the Company's quarterly report (Q2) for the first 6 months of 2020; (4) fourth time being after the publication of the Company's quarterly report (Q3) for the first 9 months of 2020; (5) fifth time being after the publication of the Company's 2020 annual report; (6) sixth time being after the publication of the Company's quarterly report (Q1) for the first 3 months of 2021; (7) seventh time being after the publication of the Company's quarterly report (Q2) for the first 6 months of 2021; and/or (8) eighth time being after the publication of the Company's quarterly report (Q3) for the first 9 months of 2021. Warrants that are not exercised electronically in the first subscription period may be exercised in subsequent subscription periods, always provided that any warrants not exercised at the expiry of the last subscription period will lapse without notice and without compensation.

If a warrant holder holds inside information during the last subscription period, the warrant holder may ask the Board of Directors to be granted a right to exercise warrants during a period of 2 weeks after the first publication by the Company of a quarterly or annual report after the expiry of the last subscription period (an "Extraordinary Window"). In order to be granted a right to exercise warrants in an Extraordinary Window, the warrant holder shall prior to the expiry of the last subscription period make a written request to the Board of Directors and the Board of Directors will then on the basis thereof decide whether or not the warrant holder will be offered an Extraordinary Window. The Board of Directors is not obliged to offer a warrant holder an Extraordinary Window and any such decision shall be made in due consideration of the Remuneration Policy. The Board of Directors may decide to expand the subscription period by one or more Extraordinary Windows.

The existing shareholders of the Company do not have any pre-emption rights with regard to the Warrants or shares subscribed for pursuant thereto.

The warrants cannot be assigned or placed as collateral by the warrant holder to third party.

In the event that (i) a majority of the Company's shares is sold, meaning that at least a third of the Company's share capital is transferred to a third party (who may be an existing shareholder of the Company) or (ii) the Company is dissolved, including by merger or demerger, the Company's Board of Directors may decide:

That warrant holders must exercise all or part of the warrants that have been granted, whether they have vested or not, and transfer the shares on the same terms as the other transferring shareholders (or waive the right to such Warrants in which case they will lapse); or

That warrant holders will retain the warrants that have been granted on unchanged terms.

If, before the warrants have been exercised in full, a resolution is passed in the Company to increase the share capital, issue warrants, convertible debt instruments or other instruments, allowing subscription for shares at a price not lower than the market value, this will not affect the terms of the warrants. Nor will the terms of the warrants be affected by any resolution to increase the share capital in order to allow employees, consultants or directors of the Company or its subsidiaries to subscribe for shares at a price which is lower than the market value.

If, before the warrants have been exercised in full, a resolution is passed in the Company (i) to increase the share capital, issue warrants, convertible debt instruments or other instruments to any persons other than the employees, consultants or directors of the Company or its subsidiaries, allowing subscription for shares at a price which is lower than the market value, (ii) to reduce the Company's share capital to cover any loss, (iii) to reduce the Company's share capital to make distributions to the shareholders, or (iv) to carry out payment of dividend, and such change reduces or increases the potential gain on the warrants, the exercise price and/or the number of shares that may be subscribed for by the exercise of warrants must be adjusted to ensure that the potential gain on the warrants remains unchanged. If, before the warrants have been exercised in full, a resolution is passed to reduce the Company's share capital to make distributions to the shareholders, and such change does not reduce or increase the potential gain on the warrants, the exercise price and/or the number of shares that may be subscribed for by the exercise of warrants will not be adjusted. Warrants to employees of Bavarian Nordic Inc. are, however, subject to additional adjustment provisions.

For the exercise of awarded warrants, the Board of Directors has decided on an increase of the Company's share capital in one or more portions by a total nominal value of up to DKK 2,370,940 by cash payment at a price of DKK 205.80 per share of nominal value DKK 10 and without pre-emption right for the Company's existing shareholders. The nominal value and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants. The details and terms for the issuance of shares have been established by the Board of Directors.

In each subscription period, the Company may at its discretion decide that the warrant holder shall exercise his/her warrants by full or partial settlement in treasury shares rather than subscribing for new shares. Settlement in treasury shares may be effected by:

a) The Company delivering one (1) treasury share of nominally DKK 10 for each exercised warrant against the warrant holder's payment of consideration in an amount equivalent to the subscription price; or

b) The Company delivering a number of treasury shares with an aggregate market value corresponding to the difference between (i) the aggregate market value of the number of shares that would have been subscribed for under the exercised warrants and (ii) the aggregate subscription price of such warrants. If the difference between the aggregate market value of the shares and the aggregate subscription price does not correspond to the market value of a whole number of treasury shares, the number of treasury shares to be delivered by the Company shall be rounded up or down to the nearest whole number. For the purpose of this subsection b), the market value of the shares in the Company shall be determined based on the average market price (closing price) of the shares in the Company as quoted on the Danish Stock Exchange Nasdaq Copenhagen over the last five (5) business days prior to expiry of the relevant subscription period.

If the Company decides to exercise the right to settlement in treasury shares, the Company must notify the warrant holder hereof before expiry of the subscription period. If the Company decides settlement in treasury shares as described in subsection b) above, the warrant holder shall not pay the subscription price for the shares under the warrants that are being settled in treasury shares and any part of such subscription price already paid by the warrant holder to the Company will be repaid to the warrant holder within 30 days after expiry of the relevant subscription period.

Holders of warrants shall have pre-emption right to subscribe for the shares issued based on the warrants, meaning that the pre-emption rights to subscribe to warrants and new shares for existing shareholders' are deviated from.

The new shares issued based on issued, reused or reissued warrants shall from the time of subscription have the same rights as existing shares according to the Articles of Association. The new shares shall be negotiable instruments, shall be registered in the names of the holders, and shall be entered in the Company's register of shareholders. No restrictions in the transferability of the new shares shall apply and no shareholder shall be obliged to allow for their shares to be redeemed - in whole or in part. The new shares shall be eligible for dividends from the time of subscription.

Section 14

In accordance with authorisations in Article 5b of the Articles of Association and, the Board of Directors has issued 34,074 warrants, providing the right to subscribe to a maximum of 34,074 shares, each with a nominal value of DKK 10 (a total nominal value of DKK 340,740), at a rate of DKK 340.40 per share of nominal value DKK 10. The nominal value and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants.

Subscription for shares according to the awarded warrants can be made, wholly or partly, in periods of each 14 days (1) first time being after the publication of the Company's quarterly report (Q2) for the first six months of 2020; (2) second time being after the publication of the Company's quarterly report (Q3) for the first 9 months of

2020; (3) third time being after the publication of the Company's annual reportfor 2020; (4) fourth time being after the publication of the Company's quarterly report (Q1) for the first 3 months of 2021; (5) fifth time being after the publication of the Company's quarterly report (Q2) for the first six months of 2021; (6) sixth time being after the publication of the Company's quarterly report (Q3) for the first 9 months of 2021; (7) seventh time being after the publication of the Company's annual report for 2021; and/or (8) eighth time being after the publication of the Company's quarterly report (Q1) for the first 3 months of 2022. Warrants that are not exercised electronically in the first subscription period may be exercised in subsequent subscription periods, always provided that any warrants not exercised at the expiry of the last subscription period will lapse without notice and without compensation.

If a warrant holder holds inside information during the last subscription period, the warrant holder may ask the Board of Directors to be granted a right to exercise warrants during a period of 2 weeks after the first publication by the Company of a quarterly or annual report after the expiry of the last subscription period (an "Extraordinary Window"). In order to be granted a right to exercise warrants in an Extraordinary Window, the warrant holder shall prior to the expiry of the last subscription period make a written request to the Board of Directors and the Board of Directors will then on the basis thereof decide whether or not the warrant holder will be offered an Extraordinary Window. The Board of Directors is not obliged to offer a warrant holder an Extraordinary Window and any such decision shall be made in due consideration of the Remuneration Policy. The Board of Directors may decide to expand the subscription period by one or more Extraordinary Windows.

The existing shareholders of the Company do not have any pre-emption rights with regard to the Warrants or shares subscribed for pursuant thereto.

The warrants cannot be assigned or placed as collateral by the warrant holder to third party.

In the event that (i) a majority of the Company's shares is sold, meaning that at least a third of the Company's share capital is transferred to a third party (who may be an existing shareholder of the Company) or (ii) the Company is dissolved, including by merger or demerger, the Company's Board of Directors may decide:

That warrant holders must exercise all or part of the warrants that have been granted, whether they have vested or not, and transfer the shares on the same terms as the other transferring shareholders (or waive the right to such Warrants in which case they will lapse); or

That warrant holders will retain the warrants that have been granted on unchanged terms.

If, before the warrants have been exercised in full, a resolution is passed in the Company to increase the share capital, issue warrants, convertible debt instruments or

other instruments, allowing subscription for shares at a price not lower than the market value, this will not affect the terms of the warrants. Nor will the terms of the warrants be affected by any resolution to increase the share capital in order to allow employees, consultants or directors of the Company or its subsidiaries to subscribe for shares at a price which is lower than the market value.

If, before the warrants have been exercised in full, a resolution is passed in the Company (i) to increase the share capital, issue warrants, convertible debt instruments or other instruments to any persons other than the employees, consultants or directors of the Company or its subsidiaries, allowing subscription for shares at a price which is lower than the market value, (ii) to reduce the Company's share capital to cover any loss, (iii) to reduce the Company's share capital to make distributions to the shareholders, or (iv) to carry out payment of dividend, and such change reduces or increases the potential gain on the warrants, the exercise price and/or the number of shares that may be subscribed for by the exercise of warrants must be adjusted to ensure that the potential gain on the warrants remains unchanged. If, before the warrants have been exercised in full, a resolution is passed to reduce the Company's share capital to make distributions to the shareholders, and such change does not reduce or increase the potential gain on the warrants, the exercise price and/or the number of shares that may be subscribed for by the exercise of warrants will not be adjusted. Warrants to employees of Bavarian Nordic Inc. are, however, subject to additional adjustment provisions.

For the exercise of awarded warrants, the Board of Directors has decided on an increase of the Company's share capital in one or more portions by a total nominal value of up to DKK 340,740 by cash payment at a price of DKK 340.40 per share of nominal value DKK 10 and without pre-emption right for the Company's existing shareholders. The nominal value and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants. The details and terms for the issuance of shares have been established by the Board of Directors.

In each subscription period, the Company may at its discretion decide that the warrant holder shall exercise his/her warrants by full or partial settlement in treasury shares rather than subscribing for new shares. Settlement in treasury shares may be effected by:

a) The Company delivering one (1) treasury share of nominally DKK 10 for each exercised warrant against the warrant holder's payment of consideration in an amount equivalent to the subscription price; or

b) The Company delivering a number of treasury shares with an aggregate market value corresponding to the difference between (i) the aggregate market value of the number of shares that would have been subscribed for under the exercised warrants and (ii) the aggregate subscription price of such warrants. If the difference between the aggregate market value of the shares and the aggregate subscription price does not

correspond to the market value of a whole number of treasury shares, the number of treasury shares to be delivered by the Company shall be rounded up or down to the nearest whole number. For the purpose of this subsection b), the market value of the shares in the Company shall be determined based on the average market price (closing price) of the shares in the Company as quoted on the Danish Stock Exchange Nasdaq Copenhagen over the last five (5) business days prior to expiry of the relevant subscription period.

If the Company decides to exercise the right to settlement in treasury shares, the Company must notify the warrant holder hereof before expiry of the subscription period. If the Company decides settlement in treasury shares as described in subsection b) above, the warrant holder shall not pay the subscription price for the shares under the warrants that are being settled in treasury shares and any part of such subscription price already paid by the warrant holder to the Company will be repaid to the warrant holder within 30 days after expiry of the relevant subscription period.

Holders of warrants shall have pre-emption right to subscribe for the shares issued based on the warrants, meaning that the pre-emption rights to subscribe to warrants and new shares for existing shareholders' are deviated from.

The new shares issued based on issued, reused or reissued warrants shall from the time of subscription have the same rights as existing shares according to the Articles of Association. The new shares shall be negotiable instruments, shall be registered in the names of the holders, and shall be entered in the Company's register of shareholders. No restrictions in the transferability of the new shares shall apply and no shareholder shall be obliged to allow for their shares to be redeemed – in whole or in part. The new shares shall be eligible for dividends from the time of subscription.

Section 15

In accordance with authorisations in Article 5b of the Articles of Association, on 8 November 2017 the Board of Directors has issued 365,425 warrants, providing the right to subscribe to a maximum of 365,425 shares, each with a nominal value of DKK 10 (a total nominal value of DKK 3,654,250), at a rate of DKK 239.60 per share of nominal value DKK 10. The nominal value and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants.

Subscription for shares according to the awarded warrants can be made, wholly or partly, in periods of each 2 weeks (1) first time being after the publication of the Company's annual report for 2020; (2) second time being after the publication of the Company's quarterly report (Q1) for the first 3 months of 2021; (3) third time being after the publication of the Company's quarterly report (Q2) for the first 6 months of 2021; (4) fourth time being after the publication of the Company's quarterly report (Q3) for the first 9 months of 2021; (5) fifth time being after the publication of the Company's annual report for 2021; (6) sixth time being after the publication of the Company's quarterly report (Q1) for the first 3 months of 2022; (7) seventh time being

after the publication of the Company's quarterly report (Q2) for the first 6 months of 2022; and/or (8) eighth time being after the publication of the Company's quarterly report (Q3) for the first 9 months of 2022. Warrants that are not exercised electronically in the first subscription period may be exercised in subsequent subscription periods, always provided that any warrants not exercised at the expiry of the last subscription period will lapse without notice and without compensation.

If a warrant holder holds inside information during the last subscription period, the warrant holder may ask the Board of Directors to be granted a right to exercise warrants during a period of 2 weeks after the first publication by the Company of a quarterly or annual report after the expiry of the last subscription period (an "Extraordinary Window"). In order to be granted a right to exercise warrants in an Extraordinary Window, the warrant holder shall prior to the expiry of the last subscription period make a written request to the Board of Directors and the Board of Directors will then on the basis thereof decide whether or not the warrant holder will be offered an Extraordinary Window. The Board of Directors is not obliged to offer a warrant holder an Extraordinary Window and any such decision shall be made in due consideration of the Remuneration Policy. The Board of Directors may decide to expand the subscription period by one or more Extraordinary Windows.

The existing shareholders of the Company do not have any pre-emption rights with regard to the Warrants or shares subscribed for pursuant thereto.

The warrants cannot be assigned or placed as collateral by the warrant holder to third party.

In the event that (i) a majority of the Company's shares is sold, meaning that at least a third of the Company's share capital is transferred to a third party (who may be an existing shareholder of the Company) or (ii) the Company is dissolved, including by merger or demerger, the Company's Board of Directors may decide:

That warrant holders must exercise all or part of the warrants that have been granted, whether they have vested or not, and transfer the shares on the same terms as the other transferring shareholders (or waive the right to such Warrants in which case they will lapse); or

That warrant holders will retain the warrants that have been granted on unchanged terms.

If, before the warrants have been exercised in full, a resolution is passed in the Company to increase the share capital, issue warrants, convertible debt instruments or other instruments, allowing subscription for shares at a price not lower than the market value, this will not affect the terms of the warrants. Nor will the terms of the warrants be affected by any resolution to increase the share capital in order to allow employees, consultants or directors of the Company or its subsidiaries to subscribe for shares at a price which is lower than the market value.

If, before the warrants have been exercised in full, a resolution is passed in the Company (i) to increase the share capital, issue warrants, convertible debt instruments or other instruments to any persons other than the employees, consultants or directors of the Company or its subsidiaries, allowing subscription for shares at a price which is lower than the market value, (ii) to reduce the Company's share capital to cover any loss, (iii) to reduce the Company's share capital to make distributions to the shareholders, or (iv) to carry out payment of dividend, and such change reduces or increases the potential gain on the warrants, the exercise price and/or the number of shares that may be subscribed for by the exercise of warrants must be adjusted to ensure that the potential gain on the warrants remains unchanged. If, before the warrants have been exercised in full, a resolution is passed to reduce the Company's share capital to make distributions to the shareholders, and such change does not reduce or increase the potential gain on the warrants, the exercise price and/or the number of shares that may be subscribed for by the exercise of warrants will not be adjusted. Warrants to employees of Bavarian Nordic Inc. are, however, subject to additional adjustment provisions.

For the exercise of awarded warrants, the Board of Directors has decided on an increase of the Company's share capital in one or more portions by a total nominal value of up to DKK 3,654,250 by cash payment at a price of DKK 239.60 per share of nominal value DKK 10 and without pre-emption right for the Company's existing shareholders. The nominal value and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants. The details and terms for the issuance of shares have been established by the Board of Directors.

In each subscription period, the Company may at its discretion decide that the warrant holder shall exercise his/her warrants by full or partial settlement in treasury shares rather than subscribing for new shares. Settlement in treasury shares may be effected by:

a) The Company delivering one (1) treasury share of nominally DKK 10 for each exercised warrant against the warrant holder's payment of consideration in an amount equivalent to the subscription price; or

b) The Company delivering a number of treasury shares with an aggregate market value corresponding to the difference between (i) the aggregate market value of the number of shares that would have been subscribed for under the exercised warrants and (ii) the aggregate subscription price of such warrants. If the difference between the aggregate market value of the shares and the aggregate subscription price does not correspond to the market value of a whole number of treasury shares, the number of treasury shares to be delivered by the Company shall be rounded up or down to the nearest whole number. For the purpose of this subsection b), the market value of the shares in the Company shall be determined based on the average market price (closing price) of the shares in the Company as quoted on the Danish Stock Exchange Nasdaq

Copenhagen over the last five (5) business days prior to expiry of the relevant subscription period.

If the Company decides to exercise the right to settlement in treasury shares, the Company must notify the warrant holder hereof before expiry of the subscription period. If the Company decides settlement in treasury shares as described in subsection b) above, the warrant holder shall not pay the subscription price for the shares under the warrants that are being settled in treasury shares and any part of such subscription price already paid by the warrant holder to the Company will be repaid to the warrant holder within 30 days after expiry of the relevant subscription period.

The Board of Directors may during the period ending 31 December 2018 in one or more portions reuse or reissue any lapsed and unexercised warrants issued in accordance with this section. Reuse is to be construed as the Board of Directors' entitlement to let another party enter into an existing agreement on warrants. Reissue is to be construed as the Board of Directors' option to reissue new warrants, under the same authorisation, if previously issued warrants have lapsed.

The warrants may be reused or reissued to the management and employees of the Company or its subsidiaries. Warrants may be reissued for the subscription of shares by cash contribution at a subscription price and on such other terms as the Board of Directors may determine in accordance with the original authorisation. Any issuance of warrants to the management shall be made in accordance with the Company's policy for incentive remuneration, prepared in accordance with section 139 of the Danish Companies Act and approved by the general meeting, cf. Article 17a of the Articles of Association. Of the 373,856 originally issued warrants, 33,134 of the warrants have lapsed due to employees' resignation and have been reissued as set out in Section 16 of this Appendix 1.

Holders of warrants shall have pre-emption right to subscribe for the shares issued based on the warrants, meaning that the pre-emption rights to subscribe to warrants and new shares for existing shareholders' are deviated from.

If and to the extent that warrants are reissued, the Board of Directors is authorised during the period until 1 April 2022 to resolve on the related capital increase by a nominal value of up to DKK 3,654,250 in one or more portions by cash contribution at a subscription price and on such other terms as the Board of Directors may determine without pre-emption right for the existing shareholders. The nominal value and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants.

The new shares issued based on issued, reused or reissued warrants shall from the time of subscription have the same rights as existing shares according to the Articles of Association. The new shares shall be negotiable instruments, shall be registered in the names of the holders, and shall be entered in the Company's register of shareholders. No restrictions in the transferability of the new shares shall apply and no

shareholder shall be obliged to allow for their shares to be redeemed – in whole or in part. The new shares shall be eligible for dividends from the time of subscription.

Section 16

In accordance with authorisations in Article 5b of the Articles of Association and Section 15 of this Appendix 1, on 9 November 2018 the Board of Directors has issued and reissued 569,013 warrants, providing the right to subscribe to a maximum of 569,013 shares, each with a nominal value of DKK 10 (a total nominal value of DKK 5,690,130), at a rate of DKK 142 per share of nominal value DKK 10. The nominal value and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants. 33,134 of the warrants have been reissued under Section 15 of this Appendix 1.

Subscription for shares according to the awarded warrants can be made, wholly or partly, in periods of each 2 weeks (1) first time being after the publication of the Company's annual report for 2021; (2) second time being after the publication of the Company's quarterly report (Q1) for the first 3 months of 2022; (3) third time being after the publication of the Company's quarterly report (Q2) for the first 6 months of 2022; (4) fourth time being after the publication of the Company's quarterly report (Q3) for the first 9 months of 2022; (5) fifth time being after the publication of the Company's annual report for 2022; (6) sixth time being after the publication of the Company's quarterly report (Q1) for the first 3 months of 2023; (7) seventh time being after the publication of the Company's quarterly report (Q2) for the first 6 months of 2023; and/or (8) eighth time being after the publication of the Company's quarterly report (Q3) for the first 9 months of 2023. Warrants that are not exercised electronically in the first subscription period may be exercised in subsequent subscription periods, always provided that any warrants not exercised at the expiry of the last subscription period will lapse without notice and without compensation.

If a warrant holder holds inside information during the last subscription period, the warrant holder may ask the Board of Directors to be granted a right to exercise warrants during a period of 2 weeks after the first publication by the Company of a quarterly or annual report after the expiry of the last subscription period (an "Extraordinary Window"). In order to be granted a right to exercise warrants in an Extraordinary Window, the warrant holder shall prior to the expiry of the last subscription period make a written request to the Board of Directors and the Board of Directors will then on the basis thereof decide whether or not the warrant holder will be offered an Extraordinary Window. The Board of Directors is not obliged to offer a warrant holder an Extraordinary Window and any such decision shall be made in due consideration of the Remuneration Policy. The Board of Directors may decide to expand the subscription period by one or more Extraordinary Windows.

The existing shareholders of the Company do not have any pre-emption rights with regard to the Warrants or shares subscribed for pursuant thereto.

The warrants cannot be assigned or placed as collateral by the warrant holder to third party.

In the event that (i) a majority of the Company's shares is sold, meaning that at least a third of the Company's share capital is transferred to a third party (who may be an existing shareholder of the Company) or (ii) the Company is dissolved, including by merger or demerger, the Company's Board of Directors may decide:

That warrant holders must exercise all or part of the warrants that have been granted, whether they have vested or not, and transfer the shares on the same terms as the other transferring shareholders (or waive the right to such Warrants in which case they will lapse); or

That warrant holders will retain the warrants that have been granted on unchanged terms.

If, before the warrants have been exercised in full, a resolution is passed in the Company to increase the share capital, issue warrants, convertible debt instruments or other instruments, allowing subscription for shares at a price not lower than the market value, this will not affect the terms of the warrants. Nor will the terms of the warrants be affected by any resolution to increase the share capital in order to allow employees, consultants or directors of the Company or its subsidiaries to subscribe for shares at a price which is lower than the market value.

If, before the warrants have been exercised in full, a resolution is passed in the Company (i) to increase the share capital, issue warrants, convertible debt instruments or other instruments to any persons other than the employees, consultants or directors of the Company or its subsidiaries, allowing subscription for shares at a price which is lower than the market value, (ii) to reduce the Company's share capital to cover any loss, (iii) to reduce the Company's share capital to make distributions to the shareholders, or (iv) to carry out payment of dividend, and such change reduces or increases the potential gain on the warrants, the exercise price and/or the number of shares that may be subscribed for by the exercise of warrants must be adjusted to ensure that the potential gain on the warrants remains unchanged. If, before the warrants have been exercised in full, a resolution is passed to reduce the Company's share capital to make distributions to the shareholders, and such change does not reduce or increase the potential gain on the warrants, the exercise price and/or the number of shares that may be subscribed for by the exercise of warrants will not be adjusted. Warrants to employees of Bavarian Nordic Inc. are, however, subject to additional adjustment provisions.

For the exercise of awarded warrants, the Board of Directors has decided on an increase of the Company's share capital in one or more portions by a total nominal value of up to DKK 5,690,130 by cash payment at a price of DKK 142 per share of nominal value DKK 10 and without pre-emption right for the Company's existing shareholders. The nominal value and the subscription price may, however, be higher or

lower as a result of any adjustment made in accordance with the terms of the warrants. The details and terms for the issuance of shares have been established by the Board of Directors.

In each subscription period, the Company may at its discretion decide that the warrant holder shall exercise his/her warrants by full or partial settlement in treasury shares rather than subscribing for new shares. Settlement in treasury shares may be effected by:

a) The Company delivering one (1) treasury share of nominally DKK 10 for each exercised warrant against the warrant holder's payment of consideration in an amount equivalent to the subscription price; or

b) The Company delivering a number of treasury shares with an aggregate market value corresponding to the difference between (i) the aggregate market value of the number of shares that would have been subscribed for under the exercised warrants and (ii) the aggregate subscription price of such warrants. If the difference between the aggregate market value of the shares and the aggregate subscription price does not correspond to the market value of a whole number of treasury shares, the number of treasury shares to be delivered by the Company shall be rounded up or down to the nearest whole number. For the purpose of this subsection b), the market value of the shares in the Company shall be determined based on the average market price (closing price) of the shares in the Company as quoted on the Danish Stock Exchange Nasdaq Copenhagen over the last five (5) business days prior to expiry of the relevant subscription period.

If the Company decides to exercise the right to settlement in treasury shares, the Company must notify the warrant holder hereof before expiry of the subscription period. If the Company decides settlement in treasury shares as described in subsection b) above, the warrant holder shall not pay the subscription price for the shares under the warrants that are being settled in treasury shares and any part of such subscription price already paid by the warrant holder to the Company will be repaid to the warrant holder within 30 days after expiry of the relevant subscription period.

The Board of Directors may, during the period ending 31 December 2019 in one or more portions reuse or reissue any lapsed and unexercised warrants issued in accordance with this section. Reuse is to be construed as the Board of Directors' entitlement to let another party enter into an existing agreement on warrants. Reissue is to be construed as the Board of Directors' option to reissue new warrants, under the same authorisation, if previously issued warrants have lapsed.

The warrants may be reused or reissued to the management and employees of the Company or its subsidiaries. Warrants may be reissued for the subscription of shares by cash contribution at a subscription price and on such other terms as the Board of Directors may determine in accordance with the original authorisation. Any issuance of warrants to the management shall be made in accordance with the Company's policy for

incentive remuneration, prepared in accordance with section 139 of the Danish Companies Act and approved by the general meeting, cf. Article 17a of the Articles of Association. Of the 535,135 originally issued warrants, 68,627 of the warrants have lapsed due to employees' resignation and have been reissued as set out in Section 17 of this Appendix 1.

Holders of warrants shall have pre-emption right to subscribe for the shares issued based on the warrants, meaning that the pre-emption rights to subscribe to warrants and new shares for existing shareholders' are deviated from.

If and to the extent that warrants are reissued, the Board of Directors is authorised during the period until 1 April 2023 to resolve on the related capital increase by a nominal value of up to DKK 5,690,130 in one or more portions by cash contribution at a subscription price and on such other terms as the Board of Directors may determine without pre-emption right for the existing shareholders. The nominal value and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants.

The new shares issued based on issued, reused or reissued warrants shall from the time of subscription have the same rights as existing shares according to the Articles of Association. The new shares shall be negotiable instruments, shall be registered in the names of the holders, and shall be entered in the Company's register of shareholders. No restrictions in the transferability of the new shares shall apply and no shareholder shall be obliged to allow for their shares to be redeemed - in whole or in part. The new shares shall be eligible for dividends from the time of subscription.

Section 17

In accordance with authorisations in Article 5b of the Articles of Association and Section 16 of this Appendix 1, on 7 November 2019 the Board of Directors has issued and reissued 703,065 warrants, providing the right to subscribe to a maximum of 703,065 shares, each with a nominal value of DKK 10 (a total nominal value of DKK 7,030,650), at a rate of DKK 146.6 per share of nominal value DKK 10. The nominal value and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants. 68,627 of the warrants have been reissued under Section 16 of this Appendix 1.

Subscription for shares according to the awarded warrants can be made, wholly or partly, in periods of each 2 weeks (1) first time being after the publication of the Company's annual report for 2022; (2) second time being after the publication of the Company's quarterly report (Q1) for the first 3 months of 2023; (3) third time being after the publication of the Company's quarterly report (Q2) for the first 6 months of 2023; (4) fourth time being after the publication of the Company's quarterly report (Q3) for the first 9 months of 2023; (5) fifth time being after the publication of the Company's annual report for 2023; (6) sixth time being after the publication of the Company's quarterly report (Q1) for the first 3 months of 2024; (7) seventh time being after the publication of the Company's quarterly report (Q2) for the first 6 months of

2024; and/or (8) eighth time being after the publication of the Company's quarterly report (Q3) for the first 9 months of 2024. Warrants that are not exercised electronically in the first subscription period may be exercised in subsequent subscription periods, always provided that any warrants not exercised at the expiry of the last subscription period will lapse without notice and without compensation.

If a warrant holder holds inside information at any time during the last subscription period, the Board of Directors may grant such a warrant holder a right to exercise warrants during a period of 2 weeks after the first publication by the Company of a quarterly or annual report after the expiry of the last subscription period (an "Extraordinary Window"). The Board of Directors is not obliged to offer a warrant holder an Extraordinary Window and any such decision shall be made in due consideration of the Remuneration Policy. The Board of Directors may decide to expand the subscription period by one or more Extraordinary Windows.

The existing shareholders of the Company do not have any pre-emption rights with regard to the Warrants or shares subscribed for pursuant thereto.

The warrants cannot be assigned or placed as collateral by the warrant holder to third party.

In the event that (i) a majority of the Company's shares is sold, meaning that at least a third of the Company's share capital is transferred to a third party (who may be an existing shareholder of the Company) or (ii) the Company is dissolved, including by merger or demerger, the Company's Board of Directors may decide:

That warrant holders must exercise all or part of the warrants that have been granted, whether they have vested or not, and transfer the shares on the same terms as the other transferring shareholders (or waive the right to such Warrants in which case they will lapse); or

That warrant holders will retain the warrants that have been granted on unchanged terms.

If, before the warrants have been exercised in full, a resolution is passed in the Company to increase the share capital, issue warrants, convertible debt instruments or other instruments, allowing subscription for shares at a price not lower than the market value, this will not affect the terms of the warrants. Nor will the terms of the warrants be affected by any resolution to increase the share capital in order to allow employees, consultants or directors of the Company or its subsidiaries to subscribe for shares at a price which is lower than the market value.

If, before the warrants have been exercised in full, a resolution is passed in the Company (i) to increase the share capital, issue warrants, convertible debt instruments or other instruments to any persons other than the employees, consultants or directors of the Company or its subsidiaries, allowing subscription for shares at a price which is

lower than the market value, (ii) to reduce the Company's share capital to cover any loss, (iii) to reduce the Company's share capital to make distributions to the shareholders, or (iv) to carry out payment of dividend, and such change reduces or increases the potential gain on the warrants, the exercise price and/or the number of shares that may be subscribed for by the exercise of warrants must be adjusted to ensure that the potential gain on the warrants remains unchanged. If, before the warrants have been exercised in full, a resolution is passed to reduce the Company's share capital to make distributions to the shareholders, and such change does not reduce or increase the potential gain on the warrants, the exercise price and/or the number of shares that may be subscribed for by the exercise of warrants will not be adjusted. Warrants to employees of Bavarian Nordic Inc. are, however, subject to additional adjustment provisions.

For the exercise of awarded warrants, the Board of Directors has decided on an increase of the Company's share capital in one or more portions by a total nominal value of up to DKK 7,030,650 by cash payment at a price of DKK 146.6 per share of nominal value DKK 10 and without pre-emption right for the Company's existing shareholders. The nominal value and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants. The details and terms for the issuance of shares have been established by the Board of Directors.

In each subscription period, the Company may at its discretion decide that the warrant holder shall exercise his/her warrants by full or partial settlement in treasury shares rather than subscribing for new shares. Settlement in treasury shares may be effected by:

a) The Company delivering one (1) treasury share of nominally DKK 10 for each exercised warrant against the warrant holder's payment of consideration in an amount equivalent to the subscription price; or

b) The Company delivering a number of treasury shares with an aggregate market value corresponding to the difference between (i) the aggregate market value of the number of shares that would have been subscribed for under the exercised warrants and (ii) the aggregate subscription price of such warrants. If the difference between the aggregate market value of the shares and the aggregate subscription price does not correspond to the market value of a whole number of treasury shares, the number of treasury shares to be delivered by the Company shall be rounded up or down to the nearest whole number. For the purpose of this subsection b), the market value of the shares in the Company shall be determined based on the average market price (closing price) of the shares in the Company as quoted on the Danish Stock Exchange Nasdaq Copenhagen over the last five (5) business days prior to expiry of the relevant subscription period.

If the Company decides to exercise the right to settlement in treasury shares, the Company must notify the warrant holder hereof before expiry of the subscription

period. If the Company decides to settle in treasury shares as described in subsection b) above, the warrant holder shall not pay the subscription price for the shares under the warrants that are being settled in treasury shares and any part of such subscription price already paid by the warrant holder to the Company will be repaid to the warrant holder within 30 days after expiry of the relevant subscription period.

The Board of Directors may during the period ending 31 December 2020 in one or more portions reuse or reissue any lapsed and unexercised warrants issued in accordance with this section. Reuse is to be construed as the Board of Directors' entitlement to let another party enter into an existing agreement on warrants. Reissue is to be construed as the Board of Directors' option to reissue new warrants, under the same authorisation, if previously issued warrants have lapsed.

The warrants may be reused or reissued to the management and employees of the Company or its subsidiaries. Warrants may be reissued for the subscription of shares by cash contribution at a subscription price and on such other terms as the Board of Directors may determine in accordance with the original authorisation. Any issuance of warrants to the management shall be made in accordance with the Company's remuneration policy for incentive remuneration, prepared in accordance with section 139 of the Danish Companies Act and approved by the general meeting, cf. Article 17a of the Articles of Association.

Holders of warrants shall have pre-emption right to subscribe for the shares issued based on the warrants, meaning that the pre-emption rights to subscribe to warrants and new shares for existing shareholders' are deviated from.

If and to the extent that warrants are reissued, the Board of Directors is authorised during the period until 1 April 2024 to resolve on the related capital increase by a nominal value of up to DKK 7,030,650 in one or more portions by cash contribution at a subscription price and on such other terms as the Board of Directors may determine without pre-emption right for the existing shareholders. The nominal value and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants.

The new shares issued based on issued, reused or reissued warrants shall from the time of subscription have the same rights as existing shares according to the Articles of Association. The new shares shall be negotiable instruments, shall be registered in the names of the holders, and shall be entered in the Company's register of shareholders. No restrictions in the transferability of the new shares shall apply and no shareholder shall be obliged to allow for their shares to be redeemed - in whole or in part. The new shares shall be eligible for dividends from the time of subscription.

Section 18

In accordance with authorisations in Article 5b of the Articles of Association, on 6 January 2020 the Board of Directors has issued 30,039 warrants, providing the right to subscribe to a maximum of 30,039 shares, each with a nominal value of DKK 10 (a total

nominal value of DKK 300,390), at a rate of DKK 155.8 per share of nominal value DKK 10. The nominal value and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants.

Subscription for shares according to the awarded warrants can be made, wholly or partly, in periods of each 2 weeks (1) first time being after the publication of the Company's annual report for 2022; (2) second time being after the publication of the Company's quarterly report (Q1) for the first 3 months of 2023; (3) third time being after the publication of the Company's quarterly report (Q2) for the first 6 months of 2023; (4) fourth time being after the publication of the Company's quarterly report (Q3) for the first 9 months of 2023; (5) fifth time being after the publication of the Company's annual report for 2023; (6) sixth time being after the publication of the Company's quarterly report (Q1) for the first 3 months of 2024; (7) seventh time being after the publication of the Company's quarterly report (Q2) for the first 6 months of 2024; and/or (8) eighth time being after the publication of the Company's quarterly report (Q3) for the first 9 months of 2024. Warrants that are not exercised electronically in the first subscription period may be exercised in subsequent subscription periods, always provided that any warrants not exercised at the expiry of the last subscription period will lapse without notice and without compensation.

If the warrant holder holds inside information at any time during the last subscription period, the Board of Directors may grant the warrant holder a right to exercise warrants during a period of 2 weeks after the first publication by the Company of a quarterly or annual report after the expiry of the last subscription period (an "Extraordinary Window"). The Board of Directors is not obliged to offer the warrant holder an Extraordinary Window and any such decision shall be made in due consideration of the Remuneration Policy. The Board of Directors may decide to expand the subscription period by one or more Extraordinary Windows.

The existing shareholders of the Company do not have any pre-emption rights with regard to the Warrants or shares subscribed for pursuant thereto.

The warrants cannot be assigned or placed as collateral by the warrant holder to third party.

In the event that (i) a majority of the Company's shares is sold, meaning that at least a third of the Company's share capital is transferred to a third party (who may be an existing shareholder of the Company) or (ii) the Company is dissolved, including by merger or demerger, the Company's Board of Directors may decide:

That the warrant holder must exercise all or part of the warrants that have been granted, whether they have vested or not, and transfer the shares on the same terms as the other transferring shareholders (or waive the right to such Warrants in which case they will lapse); or

That the warrant holder will retain the warrants that have been granted on unchanged terms.

If, before the warrants have been exercised in full, a resolution is passed in the Company to increase the share capital, issue warrants, convertible debt instruments or other instruments, allowing subscription for shares at a price not lower than the market value, this will not affect the terms of the warrants. Nor will the terms of the warrants be affected by any resolution to increase the share capital in order to allow employees, consultants or directors of the Company or its subsidiaries to subscribe for shares at a price which is lower than the market value.

If, before the warrants have been exercised in full, a resolution is passed in the Company (i) to increase the share capital, issue warrants, convertible debt instruments or other instruments to any persons other than the employees, consultants or directors of the Company or its subsidiaries, allowing subscription for shares at a price which is lower than the market value, (ii) to reduce the Company's share capital to cover any loss, (iii) to reduce the Company's share capital to make distributions to the shareholders, or (iv) to carry out payment of dividend, and such change reduces or increases the potential gain on the warrants, the exercise price and/or the number of shares that may be subscribed for by the exercise of warrants must be adjusted to ensure that the potential gain on the warrants remains unchanged. If, before the warrants have been exercised in full, a resolution is passed to reduce the Company's share capital to make distributions to the shareholders, and such change does not reduce or increase the potential gain on the warrants, the exercise price and/or the number of shares that may be subscribed for by the exercise of warrants will not be adjusted.

For the exercise of awarded warrants, the Board of Directors has decided on an increase of the Company's share capital in one or more portions by a total nominal value of up to DKK 300,390 by cash payment at a price of DKK 155.8 per share of nominal value DKK 10 and without pre-emption right for the Company's existing shareholders. The nominal value and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants. The details and terms for the issuance of shares have been established by the Board of Directors.

In each subscription period, the Company may at its discretion decide that the warrant holder shall exercise his warrants by full or partial settlement in treasury shares rather than subscribing for new shares. Settlement in treasury shares may be effected by:

a) The Company delivering one (1) treasury share of nominally DKK 10 for each exercised warrant against the warrant holder's payment of consideration in an amount equivalent to the subscription price; or

b) The Company delivering a number of treasury shares with an aggregate market value corresponding to the difference between (i) the aggregate market value of the

number of shares that would have been subscribed for under the exercised warrants and (ii) the aggregate subscription price of such warrants. If the difference between the aggregate market value of the shares and the aggregate subscription price does not correspond to the market value of a whole number of treasury shares, the number of treasury shares to be delivered by the Company shall be rounded up or down to the nearest whole number. For the purpose of this subsection b), the market value of the shares in the Company shall be determined based on the average market price (closing price) of the shares in the Company as quoted on the Danish Stock Exchange Nasdaq Copenhagen over the last five (5) business days prior to expiry of the relevant subscription period.

If the Company decides to exercise the right to settlement in treasury shares, the Company must notify the warrant holder hereof before expiry of the subscription period. If the Company decides on settlement in treasury shares as described in subsection b) above, the warrant holder shall not pay the subscription price for the shares under the warrants that are being settled in treasury shares and any part of such subscription price already paid by the warrant holder to the Company will be repaid to the warrant holder within 30 days after expiry of the relevant subscription period.

The Board of Directors may during the period ending 31 December 2020 in one or more portions reuse or reissue any lapsed and unexercised warrants issued in accordance with this section. Reuse is to be construed as the Board of Directors' entitlement to let another party enter into an existing agreement on warrants. Reissue is to be construed as the Board of Directors' option to reissue new warrants, under the same authorisation, if previously issued warrants have lapsed.

The warrants may be reused or reissued to the management and employees of the Company or its subsidiaries. Warrants may be reissued for the subscription of shares by cash contribution at a subscription price and on such other terms as the Board of Directors may determine in accordance with the original authorisation. Any issuance of warrants to the management shall be made in accordance with the Company's remuneration policy for incentive remuneration, prepared in accordance with section 139 of the Danish Companies Act and approved by the general meeting, cf. Article 17a of the Articles of Association.

Holders of warrants shall have pre-emption right to subscribe for the shares issued based on the warrants, meaning that the pre-emption rights to subscribe to warrants and new shares for existing shareholders' are deviated from.

If and to the extent that warrants are reissued, the Board of Directors is authorised during the period until 1 April 2024 to resolve on the related capital increase by a nominal value of up to DKK 300,390 in one or more portions by cash contribution at a subscription price and on such other terms as the Board of Directors may determine without pre-emption right for the existing shareholders. The nominal value and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants.

The new shares issued based on issued, reused or reissued warrants shall from the time of subscription have the same rights as existing shares according to the Articles of Association. The new shares shall be negotiable instruments, shall be registered in the names of the holders, and shall be entered in the Company's register of shareholders. No restrictions in the transferability of the new shares shall apply and no shareholder shall be obliged to allow for their shares to be redeemed - in whole or in part. The new shares shall be eligible for dividends from the time of subscription.

Section 19

In accordance with authorisations in Article 5b of the Articles of Association and Section 17 of this Appendix 1, on 11 November 2020 the Board of Directors has issued and reissued 1,280,258 warrants, providing the right to subscribe to a maximum of 1,280,258 shares, each with a nominal value of DKK 10 (a total nominal value of DKK 12,802,580), at a rate of DKK 206.82 per share of nominal value DKK 10. The number of shares and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants determined by the Board of Directors. 23,981 of the warrants have been reissued under Section 17 of this Appendix 1.

Subscription for shares according to the awarded warrants can be made, wholly or partly, in periods of each 2 weeks (1) first time being after the publication of the Company's annual report for 2023; (2) second time being after the publication of the Company's quarterly report (Q1) for the first 3 months of 2024; (3) third time being after the publication of the Company's quarterly report (Q2) for the first 6 months of 2024; (4) fourth time being after the publication of the Company's quarterly report (Q3) for the first 9 months of 2024; (5) fifth time being after the publication of the Company's annual report for 2024; (6) sixth time being after the publication of the Company's quarterly report (Q1) for the first 3 months of 2025; (7) seventh time being after the publication of the Company's quarterly report (Q2) for the first 6 months of 2025; and/or (8) eighth time being after the publication of the Company's quarterly report (Q3) for the first 9 months of 2025. Warrants that are not exercised electronically in the first subscription period may be exercised in subsequent subscription periods, always provided that any warrants not exercised at the expiry of the last subscription period will lapse without notice and without compensation.

If a warrant holder holds inside information at any time during the last subscription period, the Board of Directors may grant such a warrant holder a right to exercise warrants during a period of 2 weeks after the first publication by the Company of a quarterly or annual report after the expiry of the last subscription period (an "Extraordinary Window"). The Board of Directors is not obliged to offer a warrant holder an Extraordinary Window and any such decision shall be made in due consideration of the Remuneration Policy. The Board of Directors may decide to expand the subscription period by one or more Extraordinary Windows.

The existing shareholders of the Company do not have any pre-emption rights with regard to the Warrants or shares subscribed for pursuant thereto.

The warrants cannot be assigned or placed as collateral by the warrant holder to third party.

In the event that (i) a majority of the Company's shares is sold, meaning that at least a third of the Company's share capital is transferred to a third party (who may be an existing shareholder of the Company) or (ii) the Company is dissolved, including by merger or demerger, the Company's Board of Directors may decide:

That warrant holders must exercise all or part of the warrants that have been granted, whether they have vested or not, and transfer the shares on the same terms as the other transferring shareholders (or waive the right to such Warrants in which case they will lapse); or

That warrant holders will retain the warrants that have been granted on unchanged terms.

If, before the warrants have been exercised in full, a resolution is passed in the Company to increase the share capital, issue warrants, convertible debt instruments or other instruments, allowing subscription for shares at a price not lower than the market value, this will not affect the terms of the warrants. Nor will the terms of the warrants be affected by any resolution to increase the share capital in order to allow employees, consultants or directors of the Company or its subsidiaries to subscribe for shares at a price which is lower than the market value.

If, before the warrants have been exercised in full, a resolution is passed in the Company (i) to increase the share capital, issue warrants, convertible debt instruments or other instruments to any persons other than the employees, consultants or directors of the Company or its subsidiaries, allowing subscription for shares at a price which is lower than the market value, (ii) to reduce the Company's share capital to cover any loss, (iii) to reduce the Company's share capital to make distributions to the shareholders, or (iv) to carry out payment of dividend, and such change reduces or increases the potential gain on the warrants, the exercise price and/or the number of shares that may be subscribed for by the exercise of warrants must be adjusted to ensure that the potential gain on the warrants remains unchanged. If, before the warrants have been exercised in full, a resolution is passed to reduce the Company's share capital to make distributions to the shareholders, and such change does not reduce or increase the potential gain on the warrants, the exercise price and/or the number of shares that may be subscribed for by the exercise of warrants will not be adjusted. Warrants to employees of Bavarian Nordic Inc. are, however, subject to additional adjustment provisions.

For the exercise of awarded warrants, the Board of Directors has decided on an increase of the Company's share capital in one or more portions by a total nominal

value of up to DKK 12,802,580 by cash payment at a price of DKK 206.82 per share of nominal value DKK 10 and without pre-emption right for the Company's existing shareholders. The number of shares and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants. The details and terms for the issuance of shares have been established by the Board of Directors.

In each subscription period, the Company may at its discretion decide that the warrant holder shall exercise his/her warrants by full or partial settlement in treasury shares rather than subscribing for new shares. Settlement in treasury shares may be effected by:

a) The Company delivering one (1) treasury share of nominally DKK 10 for each exercised warrant against the warrant holder's payment of consideration in an amount equivalent to the subscription price; or

b) The Company delivering a number of treasury shares with an aggregate market value corresponding to the difference between (i) the aggregate market value of the number of shares that would have been subscribed for under the exercised warrants and (ii) the aggregate subscription price of such warrants. If the difference between the aggregate market value of the shares and the aggregate subscription price does not correspond to the market value of a whole number of treasury shares, the number of treasury shares to be delivered by the Company shall be rounded up or down to the nearest whole number. For the purpose of this subsection b), the market value of the shares in the Company shall be determined based on the average market price (closing price) of the shares in the Company as quoted on the Danish Stock Exchange Nasdaq Copenhagen over the last five (5) business days prior to expiry of the relevant subscription period.

If the Company decides to exercise the right to settlement in treasury shares, the Company must notify the warrant holder hereof before expiry of the subscription period. If the Company decides to settle in treasury shares as described in subsection b) above, the warrant holder shall not pay the subscription price for the shares under the warrants that are being settled in treasury shares and any part of such subscription price already paid by the warrant holder to the Company will be repaid to the warrant holder within 30 days after expiry of the relevant subscription period.

The Board of Directors may during the period ending 31 December 2021 in one or more portions reuse or reissue any lapsed and unexercised warrants issued in accordance with this section. Reuse is to be construed as the Board of Directors' entitlement to let another party enter into an existing agreement on warrants. Reissue is to be construed as the Board of Directors' option to reissue new warrants, under the same authorisation, if previously issued warrants have lapsed.

The warrants may be reused or reissued to the management and employees of the Company or its subsidiaries. Warrants may be reissued for the subscription of shares

by cash contribution at a subscription price and on such other terms as the Board of Directors may determine in accordance with the original authorisation. Any issuance of warrants to the management shall be made in accordance with the Company's remuneration policy.

Holders of warrants shall have pre-emption right to subscribe for the shares issued based on the warrants, meaning that the pre-emption rights to subscribe to warrants and new shares for existing shareholders' are deviated from.

If and to the extent that warrants are reissued, the Board of Directors is authorised during the period until 1 April 2025 to resolve on the related capital increase by a nominal value of up to DKK 12,802,580 in one or more portions by cash contribution at a subscription price and on such other terms as the Board of Directors may determine without pre-emption right for the existing shareholders. The number of shares and the subscription price may, however, be higher or lower as a result of any adjustment made in accordance with the terms of the warrants.

The new shares issued based on issued, reused or reissued warrants shall from the date of registration with the Danish Business Authority have the same rights as existing shares according to the Articles of Association. The new shares shall be negotiable instruments, shall be registered in the names of the holders, and shall be entered in the Company's register of shareholders. No restrictions in the transferability of the new shares shall apply and no shareholder shall be obliged to allow for their shares to be redeemed - in whole or in part. The new shares shall be eligible for dividends from the time of subscription.

4F

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02891	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Bayshore Pharmaceuticals, LLC

Physical Address: 788 Morris Turnpike, Suite 200

City: Short Hills State: NJ Zip: 07078

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 973-315-1818 Website: www.bayshoreus.com

Name of Designated Representative (DR): Mark Moshier

Licensing Company Email: catrina.purcell@bayshoreus.com DR Email: mark.moshier@bayshoreus.com

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

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Beximco Pharmaceuticals LTD
Address: 17 Dhanmondi R/A Road #2 City: Dhaka, Bangladesh State: _____ Zip: 1205
Name: Centaur Pharmaceuticals Pvt. Ltd
Address: Plot #4 International Biotech Park City: Hinajewadi, India State: _____ Zip: 411057
Name: Cerovene
Address: 612 Cottage Way City: Valley Cottage State: NY Zip: 10989
Name: Sunrise Pharmaceuticals Inc.
Address: 665 East Lincoln Ave City: Rahway State: NJ Zip: 07065

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New Jersey/Bayshore Pharmaceuticals
Parent Company (if any): IPCA Pharmaceuticals
Corporation/Organization Name: Bayshore Pharmaceuticals
Mailing Address: 788 Morris Turnpike, Suite 200
City: Short Hills State: NJ Zip: 07078
Telephone: 973-315-1818 Email: mark.moshier@bayshoreus.com
Contact Person Name: Mark Moshier

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		* ✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Bayshore Pharmaceuticals, LLC

Facility Name

Mark Moshier

Print Name of Authorized Person Submitting Application

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

Date 9/27/2022

Board Use Only	Date Received: _____	Amount: 1,000 CC

Bayshore

CORPORATE RESTRUCTURE - effective 10/1/2021

100% - IPCA Pharmaceuticals US

51 Cragwood Road

South Plainfield, NJ 07080

Officer

Mark Moshier, President

Bayshore Pharmaceuticals

788 Morris Turnpike, Suite 200

Short Hills, NJ 07078

Tax ID has not changed since date of Bayshore Pharmaceuticals, LLC formation – 02/15/2011. President and officer have remained the same.

OWNERSHIP INFORMATION – effective 11/02/2018 through 09/30/2021

80% - IPCA Pharmaceuticals US

51 Cragwood Road

South Plainfield, NJ 07080

10% - SP Ventures XII LLC

29 Cambridge Drive

Short Hills, NJ 07078

10% - Paradiso Development LLC

92 Candace Lane

Chatham, NJ 07928

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

BAYSHORE PHARMACEUTICALS, LLC
0600370149

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 15, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

THOMAS E DURKIN III
101 HUDSON STREET
SUITE 2100
JERSEY CITY, NJ 07302



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of August, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 6134765512

Verify this certificate online at

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0577241	04-30-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-01-2022

RXCROSSROADS 3PL LLC
4200 BINION WAY STE 200
MASON, OH 450369469

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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Form DEA-223 (9/2016)

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

0745731

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: O manufacturer Ii) wholesaler which conducts business at the following locations in this State:

788 MORRIS TPKE, STE 200 SHORT HILLS, NJ 07078-

Reg. No.
5004254

BAYSHORE PHARMACEUTICALS, LLC
788 MORRIS TPKE, STE 200
SHORT HILLS, NJ 07078-

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

EXPIRES: January 31, 2023

Establishment Copy

FDA Documentation

-----Original Message-----
From: CDER Electronic Drug Registration and Listing [mailto:EDRLS@fda.hhs.gov]
Sent: Tuesday, August 16, 2011 01:12 PM
To: 'mark.moshier@bayshoreus.com'
Subject: RE: LABELER CODE eREQUEST

Dear Mark Moshier,

No additional information is needed. We have assigned BayShore Pharmaceuticals LLC a labeler code **76386**. If you have any further questions regarding this matter, please contact us by either email (edrls@fda.hhs.gov) or phone (301-210-2840

Thank you.

Regards,

Makini Mbughuni, eDRLS Team

From: Mark Moshier [mailto:mark.moshier@bayshoreus.com]
Sent: Tuesday, August 16, 2011 12:51 PM
To: Mark Moshier; CDER Electronic Drug Registration and Listing
Subject: Re: LABELER CODE eREQUEST

Dear Makini
Please let me know if you need any additional information to complete this request and, if possible, advise of the timing of the Labeler Code being issued.
Thanks and regards
Mark

-----Original Message-----
From: Mark Moshier [mailto:mark.moshier@bayshoreus.com]
Sent: Tuesday, August 2, 2011 04:31 PM
To: 'CDER Electronic Drug Registration and Listing', 'mark.moshier@bayshoreus.com'
Subject: Re: LABELER CODE eREQUEST

Dear Makini,
Response are in CAPS below.
Please let me know if any additional information is required and thank you for your assistance.
Regards
Mark

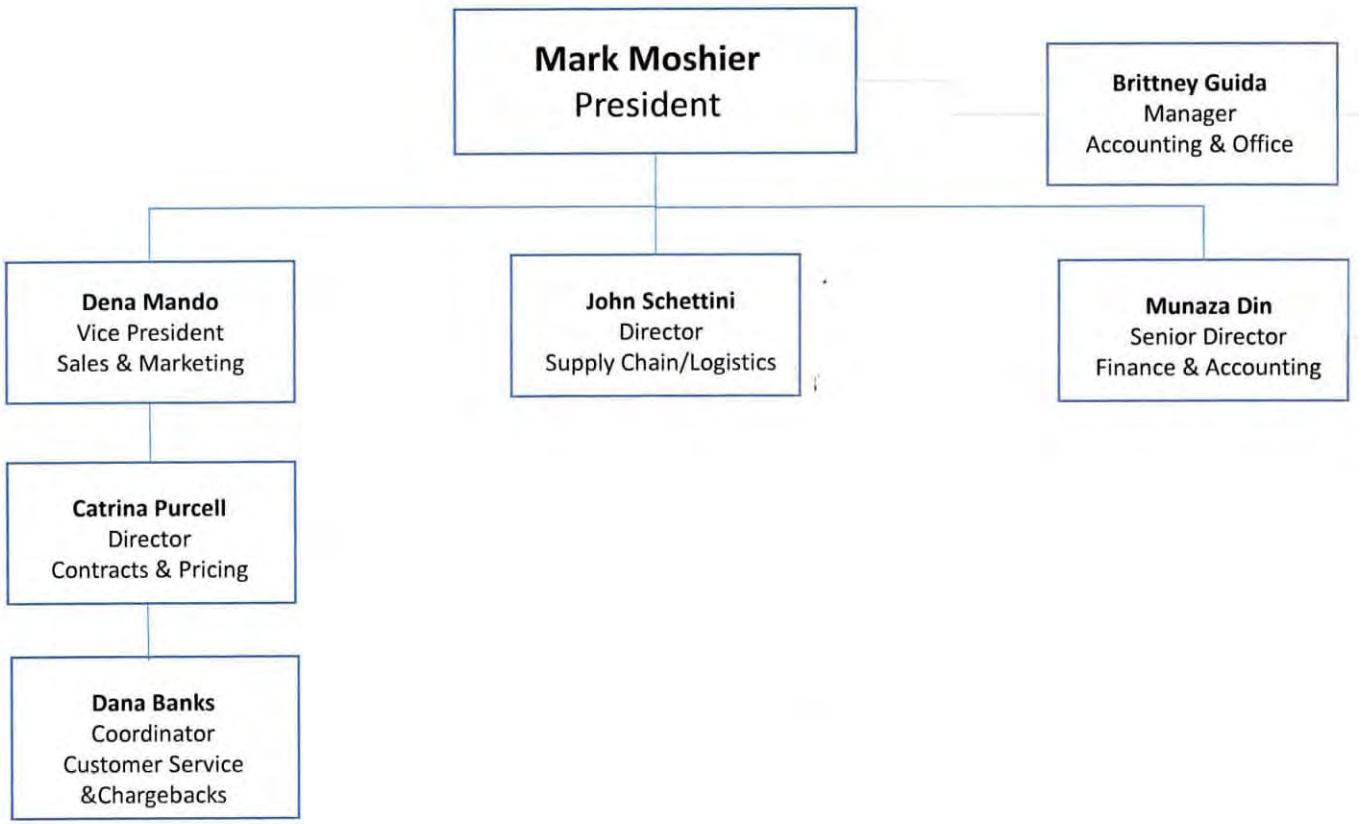
-----Original Message-----
From: CDER Electronic Drug Registration and Listing [mailto:EDRLS@fda.hhs.gov]
Sent: Tuesday, August 2, 2011 03:59 PM
To: 'mark.moshier@bayshoreus.com'
Subject: LABELER CODE eREQUEST

Dear Mark Moshier:

eDRLS is in receipt of Labeler Code Request SPL for the firm Bayshore Pharmaceuticals, LLC. Kindly provide/ confirm the following information so we can assist you on the assignment of your labeler code:

1) Name of the firm
BAYSHORE PHARMACEUTICALS LLC
2) Business type (Corporation, LLC, Proprietorship, etc.)
LLC
3) Address where drug activity is taking place
51 JFK PARKWAY 1ST FLOOR WEST, SHORT HILLS, NJ 07078
4) Type of drug activity taking place (manufacturer, distributor, contract manufacturer, repacker, relabeler, analytical lab)
MARKETING/DISTRIBUTION
5) Type of drug product (Rx or OTC, also Human or vet)
HUMAN RX and OTC
6) US agent information (if firm is located outside of the United States of America)
N/A

Regards,
Makini Mbughuni, eDRLS Team


Mark Moshier
President
Brittney Guida
Manager
Accounting & Office
Dena Mando
Vice President
Sales & Marketing
John Schettini
Director
Supply Chain/Logistics
Munaza Din
Senior Director
Finance & Accounting
Catrina Purcell
Director
Contracts & Pricing
Dana Banks
Coordinator
Customer Service
&Chargebacks

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Bayshore Pharmaceuticals, LLC

Pharmacy/Wholesaler License # (if applicable) WH02891

Physical Address 788 Morris Turnpike, Suite 200

City Short Hills State NJ Zip 07078

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 973-315-1818 Website www.bayshoreus.come

Licensing Company Email mark.moshier@bayshoreus.com

Section 2: Personal Information

First Mark Middle Andrew Last Moshier

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

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

Mailing Address [redacted]Fineran Way, Apt[redacted]

City Short Hills State NJ Zip 07078

Telephone 973-315-1819 Email mark.moshier@bayshoreus.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Syracuse University		09/80 - 05/84	
Address	**City**	**State**	**Zip**
900 South Crouse Avenue	Syracuse	NY	13244
Diploma/Degree obtained, if any			
B.S. Marketing Management			
School Name		**From - To (MM/YY – MM/YY)**	
Nanuet High School		09/76 - 06/80	
Address	**City**	**State**	**Zip**
103 Church Street	Nanuet	NY	10954
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/21 - present	[redacted] Fineran Way, Apt [redacted]	Short Hills	NJ	07078
From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/06 - 06/21	[redacted] Cambridge Drive	Short Hills	NJ	07078
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Bayshore Pharmaceuticals, LLC			2/2011 to present	
Business Address		**City**	**State**	**Zip**
788 Morris Turnpike, Suite 200		Short Hills	NJ	07078
Phone	**Title**		**Number of Employed Hours**	
973-315-1819	President		23,000+	
Description of Duties				
Manage the day to day operations of a virtual manufacturer. I personally work with licensed contract manufacturers and third party logistics providers to bring our products to market.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I, Mark A. Moshier, **certify that as the designated representative for**

Bayshore Pharmaceuticals, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MM I am at least 21 years of age;
3. MM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Mark Moshier
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/27/2022
Date

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

Mark Moshier

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/27/2022

Date

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

State of New Jersey, ss. County of Somerset

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

Original Signature

9/27/2022

Date

Subscribed and Sworn to before me this 27 day of September.

Notary Public Signature

Brittney Guida NOTARY PUBLIC State of New Jersey My Commission Expires 12/27/2025

(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 13BSBIY1568

Application/License No. _____

Bayshore Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 788 Morris Turnpike, Suite 200, Short Hills, NJ 07078 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 200 Colonial Center Pkwy, Lake Mary, FL 32746 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 1, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

13BSBIY1568

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 30th day of September, 2022.

APPLICANT/PRINCIPAL

Bayshore Pharmaceuticals, LLC

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Courtney Gomez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

4G

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: BWXT Medical Ltd.

Physical Address: 447 March Road

City: Ottawa State: Ontario Zip: K2K 1X8

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: (613) 963-2601 Website: https://www.bwxt.com/bwxt-medical

Name of Designated Representative (DR): Andree Marius

Licensing Company Email: MedicalRegulatoryAffairs@bwxt.com DR Email: amarius@bwxt.com

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

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

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

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

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

Provide explanation below:

Bill Riddock

Original Signature (electronic, copies or stamps not accepted)

2022 JN 27

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cardinal Health Inc.
Address: 1724 W Third Street City: Tempe State: AZ Zip: 85281

Name: Cardinal Health Inc.
Address: 16310 Raymer Street City: Van Nuys State: CA Zip: 91406

Name: Cardinal Health Inc.
Address: 201 Lathrop Way City: Sacramento State: CA Zip: 95815

Name: Cardinal Health Inc.
Address: 1929 N.W. 40th Court City: Pompano Beach State: FL Zip: 33064

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Canada
Parent Company (if any): BWXT Canada Holdings Corp
Corporation/Organization Name: BWXT Medical Ltd.
Mailing Address: 447 March Road
City: Ottawa State: Ontario Zip: K2K 1X8
Telephone: (613) 963-2601 Email: MedicalRegulatoryAffairs@bwxt.com
Contact Person Name: Tapashi Dasgupta

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

BWXT Medical Ltd.

Facility Name

Robert William Riddoch, Ph.D.

Print Name of Authorized Person Submitting Application

Robert Riddoch

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

2022JN27

Date

Board Use Only	Date Received: 9-13-22	Amount: 1000.00 CC 10/4/22

Business Description

Business Description

BWXT Medical Ltd. is a supplier of nuclear medicine products for use in diagnostic imaging and therapeutic treatments. We are dedicated to developing, manufacturing and supplying the highest quality radioactive isotopes, pharmaceuticals and medical devices to aid millions of patients around the world.

Our customers include Life Science companies, radio-pharmacies, hospitals and researchers ultimately reaching patients. Our commitment to providing hope and health for patients is unwavering, as is our dedication to safety and quality for every aspect of our business.

Our growing product and service portfolio is backed by a proven track record gained from over 40 years of experience.

Our exemplary record of regulatory compliance with key regulatory agencies including US Food and Drug Administration, Health Canada, US Nuclear Regulatory Commission (NRC), Canadian Nuclear Safety Commission (CNSC) and other similar agencies around the world. BWXT Medical Ltd. is registered with the CNSC as having a Class 1B Nuclear Substance Processing Facility Licence. BWXT Medical Ltd. is registered and licensed with Health Canada and as a drug and medical device manufacturer with the FDA and reported no recalls since the last inspection.

Our robust logistics experience for global distribution of nuclear medicine products is reflective of current regulations such as the Canadian Nuclear Safety Commission (CNSC); the Canadian Transportation of Dangerous Goods Act (TDG); the International Civil Aviation Organization (ICAO); the International Air Transport Association (IATA); US Code of Federal Regulations (CFR).

Headquartered in Ottawa, Ontario, BWXT Medical Ltd. employs over 150 highly-skilled people in Ottawa. We manufacture custom radiopharmaceuticals, radiotherapies and medical isotopes in our 80,000 ft^2 cGMP manufacturing facility in Ottawa. Administrative hours of operation are from 8am to 4pm. Production hours of operation are Sunday through Thursday 7am to 12am and Friday 7am to 10pm.

FDA Establishment Verification

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

Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **BWXT Medical Ltd.**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
BWXT Medical Ltd.	3001092088	203794185	ANALYSIS; LABEL; MANUFACTURE; PACK;	447 March Rd, Ottawa, Ontario K2K 1X8, Canada (CAN)	12/31/2022
BWXT Medical Ltd.	3004005970	203794193	ANALYSIS; API MANUFACTURE; LABEL; PACK;	4004 Wesbrook Mall, Vancouver, British Columbia V6T 2A3, Canada (CAN)	12/31/2022

Showing 1 to 2 of 2 entries
Previous1Next
Data Current through: Thursday, Sep 8, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Confirmed
11/17/22
MS

Health Canada "Home State" Establishment License Verification

The establishment license remains current as long as the facility passes routine inspections.

Government of Canada / Gouvernement du Canada

Drug & health product inspections

Licensing information

Establishment name: BWXT Medical Ltd.

Address: 447 March Road
Ottawa, Ontario
Canada
K2K 1X8

Reference number: 510099

Site: A

Licence number: 3-002539

Currently licensed: Yes

Activities(categories):

- Distribute (Radiopharmaceutical)
- Fabricate (Active Pharmaceutical Ingredients)
- Label (Active Pharmaceutical Ingredients)
- Label (Radiopharmaceutical)
- Package (Active Pharmaceutical Ingredients)
- Package (Radiopharmaceutical)
- Test (Active Pharmaceutical Ingredients)
- Test (Radiopharmaceutical)
- Fabricate (Radiopharmaceutical)

Terms and conditions: Yes

Inspection information

Inspection:

Inspection start date	Rating	Type of inspection
2019-10-21	Compliant	GMP Domestic - Regular Inspection
2022-03-21	Compliant	GMP Domestic - Regular Inspection

Date modified: 2016-11-08

BWXT Medical Ltd. - List of Officers, Directors and Designated Representative

Name of Officer	Title	Business Address	Email Address
Jonathan Cirtain	President	447 March Road Ottawa, ON K2K 1X8 Canada	jwcirtain@bwxt.com
Robert Riddoch	Vice-President Process Engineering & Development	447 March Road Ottawa, ON K2K 1X8 Canada	rwriddoch@bwxt.com
Michael Flagg	Senior Director, Strategic Supply and Business Development	4014 Abbington Terrace Columbia, MO 65203 USA	mflagg@bwxt.com
Jeffrey Embt	Head of Finance	11525 North Community House Suite 600 Charlotte, NC 28277 USA	jdembt@bwxt.com

List of Corporation Shareholders and Percent Ownership

Shareholder	Business Address	Percent, %
BWXT Canada Holdings Corp.	900-1959 Upper Water Street Halifax, Nova Scotia B3J 3N2 Canada	100%

Certificate of Good Standing

Transaction Number / Numéro de transaction: APP-917034773587
Generated on: March 28, 2022, 12:29 / Généré le: 28 mars 2022, 12:29

Ontario

Ministry of Government and Consumer Services
Ministère des Services gouvernementaux et des Services aux consommateurs

Certificate of Status

Attestation du statut juridique

Business Corporations Act

Loi sur les sociétés par actions

This is to certify that

La présente vise à attester que

BWXT MEDICAL LTD.

Corporation Name / Dénomination sociale

2599290

Ontario Corporation Number / Numéro de société de l'Ontario

is a corporation incorporated, amalgamated or continued under the laws of the Province of Ontario according to the electronic records maintained by the Ministry of Government and Consumer Services.

est une société constituée en personne morale, fusionnée ou maintenue conformément aux lois de la province de l'Ontario, selon les dossiers électroniques tenus par le ministère des Services gouvernementaux et des Services aux consommateurs.

The corporation came into existence on September 29, 2017
and has not been dissolved.

La société a vu le jour le 29 septembre 2017

et n'a pas été dissoute.

Barbara Ducketts

Director / Directeur
Business Corporations Act / Loi sur les sociétés par actions

Certified a true copy of the record of the Ministry of Government and Consumer Services.

Barbara Ducketts

Director/Registrar

Copie certifiée conforme du dossier du ministère des Services gouvernementaux et des Services aux consommateurs.

Barbara Ducketts

Directeur ou registrateur

Employee Name (Last, First, Initial)	Employee Name (Last, First, Initial)
Ali, Mohammad E	Boyer, Eliane
Aminnejad, Siamak	Britnell, Oliver P
Amm, Jason D	Brooks, Kevin
Anderson, Nicole	Brown, Darby R
Arafa, Ghassan	Bruyere, Denis A
Arora, Mrinal Kant	Bryce, Florence Elizabeth
Ashour, Mostafa M.M.H.	Bukvic, Christopher J
Baillie, David	Calvert, Neil
Balogun, Oyebola O	Campbell, Julie A
Barrett, Ian	Campbell, Lloyd
Basnayake, Shenani L	Campbell, Victoria
Basten, Jessica Megan	Canham, Gregor E
Bates, Amanda	Castilla, Brandon Lucas
Bayens, Curtis	Causey, Patrick W
Beauchamp, Louis	Chang, Shuangrui
Beauchamp, Rosa	Cheema, Kashmala Z
Beaulieu, Denise	Cheng, Fion Wing-Fo
Becanic, Christopher	Chevrier, Carolle
Bell, Heidi	Chin, Michael
Bello, Isaac	Christie, Andrew
Bennitz, Adam	Cook, Annette
Bensafi, Rachid	Coombs, Martyn S
Berkey, Richard	Corbett, Elizabeth S
Berthiaume, Christine	Corbett, Mariesa T
Bhati, Shweta	Cornthwaite, Emily J
Biesenthal, Jason	Couturier, Melanie
Bilmer, Alaina M	Crowell, Colette D
Blais, John	Cruz, Sandra Jeanette
Boch, Nicole J	Cuddihy, Anna M
Book, Jennifer L	Cyril, Daniel M

Employee Name (Last, First, Initial)	Employee Name (Last, First, Initial)
Dasgupta, Tapashi	Gaba, Neil
Dawod, Asma	Gadgil, Shreya Akshay
De Champlain, Alexandre G	Galani, Rimpal R
De Las Alas, Yanah M	Garneau, Melissa M
DeBenedictis, Peter J H	Garrett, Friday Payton Spencer
DeCaire, Richard	Gauthier, Michel
Dechandt, Karen L.A.	Gee, Qun
Dela Cruz, Bienvenido Lacson	Gerson, Eleanor Rebecca Leah
Dhalor, Tania	Giordano, Nicholas
Dhanani, Selina	Gomes, Julius P
Dickie, Holly L.S.	Gonzalez, Ronney M
Dorzek, Michael J	Goodrum, Gabrielle
Douma, Randy	Goulding, Adam T
Dow, Emily E	Hajira, Midhet
Doxey, Robert	Hall, Jessica L
Duan, Yin	Hamilton, Rory A
Dusane, Abhijit R	Hammad, Mohammed
Edwards, Ivy	Hanlan, Rebecca
Edwards, Kevin	Haskins, Scott
Emery, Margaret A	Haxhiu, Richelle M.H.
Ewsuk, John K	Heilemann, Sven J
Feliciano, Dulce Claire	Heinrich, Cindy
Feltmate Robb, Katie Allison	Henry, Nicole M
Flagg, Michael	Hewitt, Julie
Flaro, Eric J	Holek, Johann P
Flinter, Megan ML	Hook, Brian K
Foley, Darcy H	Hunter, Gary
Fortier, Andre P	Igong-Igong, Jeffry B
Fortin, Jocelyne Therese	Ileto, Ryan Dave I
Foster, Mitchell A	Isobe, Jamie

Employee Name (Last, First, Initial)	Employee Name (Last, First, Initial)
Issa, Soha K	Lochovsky, Jason
Jones, Stuart L	Lodge, Stephene N
Jorgensen, Judy	Lucas, Michael A.J.
Kakani, Mitulkumar H	Lucas, Trudy A
Kasaji, Elvira A	Lumibao, Eduardo T
Kavakwa, Amani Bladel	Lutokhin, Ihor
Kavakwa, Blanchard V	Lwin, Kyi
Kayeye, Frank Nabumera	Lyles, Susan
Khan, Waheed	Lynch, David J
Kim, Hyung Jun	Ma, Willard
Kirn, Shawn	Madore, James
Kiym, Alysia S	Maged, Hesham M
Kostiuk, Robert John	Mahendran, Janani
Kujur, Prabal Oliver Kumar	Mahilrajan, Timothy S
Kyle, Rob	Maldonado, Bernardo S
Labelle, Jean P	Mandour, Ossama M
Lacasse, Shannon C	Manoharan Sobha, Harishyam
Laferriere, Daniel	Manto Chagas, Caroline
Lajoie, Jean Marc	Maric, Shannon
Langille, Susie	Mariga, Rumbidzai
Larocque, Wendy A	Marin, Marc
Leavoy, Michelle	Marius, Andree
LeBlanc, Kristine F	Marshall, Karen
Lee, Alexander K	Maryil, Hadassah
Lefebvre, Claude	McAteer, Heidi
Lentz, Krista	Mclean, Michael J
Leroux, Mathieu C	McNeely, Dave
Leyh, David Karl	McNeely, Jessica H
Liimatainen, Karl A.R.	McTavish, Carolynn F
Lines, Michael W	McWatters, Mindy

Employee Name (Last, First, Initial)	Employee Name (Last, First, Initial)
Mehta, Manthan N	Patel, Shivani Rupeshkumar
Mikaba, Simon	Patil, Ganesh S
Milliard, Luc	Patole, Angad M
Mills, Tamara Crystal Ann	Paul, Lindsay J
Mintz, Melanie	Pavashiya, Jigar R
Mok, Kelvin	Pentyala, Siva S
Mongrain, Sarah Lynn	Periard, Katherine
Moniruzzaman, Mohammed	Perry, Joanne
Morozova, Julia	Peters, Sandra
Morrison, Ewan	Phelps, Scott
Murphy, Robin L	Pickering, Rachel
Mutombo, Sonia-Divine N	Plouffe, Kevin A
Nagalingam, Sharmila	Polidario, John Mark B
Nalla, Pavan Kumar	Porter, Jerry
Namireddy, Vijeeth	Posterski, Rosalind Jane
Namsavanh, Tom	Posterski, Scott
Newell, Renee S	Quarin, Linda
Ng, Ken	Rani, Anita
Ng, Simon S	Rattan-Gormley, Shalini
Nguyen, Phuoc T	Ratzlaff, Kaitlyn
Numpaque Moreno, Monica N	Recoskie, Glen
Oelsner, Stephen Max	Reid, Brooke S
Okpala, Godwin E	Reid, Rebecca J
Othman, Nidal	Renwick, Larry
Pan, Li Ying	Reuter, Jennifer Ann
Parato, Karl G	Rhude, Jennifer SM
Parra Pessoa, Igor	Rice, Jacob D
Parziale, Gabriella A	Riddoch, Robert William
Patel, Binita H	Roderick, Sarah M.D.
Patel, Nilesh N	Rondario, Regie

Employee Name (Last, First, Initial)	Employee Name (Last, First, Initial)
Rondot, Ariane	Susan Kuriakose, Anoopa
Roy, Chantal R	Suurland, Michael John
Roy, Gabriel R.C.	Tailor, Ashwin
Russell, Judy Ann	Tamboline, Blake A
Ryan, Christopher	Tan, Hannah A
Ryan, Dena	Tarnoczy, Maria
Sadeq, Nada	Terrell, Deanna
Sakshi, Sakshi	To, Winnie Shuk Han
Sampat, Amit	Tomei, Curtis
Sangchotchai, Nalinthorn	Tornero, Monique
Scantlebury, Tammy	Trader, Lori
Scantlebury, Trent S	Trudeau, Jonathan R
Scott, Donald	Tseng, Julie
Scott, Lisa M	Tulk, Michael W
Seto-Wright, Vicki	Turney, Michael
Shah, Mit V	Tylek, Danuta
Sharma, Shubham N	Uchendu, Chidubem U
Shaw, James Reginald	Upasika, Upasika
Shinkoda, Hiroshi Dean	Urs, Bangalore Ramaraj Nagaraj
Shojaee, Saeed	Van Koppen, Thomas
Singh, Justin J	Van Vliet, Mandy L
Sinnett, Kyla	Varu, Krishna H
Skowronski, Jozef Z	Vincent, Denis
Sloss, John	von Boetticher, Samantha Susan
Smith, Jason W	Wakim, Linda
Spence, Ross	Wark, Lawrence
Spry, Diana	Watt, Alexander
Stellato, Laura	Wendland, Jodi
Sterzinger, Christopher	Westfall, Leanne
Stevens, Kipling	White, Gregory

Employee Name (Last, First, Initial)	Employee Name (Last, First, Initial)
White, Tyler R Z	Woods, Courtney V
Whiteside, Jamie	Yan, Ying
Whyte, Raymond F	Yao, Mingyan
Wick, Jeffrey	Young, Cheryl
Williams, Adam Lee	Young, Ryan G
Wilson, Cynthia	Yuill, Kerry
Winn, Lawrence H	Zakria, Abdullah
Wong, Ashley S.W.	Zarrinhaghighi, Amir
Wong, Chung Kay	Zhong, Yu Jia
Wong, Kyle C.A.	

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
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Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SUR0032659

Application/License No. Wholesaler

BWXT Medical Ltd. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 447 March Road, Ottawa, Ontario, K2K 1X8, Canada (Address of Applicant/Principal), as PRINCIPAL, and Argonaut Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is PO Box 469011, San Antonio, TX 78246 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 1, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 1st day of May, 2022.

APPLICANT/PRINCIPAL BWXT Medical Ltd.

Authorized Representative

Kirt J. Kubbs, Treasurer

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY Argonaut Insurance Company

Surety Company's Representative

David T. Miclette, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Al Johnson

Witness Ginger Thomas

Countersigned by:

Nevada Resident Agent
David T. Miclette, NV Non-Resident License No. 875651

Argonaut Insurance Company
Deliveries Only: 225 W. Washington, 24th Floor
Chicago, IL 60606
United States Postal Service: P.O. Box 469011, San Antonio, TX 78246
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint:

David T. Miclette, Barry K. McCord, Ashley Britt, Rita G. Gulizo, Nikole Jeannette, Robert C. Davis, Alyson Carmichael, Lauren O. Moudy, Robert M. Overbey, Jr., Lacey Hitchcock, Stacey Bosley, Stacy Owens

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

$97,550,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company:

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 19th day of November, 2021.

Argonaut Insurance Company

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

by: _____

Gary E. Grose, President

STATE OF TEXAS
COUNTY OF HARRIS SS:

On this 19th day of November, 2021 A.D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.

KATHLEEN M MEEKS
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 07/15/25
NOTARY ID 557902-8

Kathleen M. Meeks

(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 1st day of May, 2022.

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

Austin W. King, Secretary

IF YOU HAVE QUESTIONS ON AUTHENTICITY OF THIS DOCUMENT CALL (833) 820 - 9137.

ARGONAUT POWER OF ATTORNEY

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler BWXT Medical Ltd.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 447 March Road

City Ottawa State Ontario Zip K2K 1X8

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone (613) 963-2601 Website https://www.bwxt.com/bwxt-medical

Licensing Company Email MedicalRegulatoryAffairs@bwxt.com

Section 2: Personal Information

First Andree Middle _____ Last Marius

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

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

Mailing Address [redacted] March Road

City Ottawa State Ontario Zip K2K 1X8

Telephone [redacted] Email AMARIUS@BWXT.COM

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Australian Institute of Business		01/16 - 09/17	
Address	City	State	Zip
Level 16, 1 King William Street	Adelaide,	South Australia	5000
Diploma/Degree obtained, if any			
Masters of Business Administration			
School Name		From - To (MM/YY – MM/YY)	
University of Waterloo		09/00 - 12/06	
Address	City	State	Zip
200 University Ave W,	Waterloo	ON	N2L 3G1
Diploma/Degree obtained, if any			
Bachelors of Science			
School Name		From - To (MM/YY – MM/YY)	
Algonquin College of Applied Arts and Technology		09/85 - 04/88	
Address	City	State	Zip
1385 Woodroffe Avenue	Ottawa	ON	K2G 1V8
Diploma/Degree obtained, if any			
Diploma, Chemical Technology, Biochemistry			
School Name		From - To (MM/YY – MM/YY)	
Algonquin College of Applied Arts and Technology		09/81 - 04/82	
Address	City	State	Zip
1385 Woodroffe Avenue	Ottawa	ON	K2G 1V8
Diploma/Degree obtained, if any			
Certificate in Equine Care			
School Name		From - To (MM/YY – MM/YY)	
Ecole Secondaire De La Salle		09/77 - 06/81	
Address	City	State	Zip
501 Old St. Patrick St,	Ottawa	ON	K1N 8R3
Diploma/Degree obtained, if any			
Ontario Secondary School Diploma			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/14 - present	[redacted] Kilborn Avenue	Ottawa	ON	K1H 6N3
03/94 - 03/14	[redacted] Hamlet Road	Ottawa	ON	K1G 1R2

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above:

Business Name			From - To (MM/YY – MM/YY)
BWXT Medical			08/22 - present
Business Address	**City**	**State**	**Zip**
447 March Road	Ottawa	ON	K2K 1X8
Phone	**Title**		**Number of Employed Hours**
613 963-2393	Director of Quality		520 hours

Description of Duties

Is responsible for and has the authority (within the general framework of the quality objectives, legal requirements) product approval and licensing, and the strategic plans of the Company. Responsible for maintaining the Quality System. Functions as the Management Representative,distribution of, and recordkeeping relating to, prescription drugs

Business Name			From - To (MM/YY – MM/YY)
BWXT Medical			01/13 - 02/20
Business Address	**City**	**State**	**Zip**
447 March Road	Ottawa	ON	K2K 1X8
Phone	**Title**		**Number of Employed Hours**
613 963-2393	Sr. QA Specialist		14,500

Description of Duties

responsible for design and maintenance of the Quality Assurance System procedures and their compliance with the regulations and requirements of the various regulatory bodies and Standards. Responsible for evaluation and release of raw materials, intermediate materials and final products produced as required. Responsible for Customer Complaints, Corrective Preventive Action, Change Control, Deviations/Non-conforming Materials, Validations and other systems as required) and documentation thereof.

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2022/10/25
Date

I, Andree Marius, **certify that as the designated representative for**

BWXT Medical,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Andree Marius

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

October 25, 2022

Date

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

Andree Marius

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

October 25, 2022

Date

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

State of Ontario, ss. County of Ottawa

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

Original Signature

2022-10-27

Date

Subscribed and Sworn to before me this 27 day of OCTOBER 2022

Notary Public Signature

Michel H. Goulet
notaryonwheels.ca (613) 447-4399
11-300 Earl Grey Dr. #401
Kanata, ON K2T 1G1

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: BWXT Medical Ltd.

Physical Address: 447 March Road

City: Ottawa State: Ontario Zip: K2K 1X8

Mailing Address (if different from physical address): Save as above

City: State: Zip:

Telephone: (613) 963-2601 Website: https://www.bwxt.com/bwxt-medical

Licensing Company Email: MedicalRegulatoryAffairs@bwxt.com

Section 2: Personal Information

First: Michael Middle: Afton Last: Flagg

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

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

Mailing Address: [redacted] Abbington Terrace

City: Columbia State: MO Zip: 65203

Telephone: [redacted] Email: mflagg@bwxt.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials MAF

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

School Name		From - To (MM/YY – MM/YY)	
Missouri University of Science & Technology		01/2003 - 05/2006	
Address	**City**	**State**	**Zip**
1201 N State Street	Rolla	MO	65409
Diploma/Degree obtained, if any			
B.S. Nuclear Engineering			

School Name		From - To (MM/YY – MM/YY)	
University of Missouri		08/1989 - 05/1993	
Address	**City**	**State**	**Zip**
105 Jesse Hall	Columbia	MO	65211
Diploma/Degree obtained, if any			
B.A. History			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2020 - current	[redacted]Abbington Terrace	Columbia	MO	65203
06/2009 - 07/2020	[redacted]Sunflower Street	Columbia	MO	65202
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
BWXT Medical Ltd.			01/2021 - current	
Business Address	**City**		**State**	**Zip**
447 March Road	Ottawa		Ontario	K2K 1X8
Phone	**Title**			
(434) 363-8484	Sr. Director, Strategic Supply and Business Development			
Description of Duties				
Oversee matters related to isotope supply for active pharmaceutical ingredient (API) and radiopharmaceutical manufacturing. Lead new isotope manufacturing concepts for future business growth development and negotiate isotope supply agreements.				

Business Name			From - To (MM/YY – MM/YY)	
Eurofins BioPharma Product Testing Columbia, Inc.			02/2020 - 01/2021	
Business Address	**City**		**State**	**Zip**
4780 Discovery Drive	Columbia		MO	65201
Phone	**Title**			
(573) 777-6000	Sr. Project Manager			
Description of Duties				
Responsible for client programs and studies from initial acceptance of quote to implementation.				

Business Name			From - To (MM/YY – MM/YY)	
BioPharma Services USA, Inc.			05/2017 - 09/2019	
Business Address	**City**		**State**	**Zip**
10330 Old Olive Street Road	Creve Coeur		MO	63141
Phone	**Title**			
(314) 528-2222	Director of Clinical Operations			
Description of Duties				
Responsible for the operations and outcomes for clinical research focused on bioequivalence, hazardous abuse liability, drug-drug interaction and other pharmaceutical studies.				

Business Name			From - To (MM/YY – MM/YY)	
University of Missouri Research Reactor (MURR)			05/2006 - 04/2017	
Business Address	**City**		**State**	**Zip**
1513 Research Park Drive	Columbia		MO	65211
Phone	**Title**			
(573) 884-3183	Associate Director			
Description of Duties				
Responsible for the portfolio of applied research and development projects and managing Document Control and Information Technology departments.				

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials MF

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

29 JUN 2022
Date

Applicant's initials MAF

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

Michael Flagg

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

29 JUN 2022

Date

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

State of Missouri, ss. County of Boone

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

Original Signature

29 JUN 2022

Date

Subscribed and Sworn to before me this 29th day of June 2022

Hailey Brammer

Notary Public Signature

HAILEY BRAMMER
NOTARY PUBLIC - NOTARY SEAL
STATE OF MISSOURI
COMMISSIONED FOR BOONE COUNTY
MY COMMISSION EXPIRES APR. 05, 2026
ID #22445590

Applicant's initials MF

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler BWXT Medical Ltd

Physical Address 11525 North Community House Suite 600

City Charlotte State NC Zip 28277

Mailing Address (if different from physical address) Save as above

City _____ State _____ Zip _____

Telephone (980) 365-4000 Website https://www.bwxt.com/bwxt-medical

Licensing Company Email MedicalRegulatoryAffairs@bwxt.com

Section 2: Personal Information

First Jeffrey Middle Donald Last Embt

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

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

Mailing Address [redacted] Santorini Lane

City Charlotte State NC Zip 28277

Telephone [redacted] Email jdembt@bwxt.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials JDE

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

School Name		From - To (MM/YY – MM/YY)	
Coastal Carolina University		08/1999 - 05/2003	
Address	**City**	**State**	**Zip**
100 Chanticleer Drive E	Conway	SC	29528
Diploma/Degree obtained, if any			
Bachelor's Degree double major in Accounting and Finance			

School Name		From - To (MM/YY – MM/YY)	
Attica High School		09/1996 - 06/1999	
Address	**City**	**State**	**Zip**
3338 E Main Street	Attica	NY	14011
Diploma/Degree obtained, if any			
High school diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2015 - current	[redacted]Santorini Lane	Charlotte	NC	28277
07/2007 - 11/2015	[redacted]Donatello Avenue	Charlotte	NC	28205
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
BWXT Medical Ltd.			02/2022 - current
Business Address	**City**	**State**	**Zip**
11525 North Community House Suite 600	Charlotte	NC	28277
Phone	**Title**		
(980) 365-4030	Head of Finance		

Description of Duties

Responsible for the financial organization of BWXT Medical Ltd., including reporting on actual financial results, forecasting future results and determining financial impact of business decisions.

Business Name			From - To (MM/YY – MM/YY)
BWXT Technologies, Inc.			04/2017 - 02/2022
Business Address	**City**	**State**	**Zip**
11525 North Community House Suite 600	Charlotte	NC	28277
Phone	**Title**		
(980) 365-4030	Director, M&A Accounting		

Description of Duties

Led the adoption of the revenue recognition and lease accounting guidance, prepare SEC fillings for financial reporting group and purchase price allocations/accounting issues for potential acquisitions.

Business Name			From - To (MM/YY – MM/YY)
Deloitte & Touche, LLP			01/2004 - 04/2017
Business Address	**City**	**State**	**Zip**
650 S Tyron Street, Suite 1800	Charlotte	NC	28202
Phone	**Title**		
(704) 887-1500	Audit Senior Manager		

Description of Duties

Responsible for organizing and managing account balances and internal controls for various private and public companies.

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

JDE

Original Signature (electronic, copies or stamps not accepted)

6-28-22

Date

Applicant's initials JDE

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

Jeffrey Embt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6-28-22

Date

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

State of North Carolina, ss. County of Mecklenburg

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

Original Signature

6-28-22

Date

Subscribed and Sworn to before me this 28 day of June, 2022

Exp. 06/21/25

Notary Public Signature

LAURA RAMIREZ NOTARY PUBLIC MECKLENBURG COUNTY, NC (Seal)

Applicant's initials JDE

FDA U.S. FOOD & DRUG ADMINISTRATION

OFFICE OF PHARMACEUTICAL QUALITY OPERATIONS
4040 N Central Expressway
Dallas, TX 75204
www.fda.gov

Via UPS
Return Receipt Requested

08/08/2019

Mr. Thomas R. Burnett
General Manager and Vice President
BWXT ITG Canada Inc.
447 March Rd
Kanata, K2K 1X8, Ontario
CA

Dear Mr. Burnett:

The U.S. Food and Drug Administration (FDA) conducted an inspection at BWXT ITG Canada Inc., FEI: 3001092088, located at 447 March Rd, Kanata,,Ontario CA from 06/03/2019 - 06/07/2019. FDA has determined that the inspection classification of this facility is "no action indicated" ('NAI')[1]. Based on this inspection, this facility is considered to be in an acceptable state of compliance with regards to current good manufacturing practice (CGMP).

This letter is not intended as an endorsement or certification of the facility. It remains your responsibility to ensure continued compliance with CGMP.

An inspection classification of NAI for CGMP compliance will not directly negatively impact FDA's assessment of any pending marketing application referencing this facility. Please note, however, that application approval will depend on a product- and application-specific facility assessment conducted by the appropriate CDER or CVM review office. This letter does not address or reflect FDA's decision making with respect to any potential non-CGMP compliance issues.

FDA has concluded that this inspection is "closed" under 21 CFR 20.64(d)(3), and we are enclosing a copy of the narrative portion of the Establishment Inspection Report (EIR). It may reflect redactions made by FDA in accordance with the Freedom of Information Act (FOIA) and 21 CFR part 20. This, however, does not preclude you from requesting additional information under FOIA.

If you have any questions regarding this letter, you may contact John Diehl via telephone at 214-253-5288 or email at john.diehl@fda.hhs.gov.

Sincerely,

Lareese K. Thomas -S

LaReese K. Thomas, Ph.D. on behalf of
Vincent M. Williams
GDUFA Supervisory Investigator
PHARMACEUTICAL QUALITY INVESTIGATIONS BRANCH

[1] See Inspection Classification Definitions, at https://www.fda.gov/ICECI/Inspections/ucm223231.htm

Establishment Inspection Report	FEI:	**3001092088**
BWXT ITG Canada Inc.	EI Start:	6/3/2019
Kanata, K2K 1X8	EI End:	6/7/2019

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SUMMARY

This abbreviated fiscal year 2019 PET drug inspection of BWXT ITG Canada Inc (hereafter referred to as the firm) was conducted at the request of the Office of Pharmaceutical Quality Operations, Division II eNSpect assignment operation ID #121039. Coverage was given under Good Manufacturing Practice Guide for Active Pharmaceutical Ingredients Q7, Compliance Program Guidance Manual (CPGM)7356.002P- PET CGMP Process and Pre-Approval Inspections/Investigations and CPGM 7356.002F Active Pharmaceutical Ingredient (API) Process Inspection.

The firm's previous FDA inspection was conducted in November 2016. The inspection was classified VAI and revealed the following deficiencies:

---Failure to initiate deviation investigations when instruments are out-of-tolerance

---Utilizing non-dedicated equipment for radiochemical and API

---Production equipment records lack date placed into service and date of equipment transfer as applicable

---Deficient electronic system to monitor equipment maintenance, calibration and work orders

---Not properly initiating deviations for returned product

--- Deficient Sodium Molybdate (Mo-99) master production and control record and corresponding SOP

--- Poor documentation control as evidenced by utilizing obsolete instrument calibration forms and lack of timely quality review of calibration documents

The corrective actions to these observations were determined to be adequate.

The current inspection revealed the firm has not distributed any APIs or drug products since the last inspection. The firm intends to begin commercial manufacturing for terminally sterilized PET drug product Indium-111 (ANDA 202586), in September 2019. The products covered during this inspection were APIs Mo-99, Xenon I-133, Sodium Iodide I-131 and PET drug product Indium-111 Oxyquinoline. Standard Operating Procedures (SOPs), equipment maintenance records, deviation records, supplier audits, environmental monitoring records, annual product reviews (APRs), master production and control records and training records related to the aforementioned products were amongst the documents reviewed. Processes reviewed included receiving, warehousing, manufacturing, packaging and labeling. Systems not covered during the inspection were Production, Packaging and Labeling, Laboratory and Facilities and Equipment. At the end of the inspection, the following items were discussed with Thomas R. Burnett, General Manager and Vice President:

---Failure to establish clear timeframes for discrepancy and failure investigations

---Deficient SOPs (complaints, environmental monitoring)

---Failure to adhere to SOPs (supplier audits, APRs)

Management verbalized their intention to implement corrective actions to the items discussed.

ADMINISTRATIVE DATA

Inspected firm:	BWXT ITG Canada Inc.
Location:	447 March Rd Kanata, K2K 1X8
Phone:	(613) 592-3400
FAX:	(613) 592-2006
Mailing address:	447 March Rd Kanata, K2K 1X8
Email address:	tdasgupta@bwxt.com

Establishment Inspection Report	FEI:	**3001092088**
BWXT ITG Canada Inc.	EI Start:	6/3/2019
Kanata, K2K 1X8	EI End:	6/7/2019

Dates of inspection:	6/3/2019-6/4/2019, 6/6/2019-6/7/2019
Days in the facility:	4
Participants:	**Susan O Oladeji, Investigator**

Upon arrival at the firm on 6/3/19, I presented my credentials, explained the purpose of the inspection, to Thomas R. Burnett, General Manager and Vice President, Tapashi (NMI) Dasgupta, Ph. D, CQA Manager and Katie A. Robb, Director, Quality Assurance. All post-inspection correspondence should be addressed to:

Thomas R. Burnett, General Manager and Vice President
BWXT ITG Canada Inc.
447 March Rd
Kanata, K2K 1X8, Canada

HISTORY

As seen in the firm's opening presentation, BWXT Inc. **(Exhibit 1)** is a publicly traded company with eleven major manufacturing facilities. Their headquarters are in Lynchburg, VA. In 2018, Nordion Medical Isotope acquired the firm. The firm's manufacturing of non-sterile API Sodium Molybdate (Mo-99) has been on hold since 2017 to allow significant changes to its manufacturing process. Mo-99 is used in technetium generators to produce a sterile drug product. The firm currently manufactures medical device, Therasphere, weekly and plans to initiate the manufacture of PET drug product Indium-111 Oxyquinoline in September 2019. Indium-111 will be used to image infections. The firm has not distributed any drugs since the last inspection.

The firm reported no recalls since the last inspection. They have approximately 150 employees. Administrative hours of operation are from 8am to 4pm. Production hours of operation are Sunday 7am to 12am, Monday through Thursday 7am to 12am and Friday 7am to 10pm. The firm is registered as a drug and medical device manufacturer with the FDA.

The preapproval inspection of Indium-111 occurred in August 2011 and was classified Voluntary Action Indicated (VAI) with the following FDA form 483 observation:

-Failure to adhere to "Deviations from Approved Procedures" SOP

INTERSTATE (I.S.) COMMERCE

Beginning in September 2019, the firm intends to manufacture sterile drug Indium-111 Oxyquinoline for distribution to US customers. Additionally, upon completion of significant changes to its manufacturing process, the firm intends to manufacture and distribute API Sodium Molybdate (Mo-99) to US customers. Services and products are advertised on www.BWXT.com.

Establishment Inspection Report	FEI:	3001092088
BWXT ITG Canada Inc.	EI Start:	6/3/2019
Kanata, K2K 1X8	EI End:	6/7/2019

JURISDICTION (PRODUCTS MANUFACTURED AND/OR DISTRIBUTED)
The firm's manufacture of PET drug product and APIs subjects them to the Food Drug and Cosmetic Act. The firm provided a list of their products **(Exhibit 1, p. 8)**

INDIVIDUAL RESPONSIBILITY AND PERSONS INTERVIEWED

The firm provided organizational charts **(Exhibit 1, pages 9-12)** detailing the chain of command. The following individuals provided information during the inspection related to their areas of responsibility except as indicated.

Thomas R. Burnett, General Manager and Vice President- Mr. Burnett is the most responsible individual at the firm. He oversees production activities, finance, regulatory, quality, sales, customer service, marketing, human resources and engineering. He has the power to hire, fire and spend money to make corrections to inspectional observations. He has been with the firm since 2017 and previously worked with Nordion from 2006 to 2015.

Tapashi (NMI) Dasgupta, Ph. D, CQA Manager, Global Regulatory Affairs- Ms. Dasgupta manages regulatory submissions (drug applications, facility registration, drug listings), assists quality assurance and releases batches. She has been with the firm for 18 years.

Katie A. Robb, Director, Quality Assurance- Ms. Robb oversees quality management system, calibration and document management. She has been with the firm for 21 years.

Kip L Stevens, Quality Assurance Manager- Mr. Stevens oversees quality control activities, testing of raw materials/intermediate drug product/final drug product. His group is also involved in environmental monitoring.

Lori L Trader, Quality Assurance Manager- Ms. Trader oversees calibration and measurement labs for APIs. Measurement labs conduct gamma measurements, impurities and radioactive activity.

Yvonne C. Pierce, Environmental Health Safety Assistant- Ms. Pierce manages training for firm employees. She has been with the firm for 17 years.

Benjamin W. Daniel, Project Specialist- Mr. Daniel has been with the firm for 18 years. He has worked in both ITG and NOG-L (Nuclear Operations Group). He was an observer during the inspection and did not provide any relevant information. He operates out of a Virginia office and works in research and development. His responsibilities include FDA compliance, planning, proposals and purchasing. He reports to Eric Jennings, Project Engineering and Controls Manager.

Establishment Inspection Report	FEI:	3001092088
BWXT ITG Canada Inc.	EI Start:	6/3/2019
Kanata, K2K 1X8	EI End:	6/7/2019

The firm's US agent was not a participant or present for the inspection. His information is detailed below:

Jeff Smith

ALLPHASE Clinical Research (US), Inc.

33 Wood Ave.

Iselin, NJ, 08830

Telephone: 613-287-0366 x 100

Fax: 613-287-0367

Email: jsmith@allphaseclinical.com

FIRM'S TRAINING PROGRAM

Since June 2012, the firm has utilized Pilgrim Electronic Quality Management System (EQMS) Smart Solve software platform to manage personnel training. The firm has document and course training. Course training can be on-site or off-site and includes on-the-job training (OJT) and instructor led training. Training assessments are mandated for some environmental health and safety courses. Employees may be exempted from having to complete OJT if the training occurred prior to the implementation of EQMS and the employee has demonstrated the appropriate competency and skill level to perform the operation. Exemptions are required to be documented and signed by a subject matter expert, manager or occupational health specialist. Training requirements are reassessed every two years. A review of QA manager Kip Stevens training record revealed no significant deficiencies.

MANUFACTURING/DESIGN OPERATIONS

Reviewing of the processes described below included SOP and corresponding documentation review. Documentation review was limited as the firm has not manufactured APIs or drug products since the last inspection. Indium-111 batches were last manufactured in 2014 for bioequivalence testing and method validation. APIs Mo-99, Xenon-133 and I-133 were last manufactured in 2016.

QUALITY

Processes reviewed for the quality system included environmental monitoring, complaints, APRs, discrepancy and failure investigations, sterility testing, endotoxin testing, visual inspection of finished product and stability. No deficiencies were identified in the processes reviewed except as indicated below.

Environmental Monitoring- I reviewed SOPs and corresponding documentation related to viable environmental monitoring of the following Indium-111 Iso 5 (Class 100), 7(Class 10,000) and 8 (Class 100, 000) clean rooms: component prep-Room 1535, production-Room 1212, sterility testing-Room 1217 and micro lab-Room 1226. The firm's production-Room 1212 is not being maintained at its Iso classifications as it has not been used since the manufacture of Indium-111 batches in 2014. The sterility testing-Room 1217 is not consistently maintained at its Iso classification due to the room only being utilized once a year for medical device testing.

When environmental monitoring alert or action levels are met or exceeded, environmental notices are initiated. A review of the firm's environmental notice SOP revealed it lacked specific information related to what constitutes a concerning trend. This observation is described under **Discussion Item 1** in the *Discussion with Management* section of this report.

Complaints- The firm reported receiving no complaints since the last inspection. A review of the firm's complaint SOP revealed that it was deficient as it relates to the handling of API complaints. This observation is described under **Discussion Item 2** in the *Discussion with Management* section of this report.

APRs- A review of the most recent API APRs revealed they lacked critical equipment qualification status as required by the firm's SOP. This observation is described in detail under **Discussion Item 3** in the *Discussion with Management* section of this report.

Discrepancy and Failure Investigations- A review of the firm's non-conformance and out of specification (OOS) investigation SOPs revealed that they lacked clear timeframes. This observation is described in detail under **Discussion Item 4** in the *Discussion with Management* section of this report.

The firm reported two discrepancy and failure investigations since the last inspection. A review of the investigations revealed they were related to shifting temperature probes in their autoclave resulting in out of calibration tolerance readings. The autoclave will be used to terminally sterilize Indium-111.

Stability program- The firm has established a stability protocol for Indium 111 which requires placing at least one lot, every six months, on stability. Eight randomly selected vials from each lot will be used for stability testing. Testing will occur on day 12 or greater. Container appearance, septum appearance and pH tests will be utilized to assess the integrity of the product's container/closure. Radioactivity, 8-Hydroxyquinoline concentration, radiochemical purity and appearance of the product will also be assessed.

Aseptic Sterility Control

Sterility Testing- Sterility testing of Indium 111 will be conducted in the firm's QC sterility clean room within an Iso 5 hot cell (glove box 64). Samples will be tested per USP. If microbial growth can be attributed to faulty aseptic technique or materials, the firm will invalidate and repeat the test. If microbial growth is observed in the negative control but not in the sterility test samples, the firm will consider that a passing sterility test.

Endotoxins Testing-The firm determines bacterial endotoxin level in Indium-111 via a Limulus Amoebocyte Lysate (LAL) test using the gel clot method. Positive results are tested at different dilutions to determine concentration of endotoxin in the sample. Tests are repeated under the following conditions:

Standards are not within a two-fold dilution of the labelled lysate sensitivity

Positive controls do not yield positive results

Negative controls do not yield negative results

Product positive controls do not yield positive results

Visual examination of finished product vials- The firm requires visual inspection of 100% of the finished product vials after sterilization. Visual inspection is performed on the day the product is manufactured and includes observation of particulates, crimp quality and vial label content and integrity. The vial is rejected if: there are issues with the vial's crimp, label or if particles are observed in the product.

MATERIALS

Processes reviewed for this system included supplier qualifications, storage under quarantine, examination and testing of components/containers/closures. No deficiencies were identified in this system except as indicated below.

Supplier qualification- The inspection revealed that the firm failed to adhere to their supplier qualification SOP as it relates to the auditing of their critical raw material supplier. This observation is described in detail under **Discnssion Item 5** in the *Discussion with Management* section of this report.

Storage under quarantine and disposition decisions- Upon receipt, materials are quarantined, labeled with a red quarantine sticker and sampled. Samples are labeled with red quarantine stickers and moved to QC Radiochemical, QC Radiopharmaceutical or submitted to a 3rd party laboratory. Samples moved to QC are placed in cabinets or storage areas labeled "quarantine." Materials are tested per their sampling plans. The firm assigns a lot number to raw materials upon disposition. Released materials receive a green release label, non-conforming material receives a red or pink reject label.

Examination of containers and closures for conformance to written specifications- The firm's container/closures for Indium 111 consists of 2ml vials, 13mm septas and 13mm aluminum seals. Firm personnel visually verify the product's adherence to its COA with the exception of the following:

Endotoxin testing of septa is conducted in-house

Physiochemical and biological reactivity testing of septa is conducted in-house

Testing of vial per USP 660 is conducted by a 3rd party

Component identity testing- The firm does not conduct identity testing on Indium-111 ingredients as finished product testing ensures that the correct components have been used. Indium, polysorbate 80, HEPES and sodium chloride are all received from 3rd party suppliers.

MANUFACTURING CODES

The firm's plan for assigning finished product lot numbers to Indium-111 is as follows

YY= last two digits of the year

92= Code to identify Indium-111

###= Sequential number starting with 001 each year or Sequential number starting with 901 each year if it is a run that occurred after a failed or aborted radiopharmaceutical production run.

Examples:

2092001= First Indium-111 run in 2020

2092901=First repeat Indium-111 run in 2020

COMPLAINTS

The firm reported receiving no complaints since the last inspection. A review of the complaint SOP revealed that it lacked the requirement to document the address of the complainant for API complaints. Additionally, the SOP lacked a requirement to document the disposition decision of an API lot associated with a complaint. This observation is described in detail under **Discussion Item 2** in the *Discussion with Management* section of this report.

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BWXT ITG Canada Inc.	EI Start:	6/3/2019
Kanata, K2K 1X8	EI End:	6/7/2019

RECALL PROCEDURES

The firm has established "Drug Product and Active Pharmaceutical Ingredient Recall Procedure" to handle recalls. No significant deficiencies were identified in the SOP.

OBJECTIONABLE CONDITIONS AND MANAGEMENT'S RESPONSE

Observations listed on form FDA 483

The firm did not receive a Form FDA 483.

REFUSALS

No refusals were encountered.

GENERAL DISCUSSION WITH MANAGEMENT

Thomas Nurnett, Vice President, General Manager; Daniel Green, Quality Assurance Specialist; Katie Robb, QA Director, Andree Marius, Sr. QA Specialist; Tapashi Dasgupta, Regulatory Affairs Manager and Ronald McGregor, Vice President Regulatory Environmental Health Services Compliance were present for the close-out discussion.

Discussion Item 1---- Deficient Environmental Monitoring SOP---When environmental monitoring alert or action levels are met or exceeded in the firm's clean rooms, environmental notices are initiated. A review of the page 3, section 5.2.3.2 of the firm's environmental notice SOP **(Exhibit 2)** revealed that an investigation and corrective action should be recommended by the QA manager or designate when a concerning trend is observed. The SOP lacked specific information related to what constitutes a concerning trend. I asked Ms. Robb if assessment criteria has been established to determine when a trend is concerning and she stated no. I asked Ms. Robb for examples of what constitutes a concerning trend and she was unable to provide any. I asked Ms. Robb if negative trends are concerning and she stated no. I informed Ms. Robb that a "concerning trend" is subjective and the firm should have a SOP containing trend assessment criteria and/or examples of concerning trends so that investigations and corrective actions are appropriately recommended.

Discussion Item 2-----Deficient Complaint SOP---The firm's complaint SOP **(Exhibit 3)** fails to require documentation of the complainant's address for API complaints. Additionally, the SOP does not require documentation of the final disposition decision on the API lot associated with the complaint.

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Discussion Item 3-----Deficient APRs--- According to the firm's APR SOP **(Exhibit 4)**, APRs should include the qualification status of critical pieces of equipment. A review of the firm's Xe133, Mo99 and Sodium Iodide I-131 API APRs **(Exhibit 5, 6, 7)** revealed they lacked the qualification status of critical equipment to include major pieces of analytical equipment. Additionally, the APRs and APR SOP lacked which pieces of equipment are considered both critical and in need of qualification.

Discussion Item 4----Discrepancy and Failure investigation timeframes---

The firm defines nonconformances as products or materials that do not conform to specified requirements or whose quality is indeterminate.

The firm defines a "no-test" as a type of OOS occurring when method controls (e.g system suitability samples) or acceptance criteria of assay performance (e.g % relative standard deviation for radioactivity concentration) are not met or a known error has occurred in the execution of the assay. A "no-test" only applies if final reportable test results have not been obtained or are within specification.

A review of the firm's "Handling of Non-Conforming Product and Related Material" and "Investigation of Out of Specification Test Results" SOPs **(Exhibit 13, 14)** revealed a timeframe for completion as 30 days. There is no indication as to whether this is 30 calendar days or working days. Additionally, there is no target timeframe for the initiation of an investigation. The OOS SOP only mentions that the initiation of the investigation should be "prompt."

Discussion Item 5------Deficient adherence to Supplier Audit SOP---The firm classifies the suppliers they utilize in the manufacture of their APIs and drug products as approved or critical suppliers. An approved supplier supplies products and/or services that have a direct impact on the quality of an API or drug product. A critical supplier is a quality related subset of an approved supplier. Per versions 19*p. 3, 9*, 20 *p 3, 8* and 21*p. 3, 9*(effective dates 5/20/2016 to 6/13/2018 **Exhibits 8, 9, 10, 11)** of the firm's "Supplier Quality Audits" SOP, critical suppliers should be audited every two years and provide a crucial service, raw material or component that could cause significant degradation in the safety and performance of the API or drug product if they do not meet specified requirements. Contract manufacturers; critical API ingredient suppliers; critical excipient suppliers and contract test labs are considered critical suppliers. The inspection revealed that it has been nearly five years since the firm attempted to audit one of their critical raw material suppliers, Avantor. A review of the critical supplier audit status list **(Exhibit 12)** and Avantor audit documentation revealed the last audit was in August 2014. Avantor provides the firm Sodium Hypochlorite (an ingredient in API Mo-99), Polysorbate 80, (an ingredient in Indium 111) and N hydrochloric acid (an ingredient used in the manufacturing process of Indium 111) . According to Ms. Robb, Quality Director, Avantor is a difficult supplier who in 2014 refused the firm's audit questionnaire and on-site audit requests on the grounds of the firm not spending enough money with them. In 2014, Avantor provided a limited amount of general information about their operations to the firm and informed them of the spending threshold necessary to allow a questionnaire or on-site audit. The information Avantor provided to the firm was only what they wanted to provide and not what the firm requested they provide. According to Ms. Rob, the firm will attempt to audit Avantor this year.

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ADDITIONAL INFORMATION
The firm provided a list of their major raw material and API suppliers **(Exhibit 10, p. 9-10).**

SAMPLES COLLECTED
No samples were collected during the inspection.

VOLUNTARY CORRECTIONS

The firm's quality unit has made the following improvements in response to their November 2016 483 observations:

Observation 1--- Failure to initiate deviation investigations when instruments are out-of-tolerance

The firm has updated their "Nordion Ottawa Site Instrument Maintenance and Calibration" SOP to include a requirement to initiate a deviation investigation for calibration out-of-tolerances and calibrations that cannot be performed as required. The firm also updated the instrument deviation form so that it contains a 30-day due date.

Observation 2---Utilizing non-dedicated equipment for radiochemical and API

The firm has updated their "Nordion Ottawa Site Instrument Maintenance and Calibration" SOP to includc instructions for labeling equipment with process name and tracking equipment movement through logbooks. The firm also updated "Responsibilities for Personnel Involved with the Manufacturing, Testing and Releasing Quality Products" to require equipment used in hot cells to be dedicated by isotype process.

Observation 3---Production equipment records lack date placed into service and date of equipment transfer as applicable

The firm has updated their "Nordion Ottawa Site Instrument Maintenance and Calibration" SOP to include instructions for tracking equipment movement through logbooks. Movement includes in and out of an area or hot cell.

Observation 4---Deficient electronic system to monitor equipment maintenance, calibration and work orders

The firm has updated their "Nordion Ottawa Site Instrument Maintenance and Calibration" SOP to include instructions on how the firm's equipment electronic system coordinator is to manage outstanding work orders.

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Observation 5---Not properly initiating deviations for returned product

The firm has updated their "Return and Salvaging Procedure for Nordion Drug Products, Medical Devices and APIs" to require a deviation investigation if the reason for a return is a quality concern.

Observation 6---Deficient Mo-99 master production and control record and corresponding SOP

The firm has updated "Molybdenum-99 Purification Process" SOP to clarify instructions for calculating the required volumes of reagent chemicals for the dissolution and formulation of Mo-99.

Observation 7---Poor documentation control as evidenced by utilizing obsolete instrument calibration forms and lack of timely quality review of calibration documents

The firm initiated a CAPA to correct good documentation practice issues.

EXHIBITS COLLECTED

1 FDA 525, dated 6/6/2019, sealed with FDA 415a on 6/6/19; contains 1 USB storage drive of records collected during EI, 1 page , 1 page
2 FDA 525, dated 6/4/2019, sealed with FDA 415a on 6/4/19; contains 1 USB storage drive of records collected during EI, 1 page , 1 page
3 FDA 525, dated 6/3/2019, sealed with FDA 415a on 6/3/19; contains 1 USB storage drive of records collected during EI, 1 page , 1 page
4 Exhibit 1-opening presentation, 12 pages
5 Exhibit 2-100033.SOP(9) Environmental Notice Procedure, 6 pages
6 Exhibit 3-000007.SOP [23] Complaints, 34 pages
7 Exhibit 4-Annual Product Review QAP AP-34, 6 pages
8 Exhibit 5-Xe-133 APR -2016, 15 pages
9 Exhibit 6-Mo-99 APR PDF, 23 pages
10 Exhibit 7-I-131 APR -2016, 33 pages
11 Exhibit 8-Supplier Quality Audits SOP version 19, 25 pages
12 Exhibit 9-Supplier Quality Audits SOP version 20, 24 pages
13 Exhibit 10-Supplier Quality Audits SOP version 21, 23 pages
14 Exhibit 11-Supplier Quality Audits first page of version 22 SOP, 1 page
15 Exhibit 12-critical supplier audit status list, 1 page
16 Exhibit 13-040701.SOP [25] Handling of Non-Conforming Product and Related Material, 21 pages
17 Exhibit 14-040020.SOP [19] Investigation of Out of Specification Test Results, 16 pages

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BWXT ITG Canada Inc.	EI Start:	6/3/2019
Kanata, K2K 1X8	EI End:	6/7/2019

X Susan O Oladeji
Investigator
Signed By: Susan O. Oladeji -S
Date Signed: 06-05-2019 13:12:33

Health Canada Inspection

Health Canada / Santé Canada

PROTECTED B – PROTÉGÉ B

Department of Health
Drug GMP Inspection Program

Ministère de la Santé
Programme d'inspection des BPF de drogues

Inspection Exit Notice

Avis de fin d'inspection

Status / Statut : Final / Version Finale
Inspection Start Date / Date de début d'inspection : 2022-03-21
Exit Interview Date / Date de l'entrevue finale : 2022-04-21
Delivered to / Remis à : Katie Robb
Delivered on / Remis le : 2022-04-28

Building Profile / Profil du bâtiment

BWXT Medical Ltd.
Kanata Operations
447 March Road
Ottawa ON K2K 1X8

File Number / Numéro de dossier : 78369
Licence Number / Numéro de Licence : 3-002539-A

Building Contact / Personne-ressource du bâtiment

Name / Nom : Katie Robb
Title / Titre : Director, Quality Assurance
Phone / Tél. : 613-963-2336
Fax / Téléc. :
E-Mail / Courriel : krobb@bwxt.com

Principal Officers of the Firm / Principaux dirigeants de l'entreprise

Katie Robb	Director, Quality Assurance
Martyn Coombs	President
Rachel Pickering	Director, Kanata Operations
Stephene Lodge	Manager, Quality Assurance
Tapashi Dasgupta	Manager, Global Regulatory Affairs

Other Firms At Location / Autres firmes à l'adresse

Inspection Type - Sub-Type / Type - Sous-type d'inspection

GMP Domestic - Regular Inspection / BPF nationales - Inspection régulière

Standard Used / Norme utilisée

HC: Part C - Division 2 of the Food and Drug Regulations / SC: Partie C - Titre 2 du

Categories of Products Included within the Scope of the Inspection / Catégories de produits incluses dans la portée de l'inspection

Radiopharmaceutical - pharmaceutical / Radiopharmaceutique - pharmaceutique

Categories of Products Excluded from the Scope of the Inspection / Catégories de produits exclues de la portée de l'inspection

Finished Dosage Forms / Formes posologiques définitives
Activities and Finished Dosage Forms In Scope / Activités et formes posologiques définitives dans la portée

Category / Catégorie	Activity / Activité	Dosage / Posologie	Non-Sterile / Non-Stérile	Sterile / Stérile
Radiopharmaceutical / Radiopharmaceutique	Fabricate / Manufacturer	SOLUTION / SOLUTION		X
Radiopharmaceutical / Radiopharmaceutique	Package / Emballer	SOLUTION / SOLUTION		X
Radiopharmaceutical / Radiopharmaceutique	Label / Étiqueter	SOLUTION / SOLUTION		X
Radiopharmaceutical / Radiopharmaceutique	Test / Analyser	SOLUTION / SOLUTION		X
Radiopharmaceutical / Radiopharmaceutique	Distribute / Distribuer	SOLUTION / SOLUTION		X

Active Pharmaceutical Ingredient / Ingrédients pharmaceutiques actifs
Activities and Final Forms In Scope / Activités et formes définitives dans la portée

Activity / Activité	Final Form / Forme définitives	Non-Sterile / Non-Stérile	Sterile / Stérile

Inspection Compliance Rating / Cote de conformité de l'inspection

Compliant / Conforme

Terms & conditions have been recommended / Des modalités et conditions ont été recommandées

Observations

#1	Status / Statut : Open / Ouverte Risk / Risque : 2 Good Manufacturing Practices / Bonnes pratiques de fabrication C.02.015 - Quality control department / C.02.015 - Service du contrôle de la qualité **The investigation, handling, and/or reporting of test results that were out-of-specification**

	was inadequate. / L'enquête, le traitement ou la déclaration des résultats d'analyse non conformes aux spécifications étaient inadéquats. **Investigations into deviations, reports, and/or follow-up actions were inadequate. / Les enquêtes, les rapports ou les mesures prises relativement aux écarts étaient inadéquats.** a. Deviations and investigations were not always conducted in a thorough manner to identify the root cause of the issue, and appropriate corrective and preventative actions (CAPA) were not always implemented to prevent recurrence. For example: i. There was no justification for only partially testing lot# 2192021 as a substitute for stability lot # 2192018 which had not been tested for radiochemical purity on time. DN# 10634 was issued due to the incomplete 14 day stability testing for Indium 111 Oxyquinoline, lot# 2192018 which was not tested for radiochemical purity. The firm tested the substitute lot for radiochemical purity only, providing an incomplete assessment of the substitute lot. ii. No CAPA was proposed or implemented in response to a technician error indicated to be the cause of a failing result for assay of HEPES in Indium 111 Oxyquinoline. OOS# 527 was issued for the failing result. During the Phase 1 investigation, it was noted that the additional volume of sample added was greater than the required volume. It was concluded that the failure was a laboratory error due to technician error. There were, however, no corrective and preventative actions taken in response to this observation to prevent reoccurrence. iii. Contrary to the procedure, production investigation was not always conducted and root cause was not always identified for OOS results. For example, OOS# 528 for failure in activity concentration, radionuclidic purity and identity of Indium 111 Oxyquinoline for lot# 2192047. b. Impacts of the delay in CAPA implementation were not always thoroughly assessed and mitigated. For example, the implementation of CAPA to Observation 3 of the 2019 inspection report was delayed by a year after the completion of retrospective review, resulting in the repeat of deviation handling deficiency going unnoticed during this period (e.g. Deviation 10246).
#2	Status / Statut : Open / Ouverte Risk / Risque : 2 Good Manufacturing Practices / Bonnes pratiques de fabrication C.02.015 - Quality control department / C.02.015 - Service du contrôle de la qualité **The receipt, preparation, and/or handling of reagents and culture media was inadequate. / La réception, la préparation ou la manipulation des réactifs et des milieux de culture étaient inadéquates.** Deficiencies were noted with regards to growth promotion testing of solid media: a. Growth promotion testing of Soybean-Casein Digest Agar (TSA) culture media did not include all microorganisms required as per USP requirements (e.g. Staphylococcus aureus and Pseudomonas aeruginosa were not included). b. There was no system in place to ensure compendial changes would be reflected in procedural updates.

	c. Yeast and Mould media strips were used up to 2 weeks after their expiry date without the growth promotion testing committed to in the planned deviation. According to Deviation 10714, growth promotion testing would be conducted at its expiry and at the end of the extension period. However, i. Regarding the growth promotion testing at expiry, the test results were not found although it was recorded on the QC incoming logbook that the sample was received and tested. ii. Regarding the growth promotion testing 2 weeks after expiry, the test results were not found and there was no evidence that it was tested.
#3	Status / Statut : Open / Ouverte Risk / Risque : 2 Good Manufacturing Practices / Bonnes pratiques de fabrication C.02.015 - Quality control department / C.02.015 - Service du contrôle de la qualité **The controls were inadequate for creating, modifying, reviewing, storing, and/or retrieving records. / Les contrôles relatifs à la création, à la modification, à la conservation ou à la récupération des dossiers étaient inadéquats.** a. The control of the software of the Autotitrator PC titrate was deficient. For example: i. Data files from the Autotitrator PC titrate were not protected from deletion. ii. All technicians have administration access on Windows and therefore can change the date and time of the system. (Note: There was a project in place to implement a new software system; however, there was no implementation date for this change.) b. For microbiological testing, there was no program in place, such as random independent verification, for the review of test results, other than sterility testing which required second person verification of results. For all other testing, the reviews conducted by the data reviewer were solely based on the results reported on the worksheets by the analysts. c. Work sheets used for analytical testing and for some manufacturing operations (e.g. 900934.PCR, 920908.ACR, 920804.ACR, 160122.SPE(5), 100105.SPE(6)) were not controlled in a manner that would permit reconciliation and traceability. Operators and QC technicians had access to these non-uniquely identified work sheets in the file cabinet with no requirement for the sheets to be signed out.
#4	Status / Statut : Open / Ouverte Risk / Risque : 2 Good Manufacturing Practices / Bonnes pratiques de fabrication C.02.029 - Sterile products / C.02.029 - Produits stériles **The airborne particle monitoring system was inadequate. / Le système de surveillance des particules aéroportées était inadéquat.** **The company's investigations of microbial contamination in critical areas were inadequate. / Les enquêtes, effectuées par l'entreprise, sur la contamination microbienne dans les aires critiques étaient inadéquates.** The following deficiencies were noted with the environmental monitoring (EM) of Clean

	Room 1212 where In111-Oxyquinoline product is made: a. The non-viable sampling system in Clean Room 1212 was not qualified to demonstrate that it was capable of providing accurate data for all 13 permanent sampling locations. The permanent locations varied in their distance from the semi-automated MetOne sampling unit. While the MetOne unit itself was on a calibration program, there was no data available to support the delivery of non-viable particles to the unit from the sample points through the various tubing configurations. (Repeat, 2019) (Note: Installation verification and qualitative challenge tests were performed following the last inspection but the above deficiency remained unaddressed.) b. Actions were not always taken when environmental monitoring (EM) results exceeded action limits. Investigations only considered whether there were adverse trends, with no impact assessment, no root cause determination and no corrective or preventive actions implemented. For example, excursion EN 5686, where count was 13 cfu/25cm2 and limit was 5 cfu/25cm2. c. The environmental monitoring procedure "Environmental Notice Procedure (100033.SOP (10))" was deficient in that it required an investigation be conducted in response to a concerning trend, but did not define a concerning trend. d. It was noted that there were a number of growth detected in environmental samples in some class 10,000 areas (C-7 and C-8), including several which exceeded alert levels; however, there was no documented justification to explain why this was not considered a negative trend and why no investigations were conducted.
#5	Status / Statut : Open / Ouverte Risk / Risque : 3 Good Manufacturing Practices / Bonnes pratiques de fabrication C.02.005 - Equipment / C.02.005 - Equipement **The preventative maintenance and repair of the equipment was inadequate. / L'entretien préventif et les réparations de l'équipement étaient inadéquats.** There was no equipment preventative maintenance plan for the Autotitrator PC titrate.
#6	Status / Statut : Open / Ouverte Risk / Risque : 3 Good Manufacturing Practices / Bonnes pratiques de fabrication C.02.029 - Sterile products / C.02.029 - Produits stériles **The operators'aseptic practices were inadequate to maintain sterility. / Les pratiques aseptiques des opérateurs pour maintenir la stérilité étaient inadéquates.** Gowning of personnel was not conducted in a manner that would mitigate contamination. For example, a. De-gowning of exiting personnel and gowning of entering personnel were permitted to take place simultaneously in the same airlock.

	b. There was no requirement to sanitize gloves after critical contact during gowning. For example, before zipping up the gown and touching the outside of the gown after inserting hands inside the gown to pull it up. c. Sterile gloves were not put on in an aseptic way. For example, pulling the bottom side of the glove with the gloved hand. (Note: This facility only makes terminally sterilized products.)
#7	Status / Statut : Open / Ouverte Risk / Risque : 3 Good Manufacturing Practices / Bonnes pratiques de fabrication C.02.029 - Sterile products / C.02.029 - Produits stériles **The company's visual inspection of filled containers was inadequate. / L'inspection visuelle, effectuée par le personnel de l'entreprise, des récipients remplis était inadéquate.** There was no justification for the acceptable visual inspection reject rates (e.g. 5% for rejected vials due to particulate, 10% for total rejected vials). Historical data appeared to be much lower than these reject rates.
#8	Status / Statut : Open / Ouverte Risk / Risque : 3 Good Manufacturing Practices / Bonnes pratiques de fabrication C.02.006 - Personnel / C.02.006 - Personnel **The training of personnel in good manufacturing practices and/or the maintenance of records was inadequate. / La formation du personnel sur les bonnes pratiques de fabrication ou sur la tenue des dossiers était inadéquate.** a. There was no assurance that training was completed by personnel before procedures became effective for use. b. There was no documented evidence that the quality control technician training had been reviewed by a second person.
#9	Status / Statut : Open / Ouverte Risk / Risque : 3 Good Manufacturing Practices / Bonnes pratiques de fabrication C.02.020 - Records / C.02.020 - Dossiers **The maintenance of records was inadequate. / La tenue des dossiers était inadéquate.** Poor documentation practices were observed with the Radiochem QC Incoming Logbook 19-10-24 to 22-02-15 which had some incomplete entries (e.g. date of test and person who completed the test).

End of Observations / Fin des observations

BWXT Medical Ltd.
2022-03-21

Inspection Exit Notice / Avis de fin d'inspection

Health Canada / Santé Canada

PROTECTED B – PROTÉGÉ B

Response Expected By / Réponse requise avant le : 2022-05-27

Name - Card Number / Nom - Numéro de carte		
Clement Poon - CA-001966	Digitally signed by Poon, Clement DN: c=CA, o=GC, ou=HC-SC, cn=Poon, Clement Date: 2022.04.28 12:36:50 -04'00'	Date (YYYY-MM-DD)
Sherry Bahaw - CA-002561	Digitally signed by Bahaw, Sherry DN: c=CA, o=GC, ou=HC-SC, cn=Bahaw, Sherry Date: 2022.04.28 10:59:14 -04'00' *Signature*	Date (YYYY-MM-DD)

End of Exit Notice / Fin de l'avis de fin d'inspection

State	License Type	License Number	Issue Date (yyyy-mm-dd)	Expiration Date (yyyy-mm-dd)
Ohio	Manufacturer – Category 2	0150000051	2021-09-15	2023-06-30
Louisiana	Distributor of Legend Drugs or Legend Devices	10390	2021-10-18	2022-12-31
West Virginia	Drug Manufacturer	MR055292	2021-11-22	2024-06-30
Oklahoma	Manufacturer	88-M-7173	2021-11-23	2022-11-30
Arkansas	Wholesale Distributor	WD05622	2021-12-10	2022-12-31
New Mexico	Wholesaler Manufacturer	WD00013042	2022-01-20	2023-12-31
Rhode Island	Drug Manufacturer – Out of State	DIS03734	2022-02-18	2023-09-30
Illinois	Wholesale Drug Distributor	004005179	2022-03-08	2022-12-31
Connecticut	Out of State Manufacturer of Drugs, Cosmetics & Medical Devices	CSM.0002100-OOS	2022-03-10	N/A
Virginia	Non-resident Manufacturer	0238000248	2022-03-16	2023-02-28
Kentucky	Wholesale Distributor	W04710	2022-04-13	2023-09-30
Georgia	Wholesaler Pharmacy	PHWH005341	2022-04-22	2023-06-30
Kansas	Manufacturer	4-116662	2022-04-25	2023-06-30
North Carolina	Virtual Manufacturer	1751	2022-04-25	2022-12-31
New Jersey	Manufacturer and Wholesale	5006133	2022-04-11	2023-01-31
Mississippi	Drug Facility Manufacturer (Non-Resident)	18489	2022-05-03	2022-12-31
Michigan	Wholesale Distributor	5306006971	2022-06-03	2024-06-03
Maine	Prescription Drug Manufacturer	MF30002043	2022-06-10	2022-12-31
Alabama	Manufacturer	196238	2022-06-15	2022-12-31
North Dakota	Manufacturer	Whol2836	2022-06-27	2023-06-30
South Dakota	Wholesale or Other Drug Distributor	600-3443	2022-06-30	2022-12-31
Iowa	Limited Distributor	41596	2022-07-08	2022-12-31

BWXT Medical Ltd. Product List

NDC	DLS # 72536-0920-1
Approval Date	July 25, 2018
Active Ingredient	Indium-111-chloride 8-hydroxyquinoline
Dosage Form Route	Solution, Intravenous
Strength	1 mCi / mL
Type of Product	Drug product
Product Name	Indium In 111 Oxyquinoline Solution

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler BWXT Medical Ltd.

Physical Address 447 March Road

City Ottawa State Ontario Zip K2K 1X8

Mailing Address (if different from physical address) Save as above

City _____ State _____ Zip _____

Telephone (613) 963-2601 Website https://www.bwxt.com/bwxt-medical

Licensing Company Email MedicalRegulatoryAffairs@bwxt.com

Section 2: Personal Information

First Jonathan Middle Wesley Last Cirtain

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

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

Mailing Address [redacted] N. Jackson St.

City Arlington State VA Zip 22201

Telephone _____ Email jwcirtain@bwxt.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials JWC

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

School Name	Address	City	State	Zip	From - To (MM/YY – MM/YY)	Diploma/Degree obtained, if any
Montana State University	111 Montana Hall P.O Box 172660	Bozeman	MT	59717	08/2001 - 05/2005	PhD Physics
University of Memphis	3720 Alumni Ave,	Memphis	TN	38152	01/1999 - 05/2001	BS Physics ; BS Mathematics
Bartlett High School	5688 Woodlawn St	Bartlett	TN	38134	08/1988 05/1991	High school diploma
					From - To (MM/YY – MM/YY)	
School Name	Address	City	State	Zip		Diploma/Degree obtained, if any
School Name	Address	City	State	Zip	From - To (MM/YY – MM/YY)	Diploma/Degree obtained, if any

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2020 - current	[redacted] N. Jackson Street	Arlington	VA	22201
08/2018 - 04/2020	[redacted] N. Vernon Street	Arlington	VA	22201
08/2017 - 08/2018	[redacted] N. Wayne Street Unit 1025	Arlington	VA	22201
08/2016 - 08/2017	[redacted] Amherst Street	Charlottesville	VA	22903
11/2007 - 08/2016	[redacted] Silo Hill Road	Madison	AL	35758
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

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

Business Name			From - To (MM/YY – MM/YY)
BWX Technologies			05/2017 - present
Business Address	**City**	**State**	**Zip**
800 Main St	Lynchburg	VA	24504
Phone	**Title**		
(434)522 3838	Senior Vice President, Chief Development Officer		
Description of Duties			
oversight for all product development, overall management of the BWXT Medical business			

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

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

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

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

Continue on next page if additional space is needed.

Applicant's initials _____

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

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

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

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

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

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

Applicant's initials _____

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

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

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

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

Provide explanation below:

See attached

Original Signature (electronic, copies or stamps not accepted)

8/4/2022
Date

Applicant's initials

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

Jonathan Wesley Cirtain

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/3/2022

Date

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

State of Ontario, ss. County of Canada

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

Original Signature

8/3/2022

Date

Subscribed and Sworn to before me this 3 day of Avgvst.

Notary Public Signature

(Seal)

Applicant's initials

CONFIDENTIAL

Attachment

In response to question 1, Jonathan Cirtain has been the President and CEO of BWXT Medical Ltd. since August 1, 2022. He was convicted of a felony on January 4, 1998 for driving while a habitual motor vehicle offender under the Tennessee Motor Vehicle Habitual Offender law, Tennessee §55-10-616 in Shelby, Tennessee. He was sentenced to one year of incarceration for this felony, with the sentence suspended, to one year of probation (ended July 15, 1999) and to a fine and costs of $167.50. Leading up to that conviction, he was convicted of the following misdemeanors: driving under the influence (multiple), public intoxication and driving on a suspended or revoked driver's license; and he was fined for possession of marijuana and related paraphernalia.

Personal Statement of Rehabilitation from Jonathan Cirtain

The circumstances of my conviction as a habitual motor vehicle offender are straightforward (albeit humiliating) to explain.

In 1991, I joined the University of Alabama in Tuscaloosa to play football. This was significant component of my perception of self-value, and I was very excited to get to play for one of the premiere collegiate teams in the United States. Unfortunately, this was short-lived. I suffered an injury shortly into my first year, and I was unable to continue with the team. I moved back to Memphis, Tennessee and back into my parent's home. I quickly became very depressed and starting drinking alcohol. Soon thereafter when driving home from a party, I was arrested for DUI. This was the first in a series of incidents involving alcohol, drugs and automobile operation.

My situation worsened after a severe accident at work where I broke my L-5 vertebra on March 27, 1993. I was able to recover over a period of months, but I did experience residual physical pain and multiple additional issues with discs in my lower back. This additional set back only perpetuated my depression, and I continued to drink and get into trouble. I was eventually charged as a Habitual Motor Vehicle Offender and sentenced to a short term in a state prison.

In 1998, I was 25 years of age. I worked two jobs in 1998 to pay off the attorney fees from my legal issues, and I enrolled in the University of Memphis in January of 1999. While still on probation, I continued to work and pay my legal debts and also complete undergraduate coursework. I earned my Bachelors of Science in Mathematics and a Bachelor's of Science in Physics from the University of Memphis in May of 2001. I was accepted into the physics graduate program at Montana State University in 2001. I became involved in satellite operations and astrophysics, and I was awarded a fellowship to Harvard in 2004. I earned a PhD in Physics from Montana State in 2005 and published my thesis in the Harvard College Library in that same year.

I also met and married my wife while attending the University of Memphis. We have been married for over 20 years, and we have a teenage daughter.

I have been reformed for more than 20 years. I have had no further legal issues. Since graduating from Montana State, I was hired by the Harvard-Smithsonian Center for Astrophysics where I helped design, build, test and launch several instruments for NASA and the Japanese Space Agency. In 2007, I was hired by NASA and my family and I relocated from Cambridge, Massachusetts to Huntsville, Alabama. In 2009, I was promoted to the lead scientist for the Heliophysics and Planetary Research Office while also leading developing of several science payloads. In 2011, I was awarded the United States of America Presidential Early Career Award for Scientists and

Engineers by President Barack Obama. In 2013, NASA asked me to lead an effort to develop a payload system for the new heavy launch vehicle, Space Launch System, and the inaugural launch will include 13 payloads of which 4 are international. I have served on the international climate change assessment committee for the United Nations as well as led multiple international efforts for space and science collaborations. In 2014, I was promoted to Lead Scientist and Manager, Science Research Office for the NASA Marshall Space Flight Center – a position I held until I retired in 2016. After leaving NASA, I started a private company, Astraea, Inc., to collect and use Earth observation data collected by satellites and developed a system to analyze this data for humanitarian and commercial purposes.

In 2017, BWX Technologies, Inc. offered me a position as Director of Commercial Technologies, leading the development of new technologies for nuclear and nuclear medical applications. I have been promoted to Senior Vice President and Chief Technology Officer in 2021 and President and CEO, BWXT Medical Ltd. in 2022.

4H

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Catalent Indiana, LLC

Physical Address: 1300 S. Patterson Dr.

City: Bloomington State: IN Zip: 47403

Mailing Address (if different from physical address): P.O. Box 970

City: Bloomington State: IN Zip: 47402

Telephone: 812-355-6746 Website: www.catalent.com

Name of Designated Representative (DR): Andrew Espejo

Licensing Company Email: GMB-CatalentIndianaLLC@catalent.com DR Email: andrew.espejo@catalent.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: Human Prescription Drugs, Biologics and API's.	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Manufacturers, Clinics, Client Trial Sites		☐ Others:

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

N/A

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A See Attachment 1
Address: N/A City: N/A State: N/A Zip: N/A
Name: N/A
Address: N/A City: N/A State: N/A Zip: N/A
Name: N/A
Address: N/A City: N/A State: N/A Zip: N/A
Name: N/A
Address: N/A City: N/A State: N/A Zip: N/A

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any): N/A
Corporation Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A

Date of SEC Registration: N/A | SEC Registration Number: N/A | Stock Exchange Symbol: N/A

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Indiana
Parent Company (if any): Catalent Indiana Holdings, LLC (immediate parent);Catalent Inc. (publicly traded ultimate parent)
Corporation/Organization Name: Catalent Indiana, LLC
Mailing Address: P.O. Box 970
City: Bloomington State: IN Zip: 47402
Telephone: 812-355-6746 Email: GMB-CatlanetIndianaLLC@catalent.com
Contact Person Name: Andrew Espejo

Section 6: Partnership

Partnership Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A

Section 7: Sole Owner

Owner's Name: N/A
Business Name: N/A
Business Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration See Attachment 2 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment 3		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment 4	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment 4		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. See Attachment 5	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment 6		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A See Attachment 4		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✗	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment 7	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment 8	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf N/A		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Catalent Indiana, LLC

Facility Name

Steven Fasman

Print Name of Authorized Person Submitting Application

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

8/5/2022

Date

Board Use Only	Date Received: 8.15.22	Amount: 1000.00 CC ✓ 8/30/22

Attachment 1 Regarding the Top Suppliers

Nature of Business

Catalent Indiana, LLC (Catalent), is a Contract Manufacturing Organization (CMO) offering development and manufacturing services for both pharmaceutical and medical device products. Catalent offers the following services: Bulk Drug Substance (BDS) Production, Formulation, Aseptic Fill, and Finish Manufacturing, and Medical Device Manufacturing.

Catalent has manufacturing capabilities ranging from small quantities for pre-clinical studies to larger volumes necessary for clinical trial purposes and commercialization. Catalent specializes in development services and manufacturing of monoclonal antibody and biotechnology-derived therapeutic protein products for biopharmaceutical organizations. Additionally, Catalent offers development and manufacturing capabilities for syringe and vial filling, including lyophilization for pharmaceutical and medical device applications. Catalent provides customers with clinical trial and commercial products intended for worldwide markets. Catalent manufactures and distributes products at the discretion of its customers. At no time does Catalent hold title to the products it manufactures, as such, Catalent does not have top four suppliers.

From: GMB-StateLicensing <GMB-StateLicensing@catalent.com>
Sent: Monday, November 7, 2022 6:40 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Cc: GMB-CatalentIndianaLLC <GMB-CatalentIndianaLLC@catalent.com>
Subject: FW: Nevada Out-of-State Wholesaler Application-Catalent Indiana, LLC

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

Hi Maria,

It was not listed incorrectly, however, Catalent Indiana, LLC, would like to remove the medical device designation from the application. Catalent no longer plans to manufacture/ship any medical devices. If the type of products handled changes for Catalent Indiana, LLC in the future, then the site will advise.

Kindly update your records with this information and continue to process their application.

Sorry for the back and forth.

Regards,

Mansi Shah
Licensing Specialist
Catalent Pharma Solutions
14 Schoolhouse Road, Somerset, NJ 08873
www.catalent.com
more products. better treatments. reliably supplied.™

Catalent
BIOLOGICS
Catalent Biologics
1300 S Patterson Drive
Bloomington, IN 47403 USA

T +1 (812) 355-6746
catalent.com

Attachment 8

Regarding the Resident State License

Pursuant to Section 1(b) of Indiana Code 25-26-14-1, an FDA approved manufacturer is not required to be licensed as a Drug Distributor or Manufacturer within the state of Indiana, or otherwise adhere to the requirements of Indiana Code 25-26-14. Please find a copy of the referenced section of the Indiana Code below.

Catalent Indiana, LLC is registered with the FDA as a contract manufacturer. Verification of this registration may be made via the FDA Drug Establishments Current Registration Site (DECRS) website at the following link:
http://www.accessdata.fda.gov/scripts/cder/drls/default.cfm

IC 25-26-14-1
Application of chapter

Sec. 1. (a) This chapter applies to any individual, partnership, limited liability company, corporation, or business firm:

(1) located in or outside Indiana; and
(2) engaging in the wholesale distribution of legend drugs in Indiana.

(b) Except as required by federal law or regulation, the requirements of this chapter do not apply to a manufacturer that is approved by the federal Food and Drug Administration. However, the board may adopt rules concerning manufacturers that the board considers appropriate and necessary.

(c) The requirements of this chapter do not apply to a medical gas manufacturer or distributor that only manufactures or distributes medical gases.

As added by P.L.182-1991, SEC.3. Amended by P 993, SEC.394; P.L.212-2005, SEC.23; P.L.98-2006, SEC.12.

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CATALENT INDIANA, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 12, 2004, and was in existence or authorized to transact business in the State of Indiana on December 05, 2022.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 05, 2022

Holli Sullivan

HOLLI SULLIVAN
SECRETARY OF STATE

2004041600112 / 20222895620

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on January 04, 2023.

Attachment 2

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **catalent indiana**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Catalent Indiana, LLC	3005949964	172209277	ANALYSIS; API MANUFACTURE; LABEL; MANUFACTURE; PACK;	1300 S Patterson Drive, Bloomington, Indiana (IN) 47403, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Tuesday, Jun 7, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Catalent

Attachment 4

Ownership Information

Catalent Indiana, LLC
1300 S. Patterson Drive
Bloomington, IN 47403

Parent Company
Catalent Indiana Holdings, LLC
14 Schoolhouse Rd
Somerset, NJ

Catalent Indiana, LLC is 100% owned by its parent company, Catalent Indiana Holdings, LLC.

Corporate Officers:

Alessandro Maselli
President & Chief Executive Officer

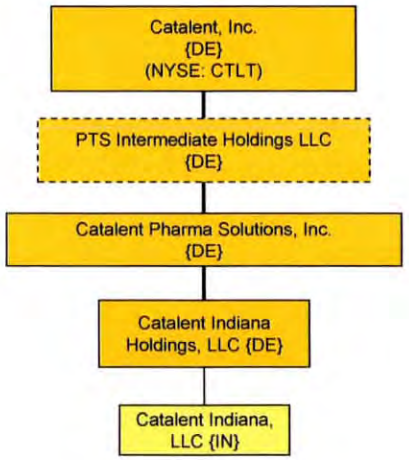
Steven L. Fasman
Executive Vice President & Chief Administrative Officer

Jose Ibietatorremendia
Vice President, Deputy General Counsel & Secretary

Lawrence Shapiro
Vice President, Global Tax & Treasurer

Thomas Castellano
Senior Vice President & Chief Financial Officer

Catalent


Catalent, Inc.
{DE}
(NYSE: CTLT)
PTS Intermediate Holdings LLC
{DE}
Catalent Pharma Solutions, Inc.
{DE}
Catalent Indiana
Holdings, LLC {DE}
Catalent Indiana,
LLC {IN}

Incorporated in Indiana

Catalent Indiana, LLC
Sole Member: Catalent Indiana Holdings, LLC, 14 Schoolhouse Road, Somerset, NJ 08873

All entities below are incorporated in Delaware.

Catalent Indiana Holdings, LLC
Sole Member: Catalent Pharma Solutions, Inc., 14 Schoolhouse Road, Somerset, NJ 08873

Catalent Pharma Solutions, Inc.
Sole Shareholder: PTS Intermediate Holdings LLC, 14 Schoolhouse Road, Somerset, NJ 08873

PTS Intermediate Holdings LLC
Sole Member: Catalent, Inc., 14 Schoolhouse Road, Somerset, NJ 08873

Catalent, Inc.
Publicly traded company, NYSE: CTLT

Last Name	First Name	Job Title
Abbott	Michelle	Production Controller
Abbott	Peter	Senior Technologist - Process Engineering
Abbott	Shane	Lab Technician - QC
Abbott-Ozug	Victoria	Senior Scientist - QC
Abdelkader	Fadi	Senior Technologist - Process Engineering
Abdullahi	Alhaji	Principal QA Representative
ABDULRAMONI	SAIDI	Scientist - QC
ABEL	TANNER	Manufacturing Operator - Packaging
Abell	Tanner	Equipment Lead - Packaging
ABRAM	Tanya	Manufacturing Operator - Packaging
Abramowicz	Corey	Supervisor, Value Stream
ACEVEDO MORA	SANTIAGO	Project Manager
Acton	Heather	Manufacturing Operator - Packaging
Acton	Jordan	Manufacturing Operator - Inspection
Adams	Amber	QA Representative
Adams	Brandy	Manufacturing Operator - Inspection
Adams	Brittney	Room Lead - Packaging
Adams	Chase	Room Lead - Primary
Adams	Jason	Director, Supply Chain
Adams	Lincoln	Manufacturing Associate - DS
Adamson	Richard	Manufacturing Operator - Inspection
Adaranijo	Modinat	Scientist - QC
Aday	Austin	Manufacturing Specialist
Addanki	Sai Anusha	Engineer, MS&T
Addison	Kyla	Supervisor, Value Stream
Afanador	Christopher	Manufacturing Operator - Packaging
Afendis	Steven	Senior QA Representative
Ahmed	Abid	Senior Engineer - Validation
Ahmed	Mahbub	Senior Engineer - Process Validation
Akhter	Farida	Manufacturing Operator - Packaging
Alberico	Emily	Scientist - PD
alexander	DAVID	Manufacturing Operator - Packaging
Alexander	LaShayla	Manufacturing Operator - Inspection
Alexander	Leandria	QC Representative
Alexander III	Leandrew	Supervisor, QC
Ali	Monika Nayar	Associate Engineer, MS&T
Ali	Rsme	Scientist - QC
ALI	SALAHELDEEN	Senior QA Representative
Allard	Corey	Logistics Coordinator
Allbright	April	Senior Manufacturing Specialist
Allbright	Phillip	Senior Manufacturing Associate - Primary
Allee	Brandon	Principal Production Controller
Allen	Amanda	Manufacturing Operator - Primary
Allen	Charles	Lead - Warehouse
Allen	Heather	Manufacturing Operator - Inspection
Allen	Kody	Manufacturing Operator - Primary

Catalent Indiana, LLC

Allen	Marcus	Manufacturing Operator - Packaging
Allen	Michael	Room Lead - DS
Allen	Nicholas	Room Lead - Packaging
Allen	Patricia	Associate Material Handler
Allen	Tyler	Manufacturing Operator - Inspection
Allen	Valeriya	Room Lead - Primary
Allman	Dustin	Equipment Lead - Packaging
Allman	Elizabeth	QA Representative
Alsman	Daymeon	Equipment Lead - Packaging
Alsman	James	Technical Writer
Altalalah	Essa	Associate Engineer - Process Engineering
Altepeter	Heather	QA Technician
ALUKO	Adedoyin	Scientist - QC
Alumbaugh	Amanda	Senior QC Technician
Alumbaugh	Lynda	Manufacturing Operator - Packaging
Alvey	Connie	Senior Manufacturing Associate - Packaging
Amarasinghe	Dinesh	Scientist - QC
Amato	Melody	Senior Financial Analyst
Anaya	Michael	Lab Technician - QC
Ancil	Marc	Manufacturing Operator - Packaging
Anderson	Amy	Supervisor, Value Stream
Anderson	Brian	Manufacturing Operator - Inspection
Anderson	Gavin	Manufacturing Specialist
Anderson	Gregory	Senior Manager, MS&T
Anderson	Kristie	Senior Technician - Validation
Anderson	Maisie	MSS Specialist
Anderson	Paul	Principal Scientist - QC
Andres	Edward	Room Lead - Primary
Anver	Rinoza	Manufacturing Associate - Primary
Aplaca	Lehua	Manufacturing Specialist
Apple	Cody	Lab Technician - QC
Applegate	Dustin	Supervisor, Value Stream
Applegate	Katie	Manufacturing Operator - Inspection
Appleton	Ashley	Manufacturing Operator - Packaging
Aramide	Funso	Manager, Supply Chain
Arizmendi	Rogelio	Associate Scientist - QC
Arms	Jason	Manufacturing Operator - Primary
Armstrong	Christian	Manufacturing Operator - Primary
Armstrong	Colinda	Lead Production Trainer
Arnold	Aurora	Senior Production Analyst
Arnold	Shyanne	QA Representative
Arnold	Tathia	Room Lead - Packaging
Arnold	Tyler	Associate QA Representative
Arroyave	Victoria	Associate Investigator, MS&T
Arthur	Alex	Senior Manufacturing Associate - Inspection
Arthur	Pami	Senior Manufacturing Specialist
Asbery	Cody	Senior Technician - Production

Catalent Pharma Solutions LLC

Asbery	Jericha	Senior Manufacturing Associate - Primary
Ash	Robert	Manufacturing Operator - DS
Ashby	Chris	GOLD Associate - Operations Management
Ashkin	Alexander	QC Representative
Ashley	Anne	Senior Project Coordinator
Ashley	Sarah	Manufacturing Operator - Inspection
Ashman	Joel	Associate Material Handler
Asiamah	Titus	Scientist - QC
Asplund	Patrick	Principal Scientist - PD
Atkins	Chandler	Engineer - Process Validation
Atkinson	Connie	Principal Logistics Operator
Ault	Andrew	Supervisor, QA
Ault	Michael	Senior Manufacturing Associate - Primary
Ault	Thomas	Associate Scientist - QC
Austin	Dameon	Material Handler
Austin	Emily	QA Representative
Austin	Eric	Manager, QA
AUSTIN	JAMIE	IT Systems Analyst
Austin	Jessica	Manufacturing Operator - Inspection
Austin	Joni	Manufacturing Operator - Inspection
Austin	Stephanie	Room Lead - Packaging
Averitt	Katelynn	Production Trainer
Avery	Ruby	Room Lead - Inspection
Axsom	Amy	Room Lead - Inspection
Axsom	Andrew	Senior Manufacturing Associate - Primary
Ayala	Nicole	Manufacturing Operator - DS
Ayers	Stephanie	Senior Label Control Associate
Ayers	Timothy	Senior Supervisor, Service and Support
Ayoubi	Manizha	Senior QA Representative
Azoumah	Abdou	QA Representative
Babayeva	Jennet	Financial Analyst
Babbs	Joey	Manufacturing Operator - Packaging
Bacon	Jon	Senior Supervisor, Manufacturing Technology
Bagshaw	Jerry	Senior Label Control Associate
Baham	Anthony	Equipment Lead - Packaging
Baham	William	Associate Material Handler
Bailey	Ashley	Room Lead - Packaging
Bailey	Drew	Facility Waste Management Operator
Bair	Amy	Manufacturing Operator - DS
Baker	Chris	Manufacturing Operator - Inspection
Baker	Daniel	Manager, Value Stream
Baker	Danielle	Room Lead - Primary
Baker	Ezra	Equipment Lead - Packaging
Baker	Jarred	Manufacturing Operator - Packaging
Baker	Jarrod	Senior Technician - Production
Baker	Jon	Room Lead - Primary
Baker	Lana	Manufacturing Operator - DS

Catalent Indiana, LLC

Baker	Michelle	Senior QA Technician
Baker	Randy	Associate Material Handler
Baker	Shannon	Associate Material Handler
Baker	Summer	Manufacturing Operator - Inspection
Baldwin	Melanie	Principal Engineer - Validation
Balentine	Kenneth	Principal Process Maintenance Coordinator
Balliett	Timothy	Manufacturing Specialist
Banks	Natalie	QA Technician
Banther	Nathan	Technician - Maintenance
Bapp	Jessica	Manufacturing Associate - Primary
Barbarick	Edward	Technologist - Process Engineering
Barcikowski	Brian	Associate Material Handler
Barden	William	Manufacturing Operator - Inspection
Barger	Andrea	Senior Procurement Buyer
Barger	Clinton	Senior Engineer - Process Engineering
Barger	Timothy	Manufacturing Operator - Packaging
Barker	Bruce	Manufacturing Operator - Primary
Barnes	Kaylee	Associate Material Handler
Barnett	Chaz	Manufacturing Associate - SSFFF
Barnett	Jason	Senior Scientist - QC
Barnhill	Lisa	Senior Manufacturing Associate - Primary
Barone	Emily	Co-op, Validation
Barrett	Jonathan	Manager, Supply Chain
Barrientos	Jonathan	Technician - Maintenance
Barrow	Mackenzie	Room Lead - Packaging
Barshney	Emily	Manufacturing Operator - Inspection
Barthelme	Mark	Principal QA Representative
Bartlett	Lisa	Manufacturing Associate - Inspection
Bartley	Scott	Manager, Commercial Operations
Barton	Tyler	Manufacturing Operator - Inspection
Bassett	Timothy	Senior Technologist - Process Engineering
Bastin	Kelly	Production Analyst
Bastin	Lee	Lead - Warehouse
Batchelor	Enola	Senior Manufacturing Specialist
Batchelor	Wendy	Associate QA Representative
Bateman	Garrett	Manufacturing Operator - Primary
Battin	Michael	Manufacturing Operator - Inspection
Baty	Drew	Production Trainer
Bauernfiend	Brittany	QA Representative
Baugh	Adam	Technician - Production
Baugh	Amanda	Manufacturing Associate - Primary
Baugh	Brian	Equipment Lead - Packaging
Baugh	Chelsy	Supervisor, QA
Baugh	Henry	Supervisor, Engineering
Baugh	Kerbi	Supervisor, Value Stream
Baugh	Kyle	Associate Project Manager
Bault	Gabriel	Supervisor, Value Stream

Catalent Indiana, LLC

BAXTER	KELLY	Manufacturing Operator - Packaging
Bayron	Deziree	Manufacturing Operator - Primary
Bazemore	Dustin	Production Trainer
beach	brian	Associate Service and Support Representative
Beard	Spencer	Scientist - PD
Beasley	Ayden	Equipment Lead - Primary
Beatty	Dylan	Technician - Calibration
Beaty	Julia	Senior Operations Planner
Beaver	Andrew	Senior Manufacturing Associate - Primary
Bechtel	Jedidiah	Manufacturing Operator - Packaging
Beck	Alexis	Lead Production Analyst
Beck	Sarah	Manufacturing Associate - Primary
Becker	Jacob	Manufacturing Operator - DS
Beddow	Elizabeth	Senior Engineer, MS&T
Beetz	Phylese	Manufacturing Specialist
Behrman	terri	Manufacturing Operator - Inspection
Beitler	Kaitlyn	Principal QA Representative
Bekiares	Hannah	Lab Technician - QC
Bell	Jeremy	Equipment Lead - Packaging
Bellville	Matthew	QA Technician
Bellville	Melissa	Room Lead - Inspection
Belt	Timothy	Senior Technician - Calibration
Benham	Joshua	Supervisor, QC
Bennett	Erik	Manufacturing Operator - Primary
Bennett	Kyle	Manufacturing Associate - DS
Bennett	Megan	Principal Lab Technician - QC
Bennett	Nathan	Manufacturing Operator - DS
Bennett	Robert	Senior Engineer - Process Engineering
Benoit	Mallory	Engineer - Validation
Bense	Timothy	Principal Project Manager
Benson	Patricia	Manufacturing Operator - Inspection
Bentley	Chandra	Lab Technician - QC
BENTLEY	MATTHEW	Manufacturing Operator - Packaging
Bentley	Misty	Senior QA Technician
Berberich	Stephen	Senior QA Representative
Berdugo	Claudia	Director, Process Development
Berg	Maria	Lead Production Trainer
Bergschneider	Jennifer	Senior Director, Finance
Bernstein	Bryan	Scientist - QC
Bertram	Delores	Room Lead - Primary
Beuerlein	Jason	Senior Technologist - Process Engineering
Bevers	Benita	Label Control Operator
Beyers	Joshua	Equipment Lead - Packaging
Bigelow	Christopher	Manufacturing Specialist
Binkley	Jessica	QC Representative
Bird	Charles	Senior HR Generalist
Birdsong	Valerie	QA Representative

Patheon Indiana, LLC

BAXTER	KELLY	Manufacturing Operator - Packaging
Bayron	Deziree	Manufacturing Operator - Primary
Bazemore	Dustin	Production Trainer
beach	brian	Associate Service and Support Representative
Beard	Spencer	Scientist - PD
Beasley	Ayden	Equipment Lead - Primary
Beatty	Dylan	Technician - Calibration
Beaty	Julia	Senior Operations Planner
Beaver	Andrew	Senior Manufacturing Associate - Primary
Bechtel	Jedidiah	Manufacturing Operator - Packaging
Beck	Alexis	Lead Production Analyst
Beck	Sarah	Manufacturing Associate - Primary
Becker	Jacob	Manufacturing Operator - DS
Beddow	Elizabeth	Senior Engineer, MS&T
Beetz	Phylese	Manufacturing Specialist
Behrman	terri	Manufacturing Operator - Inspection
Beitler	Kaitlyn	Principal QA Representative
Bekiares	Hannah	Lab Technician - QC
Bell	Jeremy	Equipment Lead - Packaging
Bellville	Matthew	QA Technician
Bellville	Melissa	Room Lead - Inspection
Belt	Timothy	Senior Technician - Calibration
Benham	Joshua	Supervisor, QC
Bennett	Erik	Manufacturing Operator - Primary
Bennett	Kyle	Manufacturing Associate - DS
Bennett	Megan	Principal Lab Technician - QC
Bennett	Nathan	Manufacturing Operator - DS
Bennett	Robert	Senior Engineer - Process Engineering
Benoit	Mallory	Engineer - Validation
Bense	Timothy	Principal Project Manager
Benson	Patricia	Manufacturing Operator - Inspection
Bentley	Chandra	Lab Technician - QC
BENTLEY	MATTHEW	Manufacturing Operator - Packaging
Bentley	Misty	Senior QA Technician
Berberich	Stephen	Senior QA Representative
Berdugo	Claudia	Director, Process Development
Berg	Maria	Lead Production Trainer
Bergschneider	Jennifer	Senior Director, Finance
Bernstein	Bryan	Scientist - QC
Bertram	Delores	Room Lead - Primary
Beuerlein	Jason	Senior Technologist - Process Engineering
Bevers	Benita	Label Control Operator
Beyers	Joshua	Equipment Lead - Packaging
Bigelow	Christopher	Manufacturing Specialist
Binkley	Jessica	QC Representative
Bird	Charles	Senior HR Generalist
Birdsong	Valerie	QA Representative

Patheon Puerto Rico, LLC

Wolfe	Bailey	Manufacturing Operator - Inspection
Wolfer	Jason	Engineer - Validation
Wood	Jonathan	Project Manager
Wood	Josh	Associate Engineer - Automation
Woodruff	David	Associate Material Handler
Wray	Christopher J	Manufacturing Operator - Primary
Wright	Alicia	Senior Production Analyst
Wright	Cherish	Process Maintenance Coordinator
Wright	Cole	Manufacturing Operator - Primary
Wright	Daycie	Manufacturing Operator - Packaging
Wright	Kevin	QA Representative
Wright	Mary	Supervisor, MS&T
Wright	Mary	Manufacturing Operator - Inspection
Wright	John	Senior QA Representative
Wurmnest	Darren	Senior Engineer - Validation
Wyatt	Cody	Manufacturing Operator - Inspection
Xin	Lun	Manager, Process Development
Xiong	Christine	Senior Project Manager
Yandl	John	Supervisor, Value Stream
Yazzie	Brandon	Principal Scientist - QC
Yeatman	Brittany	QA Representative
York	Joe	Room Lead - SSFFF
York	Stephanie	Room Lead - DS
York	Terry	Manufacturing Operator - Packaging
York	Zachary	Production Trainer
Young	Aidan	Manufacturing Operator - Inspection
Young	Brian	Production Controller
Young	Dustin	Manufacturing Operator - Primary
Young	Phillip	Manufacturing Operator - DS
Youtsey	Lance	Senior Technician - Process Maintenance
Zajac	Thomas	Manager, Project Management
Zayas	Milka	Manager, QC
Zeigler	Eric	Room Lead - Primary
Zeigler	Gwen	Manufacturing Associate - Packaging
Zhang	Liling	Senior Manager, DP Development
Zhang	Qingyu	Scientist - QC
Zhao	Yingwei	Associate Scientist - QC
Ziegler	Jennifer	QA Representative
Zike	Kenneth	Equipment Lead - Packaging
Zimlich	Alex	Associate Specialist, MS&T
Zimmerman	Tim	Senior Technician - Process Maintenance
Zivney	Lindie	Manufacturing Associate - Primary
ZUKER	JACOB	QA Auditor
Zumbrun	Madalon	Scientist - QC

Patient Ariana, LLC

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Catalent Indiana, LLC

Physical Address: 1300 S Patterson Dr

City: Bloomington State: IN Zip: 47403

Mailing Address (if different from physical address): Same as Physical Address

City: N/A State: N/A Zip: N/A

Telephone: 812-355-6746 Website: Catalent.com

Licensing Company Email: GMB-CatalentIndianaLLC@catalent.com

Section 2: Personal Information

First: Andrew Middle: Scott Last: Espejo

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

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

Mailing Address: [redacted] Eagle Trace Drive

City: Greenwood State: IN Zip: 46143

Telephone: [redacted] Email: andrew.espejo@catalent.com

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

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

N/A Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials: AE

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

School Name		From - To (MM/YY – MM/YY)	
Xavier High School		09/78-06/82	
Address	City	State	Zip
30 W, 16th Street	New York	NY	10011
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Manhattan College		01/84-12/88	
Address	City	State	Zip
4513 Manhattan College Parkway	Bronx	NY	10471
Diploma/Degree obtained, if any			
Bachelor of Engineering			

School Name		From - To (MM/YY – MM/YY)	
Manhattan College		09/93-05/97	
Address	City	State	Zip
4513 Manhattan College Parkway	Bronx	NY	10471
Diploma/Degree obtained, if any			
Master of Science			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/21-PRESENT	[redacted] Eagle Trace Drive	Greenwood	IN	46143
11/14-11/21	[redacted] Galway Road	Skillmen	NJ	08558
03/13-08/14	[redacted] Woodland Springs Dr.	Newburg	IN	47630
05/11-02-13	[redacted] Windflower	Coto De Caza	CA	92679
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Catalent Indiana, LLC			2021-PRESENT	
Business Address	**City**		**State**	**Zip**
1300 S. Patterson Dr	Bloomington		IN	47403
Phone	**Title**		**Number of Employed Hours**	
812-355-6746	General Manager		320	
Description of Duties				
Works closely with business development on new opportunities, ensures compliance with all regulatory aspects of the facility, provides oversight and guidance for the site budget and ensures adequate resources.				

Business Name			From - To (MM/YY – MM/YY)	
BRISTOL-MYERS SQUIBB COMPANY			2012-2021	
Business Address	**City**		**State**	**Zip**
1 Squibb Dr	New Brunswick		NJ	08901
Phone	**Title**		**Number of Employed Hours**	
732-246-3195	Executive Director- General Manager		18,783	
Description of Duties				
Working closely with the site leadership team established the necessary strategic objectives, systems, programs and initiatives to ensure compliance with company goals, strategic plans and specific objectives.				

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

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

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

Continue on next page if additional space is needed.

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

I, Andrew Espejo, **certify that as the designated representative for** Catalent Indiana, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Andrew Espejo
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12 APR 2022
Date

Applicant's initials

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

Andrew Espejo
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12 APR 2022
Date

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

State of Indiana, ss. County of Monroe

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

Original Signature

12 APR 2022
Date

Subscribed and Sworn to before me this 12 day of April.

Angela M. Britton
Notary Public Signature

ANGELA M BRITTON
Notary Public - Seal
Owen County - State of Indiana
Commission Number NP0641981
My Commission Expires Feb 10, 2029

(Seal)

Applicant's initials

Andrew Espejo is the sole applicant indebted to this application. His primary responsibilities as the GM are to ensure adequate performance of the site to meet client needs. The GM has the full P&L responsibility for the site, works closely with business development on new opportunities, ensures compliance with all regulatory aspects of the facility, provides oversight and guidance for the site budget, and ensures adequate resources. The GM has ultimate responsibility for the safety of our employees and the safety of the products we manufacture. Operations, EHS, Operational Excellence/Training, Engineering, Supply Chain, and Security report directly to the GM. Other functions at the site are matrixed reporting to the GM.

General Manager

- Provides leadership and direction through senior managers
- Is accountable for the performance and results of diverse disciplines or departments within a major region or division
- Develops and executes functional or departmental strategy to achieve key business objectives
- Decisions are guided by company and functional strategy and objectives

EDUCATION AND/OR EXPERIENCE:

- Bachelor's degree in science
- Master's degree in Engineering
- 15+ years of leadership experience
- 12 years cGMP experience

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SUR0070569

Application/License No. _____

CATALENT INDIANA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1300 S. Patterson Drive Bloomington, IN 47403 (Address of Applicant/Principal), as PRINCIPAL, and ARGONAUT INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of IL (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is P.O. Box 469011 San Antonio, TX 78246 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21st day of September, 2021.

APPLICANT/PRINCIPAL
CATALENT INDIANA, LLC

Authorized Representative

SURETY COMPANY
ARGONAUT INSURANCE COMPANY

Surety Company's Representative

Frances Rodriguez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of

Witness Halina Kazmierczak

Witness Sandra Diaz

Countersigned by

N/A

Nevada Resident Agent

Argonaut Insurance Company
Deliveries Only: 225 W. Washington, 24th Floor
Chicago, IL 60606
United States Postal Service: P.O. Box 469011, San Antonio, TX 78246
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint

Cynthia Farrell, Sandra Diaz, Debra A Deming, Anne Potter, Beverly A Woolford, Valorie Spates, Jennifer L Jakaitis, Susan A Welsh, Peter Healy, Nancy Schnee, Aklima Noorhassan, Frances Rodriguez, Francesca Kazmierczak, Kemal Brkanovic

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of

$95,621,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company.

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 8th day of May, 2017

Argonaut Insurance Company

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

by:

Joshua C Betz, Senior Vice President

STATE OF TEXAS
COUNTY OF HARRIS SS

On this 8th day of May, 2017 A.D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written

Kathleen M. Mello
(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 21st day of September, 2021

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

James Bluzard, Vice President-Surety

IF YOU HAVE QUESTIONS ON AUTHENTICITY OF THIS DOCUMENT CALL (833) 820 - 9137.

FINANCIAL STATEMENT
ARGONAUT INSURANCE COMPANY
STATUTORY BASIS as of 12/31/2019

ASSETS

CASH & INVESTED ASSETS	$1,58,499,834
BONDS	$1,054,092,626
STOCKS	$650,147,228
INVESTMENT INCOME DUE AND ACCRUED	$5,764,093
PREMIUM BALANCES	$[illegible]8,710
NET DEFERRED TAX ASSET	$25,249,782
REINSURANCE RECOVERABLE	$64,882,336
OTHER ASSETS	$45,219,794
TOTAL ASSETS	$2,141,179,309

LIABILITIES AND SURPLUS

UNEARNED PREMIUMS	$289,279,454
LOSSES	$515,826,062
LOSS ADJUSTMENT EXPENSES	$166,554,758
COMMISSIONS	$6,043,149
TAXES, LICENSES, AND FEES	$16,089,949
OTHER EXPENSES	$9,990,100
FUNDS HELD UNDER REINSURANCE TREATIES	$83,850,484
CURRENT FEDERAL AND FOREIGN INCOME TAXES	$4,511,005
REMITTANCES AND ITEMS NOT ALLOCATED	$1,380,869
AMOUNTS WITHHELD/RETAINED BY COMPANY FOR OTHERS	$6,624,453
PAYABLES TO PARENT, SUBSIDIARIES & AFFILIATES	$3,618,938
PAYABLE FOR SECURITIES	$4,622,776
PROVISION FOR REINSURANCE	$[illegible]4,084
CEDED REINSURANCE PREMIUMS PAYABLE	$[illegible]2,167
OTHER ACCRUED EXPENSES AND LIABILITIES	$930,97[illegible]
TOTAL LIABILITIES	$1,[illegible]681,902
COMMON CAPITAL STOCK	$4,500,000
GROSS PAID IN AND CONTRIBUTED SURPLUS	$[illegible]20,936
UNASSIGNED SURPLUS	$[illegible]470,471
TOTAL SURPLUS TO POLICYHOLDERS	$[illegible]497,407
TOTAL LIABILITIES & SURPLUS	$2,141,179,309

Lauren T. Welch, being duly sworn, says that she is VP US Financial Controller of Argonaut Insurance Company and that to the best of her knowledge and belief, the foregoing statement is a true and correct statement of the financial condition of said Company as of the 31st of December, 2019.

Subscribed and sworn to before me this 3rd day of March, 2021

Notary Public

DEBBIE BAUMANN
[illegible]

Lauren T. Welch, VP US Financial Controller

OFFICIAL SEAL
ILLINOIS

41

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

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

Section 1: General Information

Facility Name: Cordis US Corp.

Physical Address: 14201 NW 60th Avenue

City: Miami Lakes State: FL Zip: 33014

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: (800) 327-7714 Website: www.cordis.com

Name of Designated Representative (DR): Matthew Vincent Hedrick

Licensing Company Email: matthew.tingom@cordis.com DR Email: matt.hedrick@cordis.com

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

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

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

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

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

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

02-SEPT-2022

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: SEE ATTACHED

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): Bayou Purchaser, Inc. 86-2471976

Corporation/Organization Name: Cordis US Corp.

Mailing Address: 14201 NW 60th Avenue

City: Miami Lakes State: FL Zip: 33014

Telephone: 800.327.7714 Email: matthew.tingom@cordis.com

Contact Person Name: Matthew Tingom, Sr Mgr Quality Management

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Cordis US Corp.

Facility Name

Matthew Tingom, Sr Mgr Quality Management

Print Name of Authorized Person Submitting Application

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

09/21/2022

Date

Board Use Only	Date Received: 9-28-22	Amount: 1000.00 CK-644332

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

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

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

Provide explanation below:

Vincent Matthew Healy

Original Signature (electronic copies or stamps not accepted)

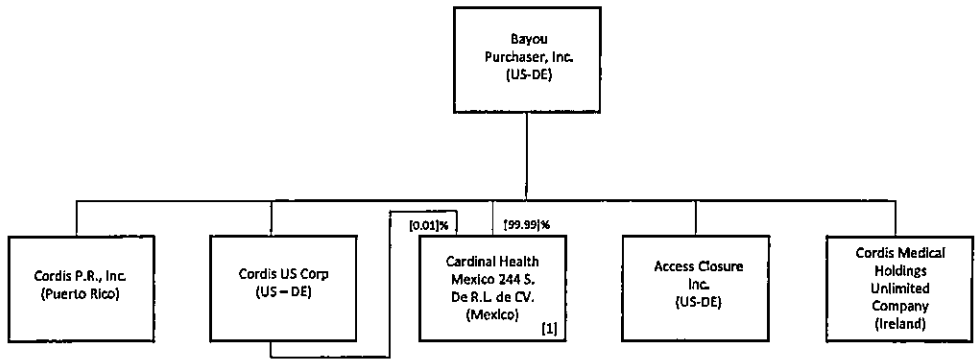
9/21/22

Date

Structure Chart August 15, 2022

All entities are 100% owned unless indicated otherwise.

Notes
[1] Cordis Medical Mexico de R.L. de CV is owned [99.9]% by Bayou Purchaser, Inc., and [0.01]% by Cordis US Corp.



State of Florida
Department of State

I certify from the records of this office that CORDIS US CORP. is a Delaware corporation authorized to transact business in the State of Florida, qualified on May 14, 2021.

The document number of this corporation is F21000003125.

I further certify that said corporation has paid all fees due this office through December 31, 2022, that its most recent annual report/uniform business report was filed on April 14, 2022, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

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

Secretary of State

Tracking Number: 6422486417CU

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

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

U.S. Department of Health & Human Services

a A A

FDA U.S. FOOD & DRUG ADMINISTRATION

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Establishment Registration & Device Listing

FDA Home ◎ Medical Devices ◎ Databases

New Search | Back To Search Results

Establishment:
Cordis US Corp.
Business Trade Name:
CORDIS CORPORATION

14201 N.W. 60TH AVE.
Miami Lakes, FL 33014
Registration Number: 1016427
FEI Number*: 1016427
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2023

Owner/Operator:
CORDIS CORPORATION
5452 Betsy Ross Drive
Santa Clara, CA US 95054
Owner/Operator Number: 1016427

Official Correspondent:
Linda Ruedy
5452 Betsy Ross Drive
Santa Clara, CA 95054
Phone: 1-408-2733423

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

Page Last Updated: 10/24/2022
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

FDA

Accessibility | Contact FDA | Careers | FDA Basics | FOIA | No FEAR Act | Nondiscrimination | Website Policies / Privacy

Officers

Name	Title	% Ownership	Date of Birth	SS No.	Address
Shahriar Matin	CEO	0	[redacted]	[redacted]	[redacted]NE 31st Avenue, North Miami Beach, FL 33160
Richard Champion Davis III	SVP Global Transformation	0	[redacted]	[redacted]	[redacted] Lazy Creek Rd, Colorado Springs, CO 80921
Dodd J. Gray	General Counsel	0	[redacted]	[redacted]	[redacted]Valencia Ave Unit [redacted] Coral Gables, FL 33134

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/11/2022

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

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

PRODUCER	CONTACT NAME:	
Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Cordis Corporation 14201 Northwest 60th Avenue Miami Lakes FL 33014 USA	INSURER A: Underwriters At Lloyds London	15792
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570096464067 **REVISION NUMBER:**

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

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	☐ ANY AUTO						BODILY INJURY (Per person)	
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	
	☐ DED ☐ RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A						E.L. EACH ACCIDENT	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
A	Products Liab			LSRPC00044922 Claims-Made SIR applies per policy terms & conditions	08/02/2022	08/02/2023	Each Claim Aggregate	$10,000,000 $10,000,000

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

Evidence of Coverages

CERTIFICATE HOLDER

Cordis Corporation
14201 NW 60th Ave
Miami Lakes FL 33014 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central Inc.

Holder Identifier :

Certificate No : 570096464067

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The ACORD name and logo are registered marks of ACORD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB01663400031

Application/License No. _____

Cordis US Corp (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 14201 Northwest 60th Ave. Miami Lakes, FL 33014 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004-0950 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 09/06/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 6th day of September, 2022.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY
Philadelphia Indemnity Insurance Company

Surety Company's Representative

Peter D. Holley, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Mark C. Johnson, Peter D. Holley, James P. Vawter, and Cathy Gagnon of HUB International Insurance Services of California,** its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$50,000,000.**

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1366394
Member, Pennsylvania Association of Notaries

Notary Public: Vanessa McKenzie

residing at: Bala Cynwyd, PA

My commission expires: November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 6th day of September, 2022

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT **CIVIL CODE § 1189**

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

State of California)
County of Contra Costa)

On September 6, 2022 before me, Cathy D. Gagnon, Notary Public
Date *Here Insert Name and Title of the Officer*

personally appeared Peter D. Holley
Name(s) of Signer(s)

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

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

WITNESS my hand and official seal.

CATHY D. GAGNON
Notary Public - California
Contra Costa County
Commission # 2359437
My Comm. Expires May 29, 2025

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: License & Permit Bond Document Date: September 6, 2022
Number of Pages: 2 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Peter D. Holley	Signer's Name: _____
☑ Corporate Officer — Title(s): _____	☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual ☑ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☑ Other: _____	☐ Other: _____
Signer Is Representing: _____	Signer Is Representing: _____
Philadelphia Indemnity Insurance Company	-

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EPSTEIN
BECKER
GREEN

Attorneys at Law

Privileged & Confidential
Attorney Client Communication
Attorney Work Product

MEMORANDUM

To: Cordis US Corp. **From:** Epstein Becker & Green, P.C.[1]

Date: July 19, 2022

Re: Cordis US Corp. – Florida Licensure Requirements for Medical Device Manufacturing

This memorandum summarizes Epstein Becker & Green, P.C.'s ("EBG") review of the Florida's medical device manufacturer permit requirements and their applicability to Cordis US Corp. As set forth, below, Cordis US Corp. is exempt from Florida's device manufacturer permit requirement, as it is registered as a medical device establishment with the U.S. Food and Drug Administration ("FDA"); its medical devices have been cleared or approved by, and each listed with, FDA; and has submitted evidence of its medical device establishment registration and product listings to the Florida Department of Business and Professional Regulation ("FDBPR").

Overview of Cordis US Corp.'s Operations

Cordis US Corp. develops, manufactures and distributes prescription medical devices used in diagnostic and interventional procedures to treat patients with coronary and peripheral vascular diseases. The company's product portfolio consists of devices in the following categories: introducer sheaths, diagnostic guidewires, diagnostic catheters, guiding catheters, stents, percutaneous transluminal angioplasty (PTA) / percutaneous transluminal coronary angioplasty (PTCA), and vascular closure devices. These products are classified as medical devices under applicable standards and regulations. Many of these devices are subject to 510(k) premarket clearances, which are also held by Cordis, and all such products are listed with FDA, as required by federal regulations. Cordis's Miami Lakes, Florida facility is registered as a medical device establishment with FDA (FDA Medical Device Establishment Registration No. 1016427). Cordis does not manufacture any prescription or non-prescription drugs, combination products, or medical devices that include or incorporate a drug component. Further, Cordis does not use, handle, or store any controlled substances.

Applicable Florida Laws

Florida Statute §499.01(o) states that, "[a] device manufacturer permit is required for any person that engages in the manufacture, repackaging, or assembly of medical devices for human use in this state." The permit requirement provides certain exemptions for persons (or companies) that engage in certain manufacturing operations. Specially, a permit is not required if the person

[1] This memorandum was prepared by James Boiani and Jessika Tuazon of EBG.

manufactures, repackages, or assembles medical devices or components for such devices; "which are exempt from registration pursuant to s. 499.015(8))." Fla. Stat. §499.01(o)(1)(b).

Pursuant to Florida Statute §499.015(8)[2], manufacturers that are registered with the U.S. Food and Drug Administration are exempt from registering medical devices with the state if the following conditions are met: (a) the manufacturer's medical devices are approved for marketing by, or listed with the federal Food and Drug Administration in accordance with federal law for commercial distribution; or (b) the manufacturer subcontracts with a manufacturer of medical devices to manufacture components of such devices. In lieu of registering with the state, a manufacturer must submit evidence that it satisfies the requirements of section §499.015(8), including, as applicable, copies of the premarket notification letters, premarket approval numbers, and/or a FDA medical device registration number.[3]

Florida does not appear to require a separate license for activities specific to the distribution of medical devices.

Assessment of Florida Requirements and Communications with the FDBPR

As set forth above, Florida law generally requires manufacturers of medical devices to hold a permit issued by FDBPR. However, manufacturers that hold a medical device facility registration with FDA are exempt from this permit requirement if the facility manufactures devices or components which are exempt from registration, such as devices which are subject to clearance or approval by FDA. Cordis US Corp. only manufactures medical devices that are subject to clearance or approval by FDA (i.e., medical devices that are exempt from registration under Fla. Stat. §499.015(8)). Therefore, the company falls within the exemption set forth in Fla. Stat. §499.01(o) and is not required to apply for or maintain a device manufacturer permit.

The above interpretation of the Florida laws was further confirmed by the FDBPR. On June 28, 2022, EBG communicated by phone with a representative of the FDBPR licensing division[4], who confirmed the FDBPR does not require Cordis US Corp. to maintain a device manufacturer permit. Specifically, the FDBPR represented that it does not currently require manufacturers of medical devices to maintain a manufacturing permit, where the medical devices do not incorporate a prescription drug. As explained above, none of Cordis US Corp.'s medical devices incorporate

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[2] Fla. Stat. §499.015(8) states:

> Notwithstanding any requirements set forth in this part, a manufacturer of medical devices that is registered with the federal Food and Drug Administration is exempt from this section and s. 499.041(6) if:
> (a) The manufacturer's medical devices are approved for marketing by, or listed with the federal Food and Drug Administration in accordance with federal law for commercial distribution; or
> (b) The manufacturer subcontracts with a manufacturer of medical devices to manufacture components of such devices.

[3] Fla. Stat §499.015(9) states:

> However, the manufacturer must submit evidence of such registration, listing, or approval with its initial application for a permit to do business in this state, as required in s. 499.01, and any changes to such information previously submitted at the time of renewal of the permit. Evidence of approval, listing, and registration by the federal Food and Drug Administration must include:
> (a) For Class II devices, a copy of the premarket notification letter (510K);
> (b) For Class III devices, a federal Food and Drug Administration premarket approval number;
> (c) For a manufacturer who subcontracts with a manufacturer of medical devices to manufacture components of such devices, a federal Food and Drug Administration registration number; or
> (d) For a manufacturer of medical devices whose devices are exempt from premarket approval by the federal Food and Drug Administration, a federal Food and Drug Administration registration number.

[4] EBG communicated with Tehelia McGlockton, Regulatory Specialist II, FDBPR, Drugs, Devices, and Cosmetics division.

prescription drugs. Based on these facts, the FDBPR concluded that the manufacturer permit does not apply to Cordis US Corp.

Following the discussion with FDBPR, on June 30, 2020 and July 8, 2022, Cordis US Corp. provided the FDBPR with the following materials to support its exempt status: a copy of the company's FDA medical device establishment registration; a list of premarket notification clearances (510(k)) held by the company; a sample of 510(k) letters issued by FDA relating to the company's medical devices; and a description of the Company's limited operations with respect to the manufacture and distribution of medical devices. The materials provided to the FDBPR satisfy the state's requirement to provide evidence of the company's medical device establishment registration and product listing in compliance with sections 499.015(8) and 499.015(9) of the Florida Statutes.

Based on our review of applicable state laws and regulations, and consistent with representations and guidance from the FDBPR, EBG concluded that Cordis US Corp. is not required to apply for or maintain a Florida medical device manufacturing permit.

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Cordis US Corp MDEG License # (if applicable) _____

Physical Address 14201 Northwest 60th Avenue

City Miami Lakes State FL Zip 33014

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800.327.7714 Website www.cordis.com

Licensing Company Email _____

Section 2: Personal Information

First Vincent Middle Matthew Last Hedrick

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

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

Mailing Address [redacted] Lavender Circle

City Weston State FL Zip 33327

Telephone [redacted] Email matt.hedrick@cordis.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Texas A&M University		8/11 - 01/15	
Address	**City**	**State**	**Zip**
400 Bizzell St	College Station	TX	77843
Diploma/Degree obtained, if any			
Masters of Science in Statistics			
School Name		**From - To (MM/YY – MM/YY)**	
Lehigh University		8/89 - 6/93	
Address	**City**	**State**	**Zip**
27 Memorial Dr.	Bethlehem	PA	18015
Diploma/Degree obtained, if any			
Bachelors of Science in Chemical Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Owen J Roberts High School		9/85-6/89	
Address	**City**	**State**	**Zip**
901 Ridge Rd	Pottstown	PA	19465
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/02 - Present	[redacted]avender Circle	Weston	FL	33327
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: Cordis			From - To (MM/YY – MM/YY): 11/12-Present
Business Address: 14201 NW 60th Ave	City: Miami Lakes	State: FL	Zip: 33014
Phone: 786-313-8493	Title: Quality Assurance Director		Number of Employed Hours: 20,000+
Description of Duties: Quality Management Representative, Recalls, Quality Operations, Compliance to all Regulations & Standards			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Vincent Matthew Hefley

Original Signature (electronic, copies or stamps not accepted)

11/8/22

Date

I, Vincent Matthew Hedrick, **certify that as the MDEG Administrator for**

Cordis US Corp,

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

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

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

Vincent Matthew Hedrick

Print Name (First, Last)

Vincent Matthew Hedrick

Original Signature (electronic, copies or stamps not accepted)

11/8/22

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Cordis US Corp.

Physical Address 14201 NW 60th Avenue

City Miami Lakes State FL Zip 33014

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800.327.7714 Website www.cordis.com

Licensing Company Email matthew.tingom@cordis.com

Section 2: Personal Information

First Vincent Middle Matthew Last Hedrick

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

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

Mailing Address [redacted] NW 60th Avenue

City Miami Lakes State FL Zip 33014

Telephone [redacted] Email matt.hedrick@cordis.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials VH

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
- Present	[redacted]Lavender Circle	Weston	FL	33327
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials 9/m/24

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Vincent Matthew Kehrich

Original Signature (electronic, copies or stamps not accepted)

9/7/22

Date

Applicant's initials VMK

I, Vincent Matthew Hedrick, **certify that as the designated representative for**

Cordis US Corp.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Vincent Matthew Hedrick

Print Name (First, Last)

Vincent Matthew Hedrick

Original Signature (electronic, copies or stamps not accepted)

9/7/22

Date

Applicant's initials VMH

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Cordis US Corp. dba Cordis

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

Physical Address: 14201 NW 60th Avenue

City: Miami Lakes State: FL Zip: 33014

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: Website:

Licensing Company Email: matthew.tingom@cordis.com

Section 2: Personal Information

First: Dodd Middle: Joseph Last: Gray

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] NW 60th Avenue

City: Miami Lakes State: FL Zip: 33014

Telephone: [redacted] Email: dodd.gray@cordis.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
See attached resume			
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
- present	[redacted] NW 60th Ave	Miami Lakes	FL	33014
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name See attached resume			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dodd Joseph Gray
Print Name (First, Last)

Dodd J. Gray
Original Signature (electronic, copies or stamps not accepted)

8/17/22
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami DADE

I, Dodd J. Gray, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Dodd J. Gray
Original Signature

8/17/22
Date

Subscribed and Sworn to before me this 17 day of Aug 2022.

Notary Public Signature

CATHERINE M COLLINS
Notary Public - State of Florida
Commission # HH 97809
My Comm. Expires Feb 25, 2025
Bonded through National Notary Assn.

(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application
Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Cordis US Corp. dba Cordis
Pharmacy/MDEG/Wholesaler License # (if applicable) n/a
Physical Address 14201 NW 60th Avenue
City Miami Lakes State FL Zip 33014
Mailing Address (if different from physical address) same as above
City State Zip
Telephone Website
Licensing Company Email matthew.tingom@cordis.com

Section 2: Personal Information

First Richard Middle Champion Last Davis III
Alias(es, nicknames, name changes, etc.)
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X
Mailing Address [redacted] NW 60th Avenue
City Miami Lakes State FL Zip 33014
Telephone [redacted] Email champ.davis@cordis.com
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
See attached resume			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/13 - present	[redacted] Lazy Creek Rd	Colorado Springs	CO	80921
06/12 - 06/13	[redacted] Crane Canyon Loop	Colorado Springs	CO	80921
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
See attached resume			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question #_____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

02-SEPT-2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Champion Davis III

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02-SEPT-2022

Date

Please have this section completed in the presence of a Notary Public.

State of Colorado, ss. County of EL PASO

I, Richard Champion Davis III, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02-SEPT-2022

Date

Subscribed and Sworn to before me this 2nd day of September 2022.

Notary Public Signature

JASON JORGENSEN
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20184039530
MY COMMISSION EXPIRES OCTOBER 10, 2022

(Seal)

Applicant's initials RCD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Cordis US Corp. dba Cordis

Pharmacy/MDEG/Wholesaler License # (if applicable): n/a

Physical Address: 14201 NW 60th Avenue

City: Miami Lakes State: FL Zip: 33014

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: Website:

Licensing Company Email: matthew.tingom@cordis.com

Section 2: Personal Information

First: Shahriar Middle: Last: Matin

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] NW 60th Avenue

City: Miami Lakes State: FL Zip: 33014

Telephone: [redacted] Email: shar.matin@cordis.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Cordis US Corp. dba Cordis

Pharmacy/MDEG/Wholesaler License # (if applicable): n/a

Physical Address: 14201 NW 60th Avenue

City: Miami Lakes State: FL Zip: 33014

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: Website:

Licensing Company Email: matthew.tingom@cordis.com

Section 2: Personal Information

First: Shahriar Middle: Last: Matin

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] NW 60th Avenue

City: Miami Lakes State: FL Zip: 33014

Telephone: [redacted] Email: shar.matin@cordis.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
See attached resume			
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
- present	[redacted] NE 31st Avenue	North Miami Beach	FL	33160
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
See attached resume			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Shahriar, Matin

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

8/17/2022

Date

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of MIAMI DADE

I, Shahriar Matin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/17/22

Date

Subscribed and Sworn to before me this 17 day of August 2022.

Notary Public Signature

CATHERINE M COLLINS
Notary Public - State of Florida
Commission # HH 97809
My Comm. Expires Feb 25, 2025
Bonded through National Notary Assn.

(Seal)

TEMP W#03269

EPSTEIN
BECKER
GREEN

Attorneys at Law

Jessika Tuazon
t 310.557.9562
f 310.943.2054
JTuazon@ebglaw.com

OCT 20 2022

October 19, 2022

APPROVED
11/16/22

VIA EMAIL AND FEDEX
Dave Wuest
Executive Secretary
985 Damonte Ranch Parkway
Suite 206
Reno, Nevada 89521
dwuest@pharmacy.nv.gov
pharmacy@pharmacy.nv.gov

RE: Cordis US Corp. – Wholesale Drug Distributor Application
URGENT REQUEST FOR ASSISTANCE AND MEETING

Dear Mr. Wuest:

On behalf of my client, Cordis US Corp. ("Cordis" or the "Applicant"), and in coordination with Cordis' third-party logistics provider, Kuehne + Nagel Inc. ("K+N"), I am contacting you to request your assistance, and an opportunity to meet with the State of Nevada Board of Pharmacy (the "Board") within the next week, regarding the Board's review of Cordis' Wholesale Drug Distributor application and K+N's Third Party Logistics Wholesaler application. Because healthcare facilities and patients in the State of Nevada rely on Cordis' products for use in life-saving diagnostic and interventional cardiovascular and endovascular surgical procedures, we are asking for your assistance in granting full approval of Cordis and K+N's applications or issuing provisional licenses to Cordis and K+N by October 28, 2022 (one week after Cordis' planned operational start date) to avoid disruptions in hospitals' and patients' access to Cordis products.

The following provides background information on Cordis and our application process. Once you have had the opportunity to review Cordis' application, we would request your assistance in issuing a full license or provisional license to Cordis. To help facilitate your review of the application and Cordis' urgent requests below, we, in coordination with K+N, are also requesting a meeting to discuss the matter with you and other Board members as you deem appropriate within the next week to provide time for resolution of this matter and to answer any questions you may have.

Background on Cordis US Corp.

Cordis US Corp. is a well-known and respected global leader in delivering innovative, differentiated cardiovascular and endovascular devices. Since its founding in 1959, Cordis has developed and (virtually) manufactured medical devices for diagnostic and interventional procedures to treat patients with coronary and peripheral vascular diseases. Healthcare facilities and professionals in the State of Nevada have relied on Cordis products for several decades, as Cordis products have a long-standing reputation of quality and regulatory compliance.

Cordis was previously owned by Cardinal Health and was divested to form the independent entity, Cordis US Corp. Cordis products continue to be manufactured by the same contract manufacturing entities as prior to the divestment. Further, as part of the transaction with Cardinal Health, Cordis acquired the facility in Miami Lakes, Florida, which now serves as Cordis' corporate headquarters, and continues to operate the business under the same quality management system as used under the prior ownership. Products manufactured for Cordis are currently being distributed by Cardinal Health[1] to hospitals and healthcare professionals pursuant to a Transition Services Agreement. As the termination date of this arrangement is quickly approaching, Cordis submitted a Wholesale Drug Distribution application on September 30, 2022[2] to establish itself as the sole entity manufacturing and distributing products within its portfolio into the Nevada. Cordis remains focused on ensuring that its products continue to be manufactured and distributed in accordance with the high-quality standards expected by customers and patients.

Cordis has engaged K+N to provide third party logistics services, including warehousing and shipping of medical devices to customers, on Cordis' behalf. Following the expiration of Cordis' agreement with Cardinal Health, all inventory will be transferred to K+N's warehouse located at 4080 Executive Drive, Suite 100, Southaven, Mississippi 38672. We understand that K+N separately submitted an application to the Board for a Third Party Logistics Distributor license in May 2022, but has been unable to obtain any meaningful information about the status of the Board's review of its application. As Cordis is a virtual manufacturer and virtual distributor of its products, in order for Cordis products to be timely delivered to hospitals and healthcare practitioner offices in Nevada, it is also necessary for the Board to approve K+N's pending application. Based on the above, we are requesting a joint meeting with the Board to discuss the Board's review of the pending applications submitted by Cordis and K+N. We understand that

[1] Cardinal Health 200, LLC holds the following licenses issued by the Nevada Board of Pharmacy: (a) the El Paso facility holds licenses WH03257, WH03258, MP01484, and MP01483, and (b) the Olive Branch location holds licenses WH01887 and MP02938.

[2] On September 9, 2022, Cordis submitted a Wholesale Drug Distribution application to the Board; however, this application was returned to Cordis with a note indicating that the application used an outdated template form. Cordis immediately completed a new application on the current template form and re-submitted an application on September 30, 2022.

K+N has separately written to the Board requesting assistance in reviewing and approving its application to avoid putting at risk hospital and patient access to Cordis medical devices.

Request for Provisional License

Cordis believes the Drug Distributor license application and related supplemental materials already submitted to the Board satisfy the Board's requirements for licensure and demonstrate that Cordis is qualified to be licensed as a drug distributor in Nevada. To date, we have not received any information from the Board indicating that additional information is required to finalize approval of Cordis' application.

We acknowledge, however, that we do not have visibility to, nor any control over, the processing of background checks and fingerprints submitted as part of this application by the State of Nevada or the Federal Bureau of Investigation ("FBI"). To the extent the Board has not yet received a background criminal report from the FBI associated with Cordis' application and/or feels it needs additional time to review the pending application, we respectfully request that the Board issue a provisional license pursuant to sections 639.5932[3] and 639.500[4] of the Nevada Administrative Code to allow Cordis to distribute its life-saving products to customers without delay.

As required under Nevada law, Cordis has provided the Board with information documenting the licenses it holds in good standing in other states. Consistent with the application materials submitted to the Board, Cordis reaffirms that it is not, and has not been, under investigation nor subject to an administrative action by any federal or state regulatory agency. Similarly, Cordis is not, and has not been, subject to any litigation related to its operations as a manufacturer or distributor of medical devices. In furtherance of this request for a provisional license, Cordis submits the following materials for the Board's consideration: (a) a list of all sources from which Cordis obtains prescription drugs (in the case of Cordis, prescription medical

[3] Section 639.5932 of the Nevada Administrative Code states:

> The Board may issue a provisional license to an applicant pursuant to subsection 3 of NRS 639.500, if the applicant:
>
> 1. Submits evidence satisfactory to the Board establishing that the applicant is licensed in another state as a wholesaler, that such license is in good standing and that the applicant is not: (a) Under investigation; (b) Subject to an administrative action; or (c) Otherwise engaged in litigation, Ê for a matter related to the practice of the applicant.
> 2. Provides to the Board a list of all sources from which the applicant obtained prescription drugs during the 12 months immediately preceding the date on which the application was submitted.
> 3. Provides to the Board a list of all customers to whom the applicant sold or otherwise provided prescription drugs during the 12 months immediately preceding the date on which the application was submitted.
> 4. Provides all other documents as may be requested by the Board.

[4] Pursuant to section 639.500(3) of the Nevada Administrative Code, "[t]he Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified." NAC § 639.500.

devices); (b) a list of all customers to whom the applicant sold or otherwise provided prescription drugs during the 12 months immediately preceding the date on which the application was submitted; and (c) an updated list of manufacturing and distribution licenses it holds in good standing.[5] Although Cordis believes the information submitted in its application and attached to this letter are sufficient for the Board to issue a permanent license or a provisional license, we can provide other information, as requested by the Board, to ensure prompt approval of Cordis' license application or issuance of a provisional license.

In light of the information provided, I am requesting a teleconference with yourself or members of the Board, as you deem appropriate, to discuss the Board's review of the applications submitted by Cordis and K+N. Please contact me at jtuazon@ebglaw.com or at 310-557-9562 at your earliest convenience so that we can set up a time to meet or discuss this letter in greater detail and a timeline for approval of these licenses or issuance of provisional licenses.

Sincerely,

Jessika Tuazon, Esq.
Counsel to Cordis US Corp.

/ Attachments

cc:

Ellen Wisniewski, Counsel, Cordis US Corp.
Matthew Tingom, Sr. Manager, Quality Management, Cordis US Corp.
James Boiani, Esq., Epstein Becker & Green, P.C.
Nadine Jones, Esq., General Counsel & Corporate Secretary, SVP North American Region, Kuehne + Nagel Inc.
Eduardo Razuck, SVP Contract Logistics, Kuehne + Nagel Inc.

[5] Copies of these documents are attached to this letter.

Cordis US Corp.
Wholesale Drug Distributor Application
Nevada Board of Pharmacy

Cordis US Corp. – Summary of State Licenses (as of October 18, 2022)

Pursuant to section 639.5932(1) of the Nevada Administrative Code, Cordis submits the below summary, which demonstrates that Cordis holds licenses in other states related to its operations as a medical device wholesaler. Each of the licenses listed below is valid and in good standing. To the extent such information is publicly available, Cordis is also providing a printout from the issuing body's online verification system.

State	Issuing Body	License Type	License #	Date of Issuance
Connecticut	State of Connecticut Department of Consumer Protection	Manufacturer of Drugs, Medical Devices and/or Cosmetics Outside the State of Connecticut Registration	CSW.0005122	7/19/2022
D.C	State of District of Columbia Department of Health	Medical Device Distributors and Manufacturers License	DCDEM01121	10/17/2022
Idaho	Idaho State Board of Pharmacy	Virtual Manufacturer Registration	M68123	9/26/2022
Kansas	Kansas Board of Pharmacy	Manufacturer - Virtual Manufacturer Registration	4-118815	10/30/2022
Louisiana	Louisiana Board of Drug and Device Distributors	Distributor of Legend Devices – Virtual Manufacturer License	10696	9/13/2022
Maryland	State of Maryland Department of Health Board of Pharmacy	Distributor (Manufacturers and Virtual Manufacturers Distributing Their Own Prescription Drugs and Devices Permit (Abbreviated License Application))	DO7189	8/30/2022
Montana	State of Montana Business Standards Division Professional and Occupational Licensing Bureau Board of Pharmacy	Wholesale Drug Distributor License - Manufacturer	PHA-WDD-LIC-89244	10/3/2022
New Hampshire	State of New Hampshire Board of Pharmacy	Prescription Drug/Device Manufacturer, Wholesaler, Distributor, Repacker/Relabeler, or Broker License - Virtual Manufacturer	7574	8/30/2022

Cordis US Corp.
Wholesale Drug Distributor Application
Nevada Board of Pharmacy

Cordis US Corp. – Summary of State Licenses (as of October 18, 2022)

State	Issuing Body	License Type	License #	Date of Issuance
New Jersey	New Jersey Department of Health Consumer and Environmental Health Service	Wholesaler - Virtual Manufacturer Registration	5006212	10/14/2022
Oregon	Oregon Board of Pharmacy	Manufacturer Registration	M-0003769	10/3/2022
Utah	State of Utah Department of Commerce Division of Occupational & Professional Licensing	Pharmacy Class C: Manufacturer License	13018779-1710	9/13/2022

Cordis US Corp.
Wholesale Drug Distributor Application
Nevada Board of Pharmacy

Cordis US Corp.
Overview of Suppliers (as of October 19, 2022)

Pursuant to section 639.5932(2) of the Nevada Administrative Code, Cordis submits the below summary, which lists all sources from which Cordis obtained prescription drugs during the 12 months immediately preceding submission of a Drug Wholesaler application to the Nevada Board of Pharmacy.

Contract Manufacturer (Suppliers)	Address	FDA Firm Establishment Identifier (FEI)	FDA Facility Registration Number
Burpee MedSystems, LLC (dba Burpe Materials Technology, LLC)	15 Christopher Way, Eaton Town NJ 07724	3005089785	3005089785
Confluent Medical Technologies (fka Nitinol Device & Components)	Coyol Free Zone, Building 25, Alajuela, Costa Rica	3009018440	3009018440
Cordis de Mexico SA de CV (aka JNJ)	#1820 CIRCUITO INTERIOR NORTE, JUAREZ, CHIHUAHUA MEXICO	3003248396	9673241
Freudenberg Medical , LLC (fka Medventure Technology Corporation)	2301 CENTENNAL BLVD, JEFFERSONVILLE, IN 47130	1000121130	1222140
Lake Region Medical - Chaska, MN	340 Lake Hazeltine Drive, Chaska, MN 55318	2126666	2126666
Lake Region Medical - New Ross, IRE	Butlersland, County Wexford, New Ross Ireland	3002807439	9681477
NORMAN NOBLE, INC. - Highland Heights Park, OH)	5507 AVION PARK, HIGHLAND HEIGHTS PARK, OH 44143	3002755653	1531050
UNISIS CORP.	2675-1 NISHIKATA KOSHIGAYA- SHI SAITAMA 343-0822 JAPAN	3003803331	9681709
Viant Medical Inc. - Laconia, NH (fka. Lake Region Medical - Laconia, NH)	45 Lexington Dr, Laconia NH 03246	1221485	1221485
Cardinal Health Mexico 244 S De RL De C	PARQUE INDUSTRIAL SALVARCAR Ciudad Juarez Chihuahua, MX CP 32574	3003528016	9616099

Cordis US Corp.
Wholesale Drug Distributor Application
Nevada Board of Pharmacy

Cordis US Corp. – Nevada Customers (as of October 19, 2022)

Pursuant to section 639.5932(3) of the Nevada Administrative Code, Cordis submits the following list of customers from the past twelve months immediately prior to Cordis' submission of a Drug Distributor application.

Customer Name	City	State
99TH MEDICAL GROUP	NELLIS AFB	NV
ADVANCED CARDIAC AND VASCULAR	LAS VEGAS	NV
AZURA VASCULAR CARE	LAS VEGAS	NV
AZURA VASCULAR CARE	RENO	NV
CARSON TAHOE REGIONAL MEDICAL CTR	CARSON CITY	NV
CENTENNIAL HILLS HOSPITAL MEDICAL	LAS VEGAS	NV
CHW NEVADA IMAGING CO LLC	LAS VEGAS	NV
DESERT CARDIOVASCULAR CONSULT	LAS VEGAS	NV
DESERT RADIOLOGISTS	LAS VEGAS	NV
DESERT SPRINGS HOSPITAL	LAS VEGAS	NV
DIGNITY ST ROSE SAN MARTIN CAMPUS	LAS VEGAS	NV
DIGNITY ST ROSE SIENA CAMPUS	HENDERSON	NV
HCA SOUTHERN HILLS HOSP AND MED CTR	LAS VEGAS	NV
HCA SUNRISE HOSPITAL AND MED CTR	LAS VEGAS	NV
HCA SUNRISE MOUNTAINVIEW HOSPITAL	LAS VEGAS	NV
HENDERSON HOSPITAL	HENDERSON	NV
LAS VEGAS INTERVENTIONAL CTR	LAS VEGAS	NV
LIFELINE VASCULAR CARE	LAS VEGAS	NV
NEVADA VEIN AND VASCULAR	RENO	NV
NORTH VISTA HOSPITAL	NORTH LAS VEGAS	NV
NORTHEASTERN NEVADA REGIONAL	ELKO	NV
NORTHERN NEVADA MEDICAL CENTER	RENO	NV
NORTHERN NEVADA MEDICAL CENTER	SPARKS	NV
OBL HOLDINGS LLC	HENDERSON	NV
RENOWN HEALTH	RENO	NV
SAINT MARYS REGIONAL MEDICAL CENTER	RENO	NV
SEVEN HILLS ASC	HENDERSON	NV
SPRING VALLEY HOSPITAL MEDICAL	LAS VEGAS	NV
SUMMERLIN HOSPITAL MEDICAL CENTER	LAS VEGAS	NV
UNIVERSITY MEDICAL CENTER OF	LAS VEGAS	NV
VA SIERRA NEVADA HEALTH SYS RENO	RENO	NV
VA MSPV SO LAS VEGAS	N LAS VEGAS	NV
VA SIERRA NEVADA HLTH RENO	RENO	NV
VA SO NEVADA HLTH CARE LAS VEGAS	NORTH LAS VEGAS	NV
VALLEY HOSPITAL MEDICAL CENTER	LAS VEGAS	NV
WILLIAM BEE RIRIE HOSPITAL	ELY	NV

4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☒ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02436	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Greenwich Biosciences, LLC

Physical Address: 5750 Fleet Street, Suite 200

City: Carlsbad State: CA Zip: 92008

Mailing Address (if different from physical address): 5750 Fleet Street, Suite 200

City: Carlsbad State: CA Zip: 92008

Telephone: (760)795-2200 Website: https://www.greenwichbiosciences.com/

Name of Designated Representative (DR): Barrett Land

Licensing Company Email: licensing@greenwichbiosciences.com DR Email: bland@greenwichbiosciences.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Pharmcies/Distributors and Long-Term		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	x	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached.

Late fee issued by Kansas, related to submittal of changes of ownership and name.

Original Signature (electronic, copies or stamps not accepted)

10/7/22
Date

Greenwich Biosciences, LLC ("Greenwich") submitted a late change of ownership notice to the Kansas Board of Pharmacy for its non-resident manufacturer license. Kansas assessed a $500 penalty in connection with this notice in May 2022, which was paid by check dated July 1, 2022. The late notice was caused by a clerical error in connection with the change of ownership. There were no other issues, violations, or discipline associated with this matter.

800 SW Jackson St., Suite 1414
Topeka, KS 66612

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Alexandra Blasi, Executive Secretary

Laura Kelly, Governor

May 23, 2022

Greenwich Biosciences, LLC
5750 Fleet Street, Suite 200
Carlsbad CA 92008

RE: Case No. 22-138

To Whom it May Concern:

Enclosed you will find a Summary Order issued by the Kansas Board of Pharmacy (Board) in the above-referenced matter. Please read the order in its entirety. In addition, a civil fine has been assessed totaling $500. Please submit a check or money order made payable to the Kansas Board of Pharmacy and include your case number in the check memo.

If you disagree with the findings of fact, you have the right to request a hearing. Instructions for filing a written request are included under the "Notices" section of the order. Hearings are held before the full Board during their regularly scheduled quarterly meetings.

According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have any questions, feel free to contact the Board at Pharmacy.Compliance@ks.gov.

Sincerely,

Kansas Board of Pharmacy

Enclosure

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of Greenwich Biosciences, LLC Registration No. 4-117853	)	Case No. 22-138

SUMMARY ORDER

NOW on this 23rd day of May, 2022, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Director, the matter of Greenwich Biosciences, LLC ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 4-114538 which entitles Respondent to operate as a non-resident manufacturer in the State of Kansas ("Respondent's Registration").

2. On December 31, 2021, the ownership of Respondent's facility was changed from Greenwich Biosciences, Inc. to Greenwich Biosciences, LLC.

3. On April 29, 2022, the Board received from Respondent a Form BA-04 Manufacturer Registration Application, notifying of the change in ownership from Greenwich

Biosciences, Inc. to Greenwich Biosciences, LLC, effective December 31, 2021, and applying for a new manufacturer registration for the new ownership model.

4. On May 5, 2022, the Board approved Respondent's manufacturer application, effective immediately.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1643, it shall be unlawful for any manufacturer to operate in Kansas without first obtaining a registration as a manufacturer from the Board.

3. Pursuant to K.S.A. 65-1645(f), registrations shall not be transferrable.

4. Pursuant to K.S.A. 65-1643d, the Board shall require an applicant for registration as a manufacturer or virtual manufacturer under K.S.A. 65-1643 to provide the following information: the name, full business address and telephone number of the applicant; the type of ownership or operation of the applicant; the name of the owner or operator of the applicant; and any other information as the board deems appropriate.

5. Respondent's failure to submit the complete change of ownership application to the Board until April 29, 2022 is a violation.

6. Since Respondent utilized the registration issued to the prior owner, Respondent transferred the use of the registration to the new owner.

7. By operating as a manufacturer in the state of Kansas under the old ownership and registration number prior to notifying the Board and filing the requisite ownership change

application and receiving an updated registration, Respondent violated K.S.A. 65-1643, 65-1643d, and 65-1645.

ORDER

The Board finds and concludes that Respondent's conduct, as described above, violates the Act and such conduct warrants the imposition of a fine pursuant to K.S.A. 65-1658, in the amount of $500.00. Respondent has 30 days from the date of this order to pay the full $500.00.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 23rd day of May, 2022 deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

Greenwich Biosciences LLC
5750 Fleet Street, Suite 200
Carlsbad CA 92008

Kansas Board of Pharmacy Staff

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attached.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Jazz Pharmaceuticals, Inc.

Corporation/Organization Name: Greenwich Biosciences, LLC

Mailing Address: 5750 Fleet Street, Suite 200

City: Carlsbad State: CA Zip: 92008

Telephone: (650) 496-3777 Email: licensing@greenwichbiosciences.com

Contact Person Name: Ryan Bovia

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		N/A ✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		N/A ✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	N/A ✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	N/A ✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	N/A ✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Greenwich Biosciences, LLC

Facility Name

Ryan Bovia

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10-7-22

Date

Board Use Only	Date Received: 10-19-22	Amount: 1000.00 CK-14829

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7242

NAME: GREENWICH BIOSCIENCES LLC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

5750 FLEET ST STE 200
CARLSBAD CA 92008
SAN DIEGO COUNTY

ISSUANCE DATE

NOVEMBER 14, 2017

EXPIRATION DATE

NOVEMBER 1, 2023

CURRENT DATE / TIME

NOVEMBER 15, 2022
2:35:20 PM

LICENSE RELATIONSHIPS

NAME: LAND, BARRETT JOHN

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 25058 **PRIMARY STATUS:** CLEAR

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) ±
EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through April 27, 2022

You have searched Finished drug products

Search Results: *'Greenwich'*

Back to Search Page () | Search Again ()

CSV | Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
⊕ Epidiolex	70127-100-10	100 mg/mL	SOLUTION	ORAL	NDA210365	Greenwich Biosciences, Inc.	70127-100	cannabidiol	CANNABIDIOL	HUMAN PRESCRIPTION DRUG	10/05/2018
⊕ Epidiolex	70127-100-60	100 mg/mL	SOLUTION	ORAL	NDA210365	Greenwich Biosciences, Inc.	70127-100	cannabidiol	CANNABIDIOL	HUMAN PRESCRIPTION DRUG	10/06/2021

Showing 1 to 2 of 2 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GREENWICH BIOSCIENCES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREENWICH BIOSCIENCES, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5426844 8300

SR# 20222585754

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203571879

Date: 06-01-22

Certificate Verification No.: 020377729 Date: 06/09/2022

B0790-5282 06/02/2022 6:20 AM Received by California Secretary of State

Ownership Information

Greenwich Biosciences, LLC ("Greenwich") is a limited liability company located in California. Greenwich is a wholly owned subsidiary of Jazz Pharmaceuticals, Inc., located at 3170 Porter Drive Palo Alto, CA 94304.

Company Information

Greenwich Biosciences, LLC
5750 Fleet Street, Suite 200
Carlsbad, CA 92008
(760)795-2200

Tax ID: 46-4429269
State of Formation: DE
Date Incorporated: 11/5/2013
www.greenwichbiosciences.com
licensing@greenwichbiosciences.com

Officers

Joshua Eizen, Secretary
5750 Fleet Street, Suite 200
Carlsbad, CA 92008
Business Phone: (760)795-2200

Ryan Bovia, VP and Business Unit Head, Epilepsy and Movement Disorders BU
5750 Fleet Street, Suite 200
Carlsbad, CA 92008
Business Phone: (404) 723-7856

Alan Campion, Vice President, Finance
3170 Porter Drive
Palo Alto, CA 94304
Business Phone: (650) 496-2786

Designated Representative

Barrett Land, VP, Pricing Contracting and Reimbursement
5750 Fleet Street, Suite 200
Carlsbad, CA 92008
Business Phone: (760) 618-7352

GREENWICH BIOSCIENCES
A GW Pharmaceuticals PLC Company

Description of Operations

Greenwich Biosciences, LLC is a Virtual Manufacturer. Greenwich's product is manufactured by a contract manufacturer and will be distributed to customers by their third-party logistics provider, Integrated Commercialization Solutions (ICS), who is licensed to ship pharmaceutical products into your state. Greenwich's product is not a controlled substance.

We are using the following contract manufacturer to produce our products:

Manufacturing Facility Information:
GW Pharma Ltd
Unit 740, Kent Science Park, Broad Oak Road
Sittingbourne, Kent
United Kingdom
FDA Establishment Identifier: 3004137922
Labeler Code: 70127

Third Party Logistics Information:
For distribution into the commercial supply channels, Greenwich Biosciences, LLC utilizes Integrated Commercialization Solutions (ICS) as their third-party logistics (3PL) provider to manage the storage and distribution of Greenwich's product to customers throughout the United States. ICS's address is:

Integrated Commercialization Solutions (ICS)
420 International Boulevard
Suite 500
Brooks, KY 40109
(502) 955-3658

Greenwich Biosciences, LLC's. hours of operation are 7:00 a.m. – 4:00 p.m. Monday through Friday.

Description of Facility Security

Greenwich Biosciences, LLC does not handle, store or ship commercial product from its location in Carlsbad, CA . Greenwich Biosciences, LLC uses ICS as its Third Party Logistics provider to manage the storage and distribution of our products. Greenwich Biosciences, LLC's office location in Carlsbad, CA is used exclusively for office space for business administration. There will be no manufacturing or packaging of product at this location.

The Greenwich Biosciences, LLC office area will be equipped with a security system. The security system includes Door Access Control/Alarm for all entrance doors via key card access. All entrance doors into the office area require a key card to access control. The access control will be monitored 24 hours / 7 days.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Greenwich Biosciences, LLC

Physical Address 5750 Fleet Street, Suite 200

City Carlsbad State CA Zip 92008

Mailing Address (if different from physical address) 5750 Fleet Street, Suite 200

City Carlsbad State CA Zip 92008

Telephone (760)795-2200 Website https://www.greenwichbiosciences.com/

Licensing Company Email licensing@greenwichbiosciences.com

Section 2: Personal Information

First Barrett Middle John Last Land

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 5750 Fleet Street, Ste. 200

City Carlsbad State CA Zip 92008

Telephone [redacted] Email bland@greenwichbiosciences.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials BL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
California State University		06/97 - 08/99	
Address	City	State	Zip
1250 Bellflower Blvd.	Long Beach	CA	90840
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Vanguard University		06/94 - 12/95	
Address	City	State	Zip
55 Fair Dr.	Costa Mesa	CA	92626
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
Goldenwest College		09/87 - 06/92	
Address	City	State	Zip
55 Fair Dr.	Costa Mesa	CA 92626	
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
Goldenwest College		09/87 - 06/92	
Address	City	State	Zip
15744 Goldenwest St.	Huntington Beach	CA	92647
Diploma/Degree obtained, if any			
AA			

School Name		From - To (MM/YY – MM/YY	
Los Amigos High School		09/83 - 06/92	
Address	City	State	Zip
15744 Goldenwest St.	Huntington Beach	CA 92647	
Diploma/Degree obtained, if any			
General Education Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]Calabaza	Mission Viejo	CA	92691
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Greenwich Biosciences, Inc				From - To (MM/YY – MM/YY): 01/18
Business Address: 5750 Fleet Street, Suite 200		City: Carlsbad	State: CA	Zip: 94005
Phone: 650-614-5220	Title: Vice President, Commercial Operations			Number of Employed Hours:
Description of Duties: See attached.				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/7/2022
Date

Applicant's initials BH

I, Barrett Land, **certify that as the designated representative for**

Greenwich Biosciences, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Barrett Land
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/7/2022
Date

Applicant's initials BL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Barrett Land
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/7/2022
Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of ORANGE

I, BARRETT LAND, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/7/2022
Date

Subscribed and Sworn to before me this _____ day of _____.

SEE CALIFORNIA NOTARY, ATTACHED
Notary Public Signature

(Seal)

Applicant's initials _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 7th day of October, 2022, by Barrett Land----------,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

JED RUSSELL WALTERS
Notary Public - California
Orange County
Commission # 2372527
My Comm. Expires Aug 27, 2025

(Seal)

Signature Jed

Attachment for Nevada State Board of Pharmacy

Barrett J. Land, MBA

[redacted]

Passionate Pharmaceutical Executive with experience spanning Commercial Operations, Market Access, Product Pricing, Supply Chain and Finance. Successful tenure aligning people, processes, and technology to transform or enhance operational capabilities.

Professional Experience

Greenwich Biosciences Inc, 2018- Current
Vice President, Commercial Operations

- Leader responsible for building and launching US Commercial functions including product distribution (3PL), patient services and a limited distribution Specialty Pharmacy network.
- Member of the Commercial Leadership Team (CLT) responsible for delivering over $750M in net revenue during the first 24 months of the Epidiolex product launch.
- Partner with Sales, Marketing, Legal and Finance to strategically align the organization on key pricing and contracting opportunities.
- Execute, monitor, and measure key performance measures to drive GTN activities and accruals.
- Lead the Market Access operations team overseeing contract management and analytics.
- Responsible for US logistics and distribution for Specialty controlled product in a limited distribution network.
- Responsible for Commercial analytics, strategy, and reporting.
- Oversee all aspects of statutory price reporting.

Pharosity Consulting Inc, 2016 - 2017
Principal Consultant

- Responsible for leading and executing projects of varying sizes including policy and process in the areas of commercial contracting and government pricing; systems implementations; post-merger systems integrations; data governance, integration, and harmonization.

Allergan, September 2005- February 2016
Sr. Director, Financial Operations- GTN

- Finance Executive responsible for the post-merger Financial Operations team (team of 60+).
- Responsible for commercial Gross to Net activities for multiple business.
- Lead the post-merger strategy development and integration of the technology platforms.
- Accountable for rebate and chargeback operations exceeding $2.5B annually.
- Responsible for all aspects of government and statutory price reporting.

Sr. Director Finance, North America Shared Services Center

- Shared Services Executive responsible for all financial disbursement processes (team of 90+).
- Worked with the executive team to develop go forward Shared Services operating model and implementation strategy.
- Shared Services lead for cost savings initiative resulting in a $50M spend reduction through strategic sourcing.
- Participated in site Selection strategy lead for Global Shared Service Centers in the US and Philippines.
- Established new Key Performance Indicators (KPI's) to monitor and improve operational efficiency in multiple disciplines.

Director, Contracting and Finance

- Program Leader for the contract management technology solution, $9M project spanning 18 months.
- Responsible for all aspects of government price reporting and regulations including quarterly reviews with multiple C-Suite level executives.
- Managed the development and execution of all customer reimbursement contracts.
- Managed numerous pricing agreements with multiple commercial and government entities.
- Partnered with field-based account teams on the initiation, execution, and administration of all rebate contracts.

Manager Disbursement Services – North America Shared Services Center

- Managed the Disbursement functions in the North America Shared Services Center.
- Business Leader for the SAP company restructure project a 14-month project resulting in annual tax savings exceeding $8M.
- Managed daily operations for multiple finance teams supporting over 5,000 employees throughout the US and Canada.
- Finance accountabilities included: Payroll, Accounts Payable (PTP), T&E, Cell Phone Administration, Corporate Card and Purchasing Card Programs.
- Leader for the integration of all shared services activities (PTP, RTR, OTC) for the Inamed acquisition.
- Implemented several transformational projects to upgrade and enhance existing systems and processes within the Shared Service Center (Workflow, Concur, Kronos, E-Procurement).

Disney, March 2000 - September 2005
Manager Capital Planning – Disneyland Resort

- Managed a team of Capital Planners responsible for the monthly Capital forecast and associated analysis.
- Developed and maintained Annual Capital plan exceeding $200M, insuring optimization of resources and capital expenditures.
- Partnered with company-wide representatives to facilitate the successful completion of outstanding process and system related issues.

Finance Manager- Disney Worldwide Shared Services

- Responsible for all aspects of project management including process integration, documentation, and scope.
- Managed the transition of the Disneyland payroll process to Disney Worldwide Shared Services.
- Managed the transition of Disney Corporate Payroll, Accounts Payable, Fixed Assets, Cash Management and Travel Expense activities to the Worldwide Shared Services Organization.
- Developed and implement Service Level Agreements (SLA's) with transitioning Business Units.
- Partnered with PWC Consultants and the Disney internal team to execute project plans ensuring major project milestones were met on time and within the approved budget.

Raytheon Corporation, December 1989 – March 2000
Numerous roles of increasing responsibility in Corporate Finance.

Other

Adjunct Finance Professor, Vanguard University (2008-2016) — Costa Mesa, CA

Education and Certifications

California State University Long Beach, CA - MBA — Long Beach, CA
Vanguard University Costa Mesa, CA – BA, Business Management — Costa Mesa, CA
California Licensed Wholesale Drug Representative — 2019-2022

Six Sigma Certified — 2015

Affiliations/Awards

MBA Student Mentor – California State University Long Beach — 2021
University of California Riverside, Design Thinking Advisory Board Member — 2020-2021
Cardinal Health Specialty Trade Person of the Year — 2019

Members

Worker

Abi McDonald
Adam Uchimoto
Adrian Rodriguez
Ailoan Do
Albert Ursulo
Alexis Mexicano
Alex Zaliznyak
Amanda Brantner
Anand Prasad
Angelique Lee
Arash Bahramnia
Ashok Parameswaran
Avni Patel
Barrett Land
Brian Vu
Brian Wehn
Cameron Boehmer
Candice Taylor
Carla Fischenich
Charles Gaylord
Cynthia Mamay
Daniel Segal
Darren Heinrichsen
David Truong
Dennis Magbata
DJ Weed
Farhad Sahebkar
Genevieve Gapud-Duty
Harsh Markna
Heather Williams
Hillary Gretton
Inna Leonidova
J.P. Nicandro
Jaelyn Miles
Jared Grotz
Jason Edzards
Jeff Lemay
Jeff Martin
Jennifer Gaydos
Jerry Yu
Jesse Kachi
Jessica Badur
Jessica Wittmann
Jessica Wong
Jill Werry
John Sisto
Joris Berwaerts
Julie Bielo

Julie Panigrahi
Julie Sobel
Justin Furniss
Kaci Wieczorek
Kandyce Juarez
Katherine Alvarez
Kelly Seither
Kelly Watkins
Ken Reynolds
Kim Clark
Kim Stevens
Kira Threadgill
Kori Karstrom
Lisa De Boer
Mara Montalvo
Marc Cooperstein
Mary Lynch
Mary Pietanza
Matthew Powers
Melissa Cruz
Melody Perry
Mia Powell
Micaela Meeks
Michael Blandin
Mike Messervy
Minh Le
Natalie Badillo
Nimit Gajera
Nina Russell
Patricia Guedea
Paty Lopez
Paulam Vakil
Perri Keehn
Philip Jochelson
Randy Brown
Rebecca Haley
Renee Wait
Rickhia Paulson
Robert Fell
Robert Jeng
Robert Rock
Ryan Bovia
Savannah Byrne
Scott Hager
Scott Noonan
Shala Hamilton
Sophia Hardy
Starr Grundy
Tamara Niuatoa
Tammy Solari
Tara Bobey

MERCHANTS BONDING COMPANY™
MERCHANTS BONDING COMPANY (MUTUAL) P.O. BOX 14498, DES MOINES, IA 50306-3498
PHONE: (800) 678-8171 FAX: (515) 243-3854

ENDORSEMENT

It is hereby understood and agreed that Bond No.: NV5534710

Principal: Greenwich Biosciences, Inc.,

Obligee: State of Nevada and Nevada State Board of Pharmacy

in the Merchants Bonding Company (Mutual), is changing this bond effective January 5, 2022

FROM:

Principal Name: Greenwich Biosciences, Inc.

TO:

Principal Name: Greenwich Biosciences, LLC

All terms and conditions of said bond, except as above changed, to remain the same.

Signed, sealed and dated this 17th day of January, 2022

Merchants Bonding Company (Mutual)

By Larry Taylor
Larry Taylor, President

SUP 0018 (2/15)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. NV5534710

Application/License No. _____

Greenwich Biosciences, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 5750 Fleet Street, Suite 200, Carlsbad, CA 92008 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is P.O Box 14498, Des Moines, IA 50306-3498 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 4/21/2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21 day of April, 2021.

APPLICANT/PRINCIPAL

COMPANY

Greenwich Biosciences, Inc.

Authorized Representative

SURETY

Merchants Bonding Company (Mutual)

Surety Company's Representative

Richard Hallett, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

See attached notary acknowledgment
Witness

Witness

Countersigned by:

Nevada Resident Agent
Richard Hallett

MERCHANTS BONDING COMPANY™
MERCHANTS BONDING COMPANY (MUTUAL) • P.O. BOX 14498 • DES MOINES, IOWA 50306-3498
PHONE: (800) 678-8171 • FAX: (515) 243-3854

ADDENDUM TO BOND

This Addendum is in reference to the bond(s) to which it is attached.

Merchants Bonding Company (Mutual) ("Merchants") deems the digital or electronic image of Merchants' corporate seal below affixed to the bond(s) to the same extent as if a raised corporate seal was physically stamped or impressed upon the bond(s). The digital or electronic seal below shall have the same force and effect as though manually fixed to the bond(s).

All terms of the bond(s) remain the same.

Signed and effective March 23, 2020.

MERCHANTS BONDING COMPANY (MUTUAL)



By: Larry Taylor

Larry Taylor, President

MERCHANTS BONDING COMPANY™

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Aidan Smock; Kathy Vanderslice; Paul J Hering; Richard Hallett; Sandra Corona; Shannon Alvarez

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and aut hority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 21st day of December , 2020 .

MERCHANTS NATIONAL BONDING, INC. -o- INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) -o- INCORPORATED -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.
On this 21st day of December 2020 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL • IOWA •

POLLY MASON
Commission Number 750576
My Commission Expires
January 07, 2023

Polly Mason
Notary Public

(Expiration of notary's commission does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 21st day of April , 2021 .

MERCHANTS NATIONAL BONDING, INC. -o- INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) -o- INCORPORATED -o- 1933

William Warner Jr.
Secretary

POA 0018 (1/20)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

County of San Diego }

On APR 2 2 2021 (Date) before me, Sandra Corona (Insert Name of Notary exactly as it appears on the official seal), Notary Public,

personally appeared Richard Hallett (Name(s) of Signer(s)),

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature Sandra Corona (Signature of Notary Public)

SANDRA CORONA
Commission No. 2299905
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
Commission Expires August 2, 2023

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer's Name: _____
☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

CALIFORNIA ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Diego }

On April 27, 2021 (Date) before me, Rebecca Tutt Notary Public (Here Insert Name and Title of the Officer),

personally appeared Joshua Eizen (Name(s) of Signer(s))

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

REBECCA TUTT
Notary Public - California
San Diego County
Commission # 2258958
My Comm. Expires Sep 20, 2022

Place Notary Seal and/or Stamp Above

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (*Signature of Notary Public*)

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Pharmaceutical Wholesaler Surety Bond

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

©2019 National Notary Association

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7242

NAME: GREENWICH BIOSCIENCES LLC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

5750 FLEET ST STE 200
CARLSBAD CA 92008
SAN DIEGO COUNTY

ISSUANCE DATE

NOVEMBER 14, 2017

EXPIRATION DATE

NOVEMBER 1, 2022

CURRENT DATE / TIME

OCTOBER 17, 2022
4:45:56 AM

LICENSE RELATIONSHIPS

NAME: LAND, BARRETT JOHN

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 25058 **PRIMARY STATUS:** CLEAR

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 7242

ISSUE DATE NOVEMBER 14, 2017

GREENWICH BIOSCIENCES LLC

5750 FLEET ST STE 200
CARLSBAD CA 92008

The above is licensed with the State Board of Pharmacy as a Limited Liability Company.

LIMITED LIABILITY COMPANY
BARRETT JOHN LAND EXEMPTEE IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL NOVEMBER 01, 2022

RECEIPT NUMBER 00175323

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

Oct 17th, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno, NV 89521

Re: **Greenwich Biosciences, Inc. Ownership Change and Conversion to LLC**

Dear Licensing Department,

On behalf of Greenwich Biosciences, LLC, please see the enclosed Application for licensure to update the ownership and name from previous licensed name of Greenwich Biosciences, Inc to Greenwich Biosciences, LLC.

GW Pharma Limited sold Greenwich Biosciences, Inc. to Jazz Pharmaceuticals, Inc., a privately held corporation based in Palo Alto, California. Greenwich Biosciences, Inc. converted to an LLC, with the name changing to Greenwich Biosciences, LLC.

Greenwich Biosciences, Inc. is currently licensed in your state holding the following license:

License #	License Type
WH02436	Wholesaler

The licensed location of Greenwich Biosciences, LLC business operations remain the same, ***with no changes to federal tax ID number or operating location***.

Greenwich Biosciences, LLC is committed to operating in full compliance with all licensing regulations. If you have any questions or concerns regarding this application, please contact Theresa Carey at (614) 406-3129 or via email at Theresa.Carey@TwoLabs.com. Thank you in advance for your consideration.

Sincerely,

Theresa Carey
Licensing Analyst, PharmaLicense

4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH03187	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: La Jolla Pharmaceutical Company

Physical Address: 201 Jones Road, Suite 400A

City: Waltham State: MA Zip: 02451

Mailing Address (if different from physical address): 201 Jones Road, Suite 400

City: Waltham State: MA Zip: 02451

Telephone: 617-715-3600 Website: lajollapharmaceutical.com

Name of Designated Representative (DR): Paula Rusu

Licensing Company Email: compliance@ljpc.com DR Email: compliance@ljpc.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Distributors, Specialty Pharmacies,Hospital Pharmacies		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: ASD Healthcare Inc

Address: 1195 Trademark Drive, Ste 102 City: Reno State: NV Zip: 89521

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:

Parent Company (if any):

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Innoviva Specialty Therapeutics Holdings, LLC

Corporation/Organization Name: La Jolla Pharmaceutical Company

Mailing Address: 201 Jones Road, Suite 400A

City: Waltham State: MA Zip: 02451

Telephone: 617-926-3557 Email: compliance@ljpc.com

Contact Person Name: Bonnie Gaudette

Section 6: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

La Jolla Pharmaceutical Company
Facility Name

Larry Edwards
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

09/21/2022
Date

Board Use Only	Date Received: 10-19-22	Amount: 1000.00 CK-16942

The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
250 WASHINGTON STREET BOSTON, MA 02108

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000985	03/01/2022	03/01/2023	Virtual Drug Manufacturers

ISSUED TO

LA JOLLA PHARMACEUTICAL COMPANY
201 JONES ROAD
SUITE 400 A
WALTHAM, MA 02451
ATTN: LARRY EDWARDS PRESIDENT & CHIEF EXECUTIVE OFFICER

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY NEW 847279

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000985	03/01/2022	03/01/2023	Virtual Drug Manufacturers

ISSUED TO

LA JOLLA PHARMACEUTICAL COMPANY
201 JONES ROAD
SUITE 400 A
WALTHAM, MA 02451
ATTN: LARRY EDWARDS PRESIDENT & CHIEF EXECUTIVE OFFICER

NEW

EXHIBIT A

INNOVIVA

Innoviva Completes Acquisition of La Jolla Pharmaceutical

August 22, 2022

BURLINGAME, Calif.–(BUSINESS WIRE)–Aug. 22, 2022– Innoviva, Inc. (Nasdaq: INVA) ("Innoviva"), a diversified holding company with a portfolio of royalties and a growing portfolio of innovative healthcare assets, today announced that its tender offer to purchase any and all issued and outstanding shares of common stock of La Jolla Pharmaceutical Company (Nasdaq: LJPC) ("La Jolla") at a price of $6.23 per share (the "Offer Price"), net to the seller in cash, without interest and less required withholding taxes, expired one minute after 11:59 p.m. New York City time on Friday, August 19, 2022. Today, following the consummation of the tender offer, Innoviva successfully completed its acquisition of La Jolla, which is dedicated to the commercialization of innovative therapies that improve outcomes in patients suffering from life-threatening diseases.

La Jolla brings to Innoviva an established product portfolio, including GIAPREZA® (angiotensin II), approved to increase blood pressure in adults with septic or other distributive shock and XERAVA® (eravacycline) for the treatment of complicated intra-abdominal infections (cIAIs).

"The acquisition of La Jolla strengthens our footprint in the hospital and infectious disease spaces by adding a robust portfolio of marketed products and an excellent team," said Pavel Raifeld, Chief Executive Officer of Innoviva. "It is also highly complementary to Entasis, providing an established platform to bring SUL-DUR, a differentiated anti-infective, to patients if approved. We look forward to working together as a stronger, combined company serving the needs of patients, physicians, and hospitals."

Additional Transaction Details
The depositary for the tender offer has advised that, as of the expiration of the tender offer, a total of 21,703,224 shares of La Jolla's common stock were validly tendered and not withdrawn in the tender offer. Such shares of La Jolla's common stock represent approximately 87.03% of the shares, which satisfied the minimum condition for the tender offer. All conditions of the offer were satisfied and Innoviva completed its acquisition of all issued and outstanding equity securities of La Jolla for the Offer Price. Additionally, as a consequence of the merger, each share of La Jolla's Series C-1 [2] Convertible Preferred Stock (other than those as to which holders properly exercise dissenters' rights and those owned at the commencement of the tender offer by Innoviva or its affiliates) was automatically converted into the right to receive an amount in cash equal to 1,724.04 times the Offer Price. As a result of the acquisition, La Jolla became a wholly-owned subsidiary of Innoviva and the company's common stock will be delisted from the Nasdaq Global Market.

For additional background on the acquisition, please read the announcement press release here.

About Innoviva
Innoviva is a diversified holding company with a portfolio of royalties and other healthcare assets. Innoviva's royalty portfolio includes respiratory assets partnered with Glaxo Group Limited ("GSK"), including RELVAR ®/BREO® ELLIPTA® (fluticasone furoate/ vilanterol, "FF/VI"), ANORO ® ELLIPTA® (umeclidinium bromide/ vilanterol, "UMEC/VI") and, formerly, TRELEGY ® ELLIPTA® (the combination FF/UMEC/VI). Under the Long-Acting Beta2 Agonist ("LABA") Collaboration Agreement, Innoviva is entitled to receive royalties from GSK on sales of RELVAR®/BREO® ELLIPTA® and ANORO® ELLIPTA®.

ANORO®, RELVAR®, BREO®, TRELEGY® and ELLIPTA® are trademarks of the GSK group of companies.

Forward Looking Statements
This press release contains certain "forward-looking" statements as that term is defined in the Private Securities Litigation Reform Act of 1995 regarding, among other things, statements relating to goals, plans, objectives, and future events. Innoviva intends such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 21E of the Securities Exchange Act of 1934 and the Private Securities Litigation Reform Act of 1995. The words "anticipate", "expect", "goal", "intend", "objective", "opportunity", "plan", "potential", "target" and similar expressions are intended to identify such forward-looking statements. Such forward-looking statements involve substantial risks, uncertainties, and assumptions. These statements are based on the current estimates and assumptions of the management of Innoviva as of the date of this press release and are subject to known and unknown risks, uncertainties, changes in circumstances, assumptions and other factors that may cause the actual results of Innoviva to be materially different from those reflected in the forward-looking statements. Important factors that could cause actual results to differ materially from those indicated by such forward-looking statements include, among others, risks related to: expected cost savings; lower than expected future royalty revenue from respiratory products partnered with GSK; the commercialization of RELVAR®/BREO® ELLIPTA®, ANORO® ELLIPTA® and, formerly, TRELEGY® ELLIPTA® in the jurisdictions in which these products have been approved; the strategies, plans and objectives of Innoviva (including Innoviva's growth strategy and corporate development initiatives beyond the existing respiratory portfolio); the timing, manner, and amount of potential capital returns to shareholders; the status and timing of clinical studies, data analysis and communication of results; the potential benefits and mechanisms of action of product candidates; expectations for product candidates through development and commercialization; the timing of regulatory approval of product candidates; and projections of revenue, expenses and other financial items; the impact of the novel coronavirus ("COVID-19"). Other risks affecting Innoviva are described under the headings "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" contained in Innoviva's Annual Report on Form 10-K for the year ended December 31, 2021 and Quarterly Reports on Form 10-Q, which are on file with the Securities and Exchange Commission ("SEC") and available on the SEC's website at www.sec.gov. Past performance is not necessarily indicative of future results. No forward-looking statements can be guaranteed, and actual results may differ materially from such statements. Given these uncertainties, you should not place undue reliance on these forward-looking statements. The information in this press release is provided only as of the date hereof, and Innoviva assumes no obligation to update its forward-looking statements on account of new information, future events or otherwise, except as required by law.

View source version on businesswire.com: https://www.businesswire.com/news/home/20220821005020/en/

Investors & Media:

Company Information

La Jolla Pharmaceutical Company
201 Jones Road, Suite 400A
Waltham, MA 02451
(617) 715-3600
Email: compliance@ljpc.com
Website: https://www.lajollapharmaceutical.com/

FEIN: 33-0361285
State of Formation: Delaware
Date Incorporated: 11/2/2021
File Number: 5845004

Ownership

La Jolla Pharmaceutical Company is 100% owned by Innoviva Specialty Therapeutics Holdings, LLC.

Parent Company Address: 1350 Old Bayshore Highway, Suite 400, Burlingame, CA 94010
Parent Company Phone: (650) 238-9600
Parent Company FEIN: 88-4090822

Corporate Officer

Larry G Edwards – President and Chief Executive Officer
[redacted] Jones Road, Suite [redacted]
Waltham, MA 02451
[redacted]

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LA JOLLA PHARMACEUTICAL COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LA JOLLA PHARMACEUTICAL COMPANY" WAS INCORPORATED ON THE ELEVENTH DAY OF AUGUST, A.D. 2021.

Jeffrey W. Bullock, Secretary of State

5845004 8300

SR# 20222865381

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203828849

Date: 07-02-22

EMPLOYEE LIST

First name	Last name
Brennan	Barry
Shawn	Collard
Kevin	Conley
Kayleigh	Correira
Larry	Edwards
Bonnie	Gaudette
Michael	Greez
Richard	Manjone
Matthew	O'Connor
Paula	Rusu
Jason	Smith

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler La Jolla Pharmaceutical Company

Physical Address 201 Jones Road, Suite 400A

City Waltham State MA Zip 02451

Mailing Address (if different from physical address) 201 Jones Road, Suite 400

City Waltham State MA Zip 02451

Telephone 617-715-3600 Website https://lajollapharmaceutical.com/

Licensing Company Email compliance@ljpc.com

Section 2: Personal Information

First Paula Middle _____ Last Rusu

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address 201 Jones Road, Suite 400

City Waltham State MA Zip 02451

Telephone [redacted] Email compliance@ljpc.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		x

Applicant's initials PR

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Cornell University			From - To (MM/YY – MM/YY): 09/87 – 05/91; 09/92 –
Address: Cornell University	City: Ithaca	State: NY	Zip: 14850
Diploma/Degree obtained, if any: BS; MBA			
School Name: Livonia High			From - To (MM/YY – MM/YY): 09/83 - 06/87
Address: 2 Bulldog Boulevard	City: Livonia	State: NY	Zip: 14487
Diploma/Degree obtained, if any: NYS Regents High School Diploma			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]Fletcher[redacted]	Lexington	MA	02420
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials PF

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
La Jolla Pharmaceutical Company			07/20 - Present
Business Address	**City**	**State**	**Zip**
201 Jones Road, Suite 400A	Waltham	MA	02451
Phone	**Title**		**Number of Employed Hours**
617-715-3600	Vice President, Operations		40
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Tetraphase Pharmaceuticals			03/18 - 07/20
Business Address	**City**	**State**	**Zip**
201 Jones Road, Suite 400	Waltham	MA	02451
Phone	**Title**		**Number of Employed Hours**
617-715-3600	Senior Director, Sales Operations		40
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Collegium Pharmaceutical			10/15 - 03/18
Business Address	**City**	**State**	**Zip**
100 Technology Center Dr. #300	Stoughton	MA	02072
Phone	**Title**		**Number of Employed Hours**
(781) 713-3699	Director, Sales Operations		40
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Cubist Pharmaceuticals			08/11 - 09/15
Business Address	**City**	**State**	**Zip**
65 Hayden Avenue	Lexington	MA	02421
Phone	**Title**		**Number of Employed Hours**
781-860-8660	Director, Field and Planning Effectiveness		40
Description of Duties			
See attached resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials PR

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I, Paula Rusu, **certify that as the designated representative for**

La Jolla Pharmaceutical Company,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Paula Rusu

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/2022

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paula Rusu

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/2022

Date

Please have this section completed in the presence of a Notary Public.

State of MA, ss. County of Middlesex

I, PAULA RUSU, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this 15 day of September 2022.

Notary Public Signature

Brennan D Barry
My Commission Expires December 11, 2026
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS

(Seal)

Applicant's initials

INDIVIDUAL HISTORY AFFIDAVIT FORM

Date Received
Office Use Only

Name: First	MI	LAST	Date of Birth:
Paula		Rusu	[redacted]

Social Security Number:	Telephone Number:	Email Address:
[redacted]	[redacted]	compliance@ljpc.com

Home Address: *Number and Street* [redacted] Fletcher [redacted] *City* Lexington, MA *State* 02420 *Zip*

Position with Business: *(Check all that apply)*

☐ Owner ☐ Partner ☐ Officer ☐ Stockholder ☐ Member ☒ Designated Representative

☐ Other: Specify _____

1.	Have you been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions?	☐ Yes ☒ No
2.	Have you ever had any action against your personal professional or vocational license (Pharmacist, Physician, Dentist, etc) that resulted in any disciplinary action such as suspension, probation, or revocation?	☐ Yes ☒ No
3.	Have you ever owned or now own in whole or part any pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503B Outsourcer, and/or third-party logistics company? If so, has any license or permit issued to any described entity been surrendered or subject to discipline in connection with the activities of any such entity or charged and/or convicted of any felony or misdemeanor excluding minor traffic violations?	☐ Yes ☒ No ☐ Yes ☒ No
4.	Have you ever been denied or refused an application for a permit for a pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503B Outsourcer and/or third-party logistics company?	☐ Yes ☒ No
5.	Have you ever withdrawn an application for a permit or surrendered license once issued to any pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503BOutsourcer, and/or third-party logistics company?	☐ Yes ☒ No
6.	Have you ever owned in whole or in part or now own any entity that has been denied, refused or withdrawn an application for a permit or license of a pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B Outsourcer and/or third-party logistics company?	☐ Yes ☒ No
7.	Have you ever been issued a license to practice pharmacy or as a pharmacy technician?	☐ Yes ☒ No
8.	Has an FDA 483 or Warning Letter ever been issued to any entity in which you have been or are currently involved/affiliated?	☐ Yes ☒ No
9.	Has any final judgement been entered or settlement reached resulting from a claim or action for damages caused by any error, omission, or negligence in the performance of any pharmacy or pharmaceutical professional services by you or any entity that you have been an Owner, Officer, Member, Director, or Partner thereof?	☐ Yes ☒ No

If you answered "Yes" to any of the above questions you must attach an explanation that includes the date, license type, license number, your position, state issued, and a copy of any arrest records, board orders, or court proceedings.

It is affirmed that all information provided herein is true and correct and it is recognized that providing false information may result in disciplinary action. It is understood that there must be compliance with the provisions of the Alabama Pharmacy Act, the Rules of the Board and all other applicable statutes and rules.

Signature

Vice President, Operations
Title

Paula Rusu
Printed Name

9/15/2022
Date

FORM MUST BE NOTARIZED

Subscribed and sworn to before me this 15 day of September, 20 22 A.D.

APPLICATION MUST BE NOTARIZED

Notary Public (seal)

Brennan D Barry
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
December 11, 2026

Brennan D Barry
My Commission Expires
December 11, 2026
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS

MarshMcLennan Agency

Marsh & McLennan Insurance Agency LLC
9171 Towne Centre Drive | Suite 100
San Diego | CA 92122
+1 800 321 4696
MarshMMA.com
CA Insurance Lic. 0H18131

09/08/2022

Ms. Bonnie Gaudette
La Jolla Pharmaceutical Company
201 Jones Road, Suite 400
Waltham, MA 02451

RE: NV Pharmaceutical Bond
Bond #0810689

Dear Bonnie:

Please find enclosed the following:

(x) Bond

( ) Continuation Certificate

(x) Invoice #2001247

( ) Other

Please sign the enclosed bond with two witness and file with the Nevada State Board of Pharmacy. Should you have any questions, please do not hesitate to call.

Sincerely,

Marsh McLennan Agency

Patricia White
Senior Client Manager - Surety

Enclosure

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0810689

Application/License No. WH03187

La Jolla Pharmaceutical Company (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 201 Jones Road, Suite 400, Waltham, MA 02451 (Address of Applicant/Principal), as PRINCIPAL, and The Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 4200 Six Forks Road, Suite 1400, Raleigh, NC 27609 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 9/8/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 8th day of September, 2022.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Patricia White, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Brennan D Bonney
My Commission Expires December 11, 2025
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS

SIGNED and SEALED in the presence of:

Witness

Grace Vaglio
Witness

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0810689

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

PAUL JEFFREY HERING, PATRICIA WHITE, MARTA COLLETT, DANIELLE ENRIQUEZ, SANDRA CORONA, SHANNON ALVAREZ, KATHLEEN VANDERSLICE, TIMOTHY MCCLELLAN

San Diego, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2021

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2021 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY My Comm. Exp. 04-04-2023 NOTARY PUBLIC No. 50079910 NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 08, 2022

A00874

Irene Martins, Assistant Secretary

PAULA D. B. RUSU

Commercial Operations leader with 20+ years experience in pharmaceutical and healthcare companies. Extensive experience in launching new products into the anti-infective, pain, surgical and insomnia markets as well as integrating personnel and products gained through corporate acquisitions. Built high performing teams in Information Technology (IT), Law and all areas of Commercial Operations including Incentive Compensation (IC), sales data, reporting and analytics, territory alignments, Master Data Management (MDM), Sales Force Automation (SFA) and prescription drug sample programs.

EXPERIENCE

LA JOLLA PHARMACEUTICAL COMPANY — **Waltham, MA**

Vice President, Operations — October 2020 - present

Senior Director, Sales Insights — July 2020 – October 2020

Re-built corporate operations functions, Commercial Operations, IT, Law and Facilities, after a merger of two commercial pharmaceutical companies.

- Transitioned from an outsource model to an in-house model for IT and Law and recruited top talent for these roles.
- Integrated commercial and medical field teams from two legacy companies which included realignments based on both companies' brands, new IC plans, merging customer masters, changes to SFA and reporting tools.
- Evaluated vendors from both legacy companies and kept best of breed, which required negotiating either a termination or a contract amendment for dozens of vendors.
- Managed Specialty Distributor relationships and updated data flows to make Electronic Data Interchange (EDI) consistent for both companies' brands.
- Managed an office move from Watertown, MA to Waltham, MA which involved site visits, contract negotiations, furniture purchases and sales, office remodeling and network and telecommunications moves.

TETRAPHASE PHARMACEUTICALS, a wholly owned subsidiary of La Jolla Pharmaceutical Company — **Watertown, MA**

Senior Director, Sales Operations — March 2018 – July 2020

Built commercial operations functions and team for start-up pharmaceutical company including the following:

- Led configuration of the Tetraphase Commercial Data Warehouse (CDW), MDM processes, reporting tools and SFA tool. Met with vendors and user group to design processes and tools that meet business needs, performed testing, managed all inputs to systems, trained field teams and managed enhancement requests.
- Transitioned from a third-party launch reporting platform to an internally built and managed Power BI dashboard for all field teams saving the company thousands of dollars and making reports more flexible to the company's rapidly evolving needs.
- Performed sizing, segmentation and targeting analyses and alignments for 3 field teams - Institution sales team, Key Accounts team and a Medical Liaison team. Resulting launch of Xerava had 3-times the patient days of therapy (PDOTs) in the first year as compared to the next closest IV antibiotic.
- Led IC team that established corporate philosophy, business rules and IC plans. Performed extensive modeling, created plan documentation, trained field teams and processed quarterly results as well as annual awards.
- Led team that supports the operations for Marketing programs such as Speaker programs and Approved emails.
- Led team through multiple acquisition situations in 2020 where three different companies entered into definitive merger agreements with Tetraphase. Process included multiple rounds of cross-company employee evaluations, technology assessments, and commercial team optimizations. Result was a merger with La Jolla Pharmaceutical Company.

COLLEGIUM PHARMACEUTICAL — **Canton, MA**

Director, Sales Operations — October 2015 – March 2018

Built commercial operations functions and team for start-up pharmaceutical company including the following:

- Performed sales force sizing, segmentation and targeting analyses for 5 field teams including overlap analysis to understand customers that cross teams. Output was used to create optimal launch structure for field teams of 175 total people – Retail, Institution, Long Term Care, Managed Care and Medical Science Liaison teams. Structure was assessed quarterly and evolved with the business.

- Led IC team that established corporate philosophy, business rules and IC plans for 4 teams. Performed extensive modeling to design equitable and motivating IC plans for all teams, created plan documentation, trained field teams and processed quarterly results as well as annual awards.
- Led configuration of the 5 Collegium field teams' systems - IMS Mobile Intelligence (MI) SFA as well as MicroStrategy and Nexxus Performance reporting tools. For each system, met with vendor and user groups to design tools that meet unique business needs of each team. Performed testing, managed all inputs to systems, integrated systems with data warehouse, trained field teams, handled inquiries and managed enhancement requests.
- Responsible for creating and implementing MDM business rules and processes.

CUBIST PHARMACEUTICALS, a wholly owned subsidiary of Merck & Co. Inc. — **Lexington, MA**
Director, Field Planning and Effectiveness — August 2011 – September 2015

KEY ACCOMPLISHMENTS

❖ ***Product Launches and Corporate Acquisitions –***

- Integrated new products acquired through Cubist acquisitions of Adolor (2012), Optimer (2013) and Trius (2013) into sales portfolio. Integrations took an average of 2 months from date of acquisition with completion defined as having sales reports, portfolio-based IC plans and targeting created, SFA system updated, and customer masters merged.
- Assisted in integrating Cubist products into the Merck portfolio after the 2015 acquisition.
- Led Sales Operations sub-team for 2 anti-infective product launches in 2014, Sivextro and Zerbaxa, and served as liaison to cross functional Core launch teams. As part of Sivextro launch, developed pilot program for leading indicator dashboards on new Tableau platform which was subsequently the tool used to design launch dashboards for Zerbaxa.

❖ ***Nimble Innovator –***

- Led integration of multiple new data assets: IMS Xponent PlanTrak, Drug Distribution Data (DDD) weekly, Formulary Impact Analyzer, Fingertip Formulary, Integrated Delivery Network (IDN) affiliation data, Patient access program utilization data. Created training materials and led conference calls with field management to train on each new data set and applicable reports or tools.
- As new products were added to portfolio, developed innovative IC plans, contests and targeting tools for field force; took the organization from Annual IC plans to 6-month plans in order to reflect the pace of change.
- Worked closely with Commercial leadership to launch a National Account field team which included aligning the team, creating an IC plan and providing this team with tools and data assets needed to do their job effectively.
- Worked closely with the Key Accounts team to launch an IDN initiative which resulted in various system level protocols that drove utilization of our products.
- Worked with a cross functional team to put together Cubist's first data stewardship framework and data governance processes. Also implemented enterprise-wide SFA alignments that share appropriate information across all field-based teams and dramatically reduce duplicates in the customer master.
- Developed and rolled out a leading indicator dashboard for Sivextro in 4 weeks which was subsequently used as a one-stop-shop to report on all field metrics and replaced previous field reporting platforms.

❖ ***Team Player –***

- Integral member of several cross-functional teams: Sivextro and Zerbaxa Launch Teams; Sunshine Act Team; Commercial Integration Team for Optimer acquisition; Joint Steering Committee for co-promoted product with Optimer; Salesforce.com Launch Team.
- Led cross-functional Sales team deployment projects which optimized 2 hospital-based teams based on the potential of 3 anti-infective and 2 gastro-intestinal/surgical brands. As part of project, designed unique IC plans and reporting platforms for both teams.
- Consistently gather feedback from field-based customers by attending field sales meetings, riding with sales representatives and having regular conference calls with field sales leadership.

❖ ***Leader –***

- Respected as an effective team builder; develop team members into subject matter experts and enable them to participate fully in functional area meetings.
- Integrated employees from acquired companies into existing team and was able to utilize their expertise to strengthen the capabilities of the team.
- Effectively use contractors to do necessary but non-value-added work and MBA-level interns for special projects.
- Willing to make difficult decisions to effectively manage the removal of poor performers.

❖ ***Committed to Excellence –***

- Received 2014 Cube of the Year award for instrumental role on Sivextro Launch Team.
- Received 2013 Cube of the Year award as part of the Optimer and Trius Integration Team.
- Received Cube Award for instrumental role on Zerbaxa Launch Team.
- Received Cube Award for efforts on 2014 Sales team expansion project.
- Received 2013 Compliance Excellence Award for instrumental role on Sunshine Act Core Team.
- Nominated for Individual 2013 Cube of the Year award.
- Earned numerous Reward and Recognition Awards for responsiveness in resolving various issues.

PURDUE PHARMA — **Stamford, CT**

Director, Sales Operations — 2006 – August 2011
Associate Director, Sales Administration — 2004 – 2005
Assistant Director, Sales Administration — 2002 – 2003
Manager, Sales Incentives Programs, Budgets and Forecasting — 2001
Associate Manager, Sales Incentive Programs, Budgets and Forecasting — 2000
Assistant Manager, Sales Incentive Programs, Budgets and Forecasting — 1999
Supervisor, Sales Incentive Programs, Budgets and Forecasting — August – December 1998

KEY ACCOMPLISHMENTS

❖ ***Product Launches –***

- Integral member of 6 cross-functional Brand Business Unit Launch teams: OxyContin, Spectracef, Palladone, Ryzolt, Butrans and Intermezzo. Up to $3.1 Billion in sales per year.
- Sales Operations launch budgets for these products averaged $30 Million for sales data, sample programs, prescriber letter programs and sales force incentives.

❖ ***Leadership –***

- Led Purdue Sales Operations team originally comprised of 30+ analysts and managers through 3 rounds of corporate restructurings and was able to motivate and retain existing team members at a turbulent time in the company's history.
- Evaluated deliverables and made head count recommendations based on strategic corporate needs. Interviewed and hired as well as down-sized employees as needed based on skill sets required.
- Key member in reorganizing the sales force from 775 sales representatives to 250 by evaluating key performance metrics.
- Developed team members into subject matter experts and aided them in moving into roles of increasing responsibility within Sales Operations as well as into the Sales, Contracting, Information Technology and Market Research departments.

❖ ***Analysis –***

- Performed innovative prescriber targeting analysis for 2 Purdue product launches. Results in the first 2 months of product launch showed that targeted prescribers accounted for 90% of prescribers and had twice as many prescriptions as non-targeted prescribers. Saved company $300,000 per product by doing analysis internally and received Reward and Recognition Award.

❖ ***Innovation –***

- Led the project to launch IMS Longitudinal prescription data (LRx) to the Purdue sales force, reportedly the first pharma company to use this data in the sales force. Created all training presentations for this data set, ran train-the-trainer programs and launched the data in 3 sequential workshops at a National sales meeting as well as follow-up trainings at field meetings through the subsequent year. Created LRx reports and also merged the data into the SFA. Sales representatives felt that the data was integral to their messaging and increased their effectiveness. Month over month sales increased by 8% in the 6 months following launch of this data compared to the previous 6 months.
- Worked closely with the Law department, Corporate Security and Sales to implement a system to identify and monitor prescribers and pharmacies that may be abusing or diverting product.

DIANON SYSTEMS, INC. (A LabCorp Company) — **Stratford, CT**

Sales and Marketing Analyst — July 1995 – July 1998
Client Service Representative — October 1994 – June 1995

EDUCATION

CORNELL UNIVERSITY — **Ithaca, NY**

Johnson Graduate School of Management, *Master of Business Administration (MBA)* — May 1994
Completed degree in 2 years while working full-time at Cornell Food Science Department: Research Support Specialist and Coordinator of Computer Services (May 1993-September 1994); Food Science Lab Technician (July 1991-May 1993)

College of Agriculture and Life Sciences, *Bachelor of Science (BS) in Biology* — May 1991
Honors: Dean's List, Cornell Tradition Fellow
Work: Food Science Laboratory Assistant (1988-1991); Resident Hall Advisor/Assistant Hall Director (1989-1991)

TECHNICAL SKILLS

Proficient in IQVIA (IMS Health) and Symphony Healthcare data sets; Microsoft Office suite (Excel, PowerPoint, Word, Project, Outlook, MapPoint and Visio); AlignStar mapping software; Power BI, Tableau, Cognos, MicroStrategy and Nexxus Performance reporting tools; Veeva and Mobile Intelligence (MI) SFA systems. Certified MI Administrator and Configurator. Experience with Microsoft Access, Oracle and SAP.

PERSONAL

Enjoy international and domestic travel, home improvement and decorating, Rhode Island beaches, water sports, hiking, college hockey, baking and spending time with family.

4L

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Linde Gas & Equipment Inc.

Physical Address: 1090 Metric Ave

City: Lake Havasu City State: AZ Zip: 86403

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Name of Designated Representative (DR): Jordan Sandoval

Licensing Company Email: LG.NA.MedicalLicensing@linde.c DR Email: Jordan.Sandoval@linde.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cavagna Group via Statale 11/13/ 25011
Address: 25011 Ponte San Marco BS Italy City: State: Zip:

Name: Western/Scott Fetzer Co.
Address: 875 Bassett Road City: Westlake State: OH Zip: 44145

Name: Metal Impact South
Address: 796 Sam T Barkley Drive City: New Albany State: MS Zip: 38652

Name: Catalina Cylinders - West (HQ)
Address: 7300 Anaconda Avenue City: Garden Grove State: CA Zip: 92841

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Linde, Inc.
Corporation/Organization Name: Linde Gas & Equipment Inc.
Mailing Address: 10 Riverview Drive
City: Danbury State: CT Zip: 06810
Telephone: 844-431-1337 Email: contactus@linde.com
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Linde Gas & Equipment Inc.

Facility Name

Jordan Sandoval

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

8-23-22

Date

Board Use Only	Date Received: 10-12-22	Amount: 1000.00 CK - 711817

Making Our World More Productive

Corporate Officer List
Linde Gas and Equipment Inc.

Business contact information for all Officers:

Linde Gas and Equipment Inc.
10 Riverview Drive
Danbury, CT 06810
203-837-2000

List of Officers:

President
Benjamin Glazer

Treasurer
Adam G Schmidt

Secretary
Robert I Morrison

Linde Gas & Equipment Inc. FEIN: 94-1693764

Making our world more productive



Corporate Ownership Structure Outline
Linde Gas & Equipment Inc.

Linde plc (Public Corporation)
The Priestley Centre
10 Priestley Road
Surrey Research Park
Guildford. Surrey GU2 7XY
United Kingdom
FEIN: 98-144883

Owns 100% of:
Zamalight Holdco LLC (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 83-2110425
Incorporated in Delaware

Owns 100% of:

Linde. Inc. (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 06-1249050
Incorporated in Delaware

Owns 100% of:

Linde Gas & Equipment Inc. (Not publicly held) DBA: Praxair Distribution
10 Riverview Dr. (Corporate offices)
Danbury. CT 06810 USA
FEIN: 94-1693764
Incorporated in Delaware

Linde. Inc. through Linde Gas & Equipment Inc. owns and operates approximately 170 medical gas manufacturing. warehousing and distribution facilities in the USA. Each of these local facilities operates under the Linde Gas & Equipment Inc. name. Depending upon the specific facility. the facility may operate under the Praxair Distribution DBA name or the Linde Gas North America DBA name.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE GAS & EQUIPMENT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE GAS & EQUIPMENT INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 1969.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

712918 8300

SR# 20222788181

Authentication: 203734176

Date: 06-22-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Drug Establishments Current Registration Site

Share Tweet LinkedIn Email Print

New Search

Search Results for **linde**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Linde Gas & Equipment Inc.	3002861014	009850954	MANUFACTURE;	1939 Bluff Rd, Columbia, South Carolina (SC) 29201, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	3003093131	029206641	MANUFACTURE;	2 Medori Blvd, Wilmington, Delaware (DE) 19801-5781, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	3003243468	160443631	MANUFACTURE;	2107 Broussard Street, Tyler, Texas (TX) 75701, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	3003627903	789082976	MANUFACTURE;	1304 Roosevelt Court, Whitsett, North Carolina (NC) 27377, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	3003693101	129012352	MANUFACTURE;	5720 Kopetsky Drive, Suite N, Indianapolis, Indiana (IN) 46217, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	3003723195	137768656	MANUFACTURE;	1650 Sioux Dr, El Paso, Texas (TX) 79925-2030, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	3003999951	833120244	MANUFACTURE;	158 Sonwil Drive, Buffalo, New York (NY) 14225, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	3004067672	142591424	MANUFACTURE;	50 D'Angelo Drive, Bldg 1, Marlborough, Massachusetts (MA) 01752, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	3004079610	832625592	MANUFACTURE;	1090 Metric Ave, Lake Havasu City, Arizona (AZ) 86403-1904, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	2911182	009210840	MANUFACTURE;	2771 S Maple Ave, Fresno, California (CA) 93725, United States (USA)	12/31/2022

Showing 51 to 60 of 155 entries

Previous 1 ... 5 6 7 ... 16 Next

Data Current through: Monday, Sep 26, 2022

Return to Drug Firm Annual Registration Status Home Page

Verified
12/27/22
MS



Making our world
more productive

Linde Gas & Equipment Inc. Registered Agent

CSC Services of Nevada, Inc.
2215-B Renaissance Drive
Las Vegas, NV 89119
1-800-327-9800

cscglobal.com

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/07/2021
Receipt Number: 2021108697
Receipt Amount $: 200.00

Medical Gas - Distributor

Rx Devices

PERMIT NO
C001341

EXPIRES
10/31/2023

Issued to :

Linde Gas & Equipment Inc.
Praxair Distribution, Inc.
7000 HIGH GROVE BLVD.
BURR RIDGE, IL 60527

Linde Gas & Equipment Inc.
1090 METRIC DRIVE
LAKE HAVASU CITY, AZ 86403

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Praxair Distribution, Inc.
LICENSE NUMBER : C001341
EXPIRES : 10/31/2023

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.

You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the Board within 10 business days of move.

Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/20/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA, Inc.
1166 Avenue of the Americas
New York, NY 10036
Attn: NewYork.Certs@marsh.com Fax: 212-948-0500

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Old Republic Insurance Company	24147
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Linde Inc.
10 Riverview Drive
Danbury, CT 06810

COVERAGES **CERTIFICATE NUMBER:** NYC-010962292-17 **REVISION NUMBER:** 27

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			MWZY-313507-22	10/01/2022	10/01/2023	EACH OCCURRENCE	$	5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	5,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	5,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	5,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY			MWTB-313505-22	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$	10,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			MWC-313504-22	10/01/2022	10/01/2023	X PER STATUTE OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$	5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	5,000,000
							E.L. DISEASE - POLICY LIMIT	$	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

Linde Inc.
10 Riverview Drive
Danbury, CT 06810

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Linde Gas & Equipment Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1090 Metric Ave

City: Lake Havasu City State: AZ Zip: 86403

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Licensing Company Email: LG.NA.MedicalLicensing@linde.com

Section 2: Personal Information

First: Jordan Middle: David Last: Sandoval

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Lost Dutchman Dr

City: Lake Havasu City State: AZ Zip: 86406

Telephone: [redacted] Email: Jordan.Sandoval@Linde.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Kingman High School		08-03 - 08/05	
Address	City	State	Zip
1182 N Bank St	Kingman	AZ	86409
Diploma/Degree obtained, if any			
NA			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3/17 - Current	[redacted] Lost Dutchman Dr [redacted]	Lake Havasu City	AZ	86406
From - To (MM/YY – MM/YY)	Address	City	State	Zip
NA/16 - 3/17	[redacted] Palmer Dr	Lake Havasu City	AZ	86406
From - To (MM/YY – MM/YY)	Address	City	State	Zip
NA/14 - NA/16	[redacted] Ulloa Pl	Lake Havasu City	AZ	86406
From - To (MM/YY – MM/YY)	Address	City	State	Zip
NA/12 - NA/14	[redacted] Palisades Dr	Lake Havasu City	AZ	86403
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Linde Gas & Equipment			From - To (MM/YY – MM/YY): 02/21 – Current	
Business Address: 1090 Metric Dr	City: Lake Havasu City		State: AZ	Zip: 86403
Phone: 928-854-6151	Title: Plant manager		Number of Employed Hours:	
Description of Duties: Plant Manager Running Daily operations. Route Running				

Business Name: Praxair Disturbition			From - To (MM/YY – MM/YY): 04/16 - 02/21	
Business Address: 1090 Metric Drive	City: Lake Havasu city		State: AZ	Zip: 86403
Phone: 928-854-6151	Title: Truck Driver		Number of Employed Hours:	
Description of Duties: Delivering Customer orders				

Business Name: A & B Supply			From - To (MM/YY – MM/YY): 12/10 - 04/16	
Business Address: 1090 Metric Dr	City: Lake Havasu City		State: AZ	Zip: 86403
Phone: 928-854-6151	Title: Truck Driver		Number of Employed Hours:	
Description of Duties: Delivering Customer orders				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Jordan Sandoval, **certify that as the designated representative for**

Linde Gas & Equipment,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JS I am at least 21 years of age;
3. JS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jordan Sandoval

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-23-22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jordan Sandoval
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-23-22
Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Mohave

I, Jordan Sandoval, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8-23-22
Date

Subscribed and Sworn to before me this 23 day of August 2022.

Notary Public Signature

Austin Jolley
Notary Public
Mohave County, Arizona
My Comm. Expires 04-14-2024
Commission No. 580692

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Linde Gas & Equipment Inc. MDEG License # (if applicable): _____

Physical Address: 1090 Metric Ave.

City: Lake Havasu City State: AZ Zip: 86403

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Licensing Company Email: LG.NA.MedicalLicensing@linde.com

Section 2: Personal Information

First: Jordan Middle: David Last: Sandoval

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Lost Dutchman Dr [redacted]

City: Lake Havasu City State: AZ Zip: 86406

Telephone: [redacted] Email: Jordan.Sandoval@Linde.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Kingman High School		08/03 - 08/05	
Address	**City**	**State**	**Zip**
4182 N Bank St	Kingman	AZ	86409
Diploma/Degree obtained, if any			
NA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3/17 - Current	[redacted] Lost Dutchman Dr [redacted]	Lake Havasu City	AZ	86406
NA/16 - 3/17	[redacted] Palmer Dr	Lake Havasu City	AZ	86406
NA/14 - NA/16	[redacted] Viejo Pl	Lake Havasu City	AZ	86406
NA/12 - NA/14	[redacted] Palisades Dr	Lake Havasu City	AZ	86403
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Linde Gas & Equipment			From - To (MM/YY – MM/YY): 02/21 – Current	
Business Address: 1090 Metric Dr	City: Lake Havasu City		State: AZ	Zip: 86403
Phone: 928-854-6151	Title: Plant Manager		Number of Employed Hours: NA	
Description of Duties: Running Daily Operations, Route Running				

Business Name: Praxair Distribution			From - To (MM/YY – MM/YY): 04/16 - 02/21	
Business Address: 1090 Metric Dr	City: Lake Havasu City		State: AZ	Zip: 86403
Phone: 928-854-6151	Title: Truck Driver		Number of Employed Hours: NA	
Description of Duties: Delivering Customer Orders				

Business Name: A & B Supply			From - To (MM/YY – MM/YY): 12/10 – 04/16	
Business Address: 1090 Metric Dr	City: Lake Havasu City		State: AZ	Zip: 86403
Phone: 928-854-6151	Title: Truck Driver		Number of Employed Hours: NA	
Description of Duties: Delivering Customer Orders				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. **Provide all the following *<u>where applicable</u>*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I, Jordan Sandoval, **certify that as the MDEG Administrator for** Linde Gas & Equipment,

that I (initial that you have read and meet the following requirements):

1. No Have a high school diploma or its equivalent;
2. JS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jordan Sandoval
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-25-22
Date

Board Use Only	Date Received:

Employee List

Lake Havasu City, AZ

Jordan Sandoval

Joe Cooley

Bryan Grogan

Lyle Martin

Michael Walton

Eric Kretlow

Joe Drungle

Chris Luna

Jeremy Beach

William Waldrep

Josh Lopez

Liberty Mutual. SURETY

BOND RIDER

To be attached to and form a part of :

Bond No.: **015210479**

Cross Ref Bond No.: _____

Type of Bond: License Bond

Dated effective: September 1, 2020

Executed by: Praxair Distribution, Inc.

_____, as Principal,

And by: Liberty Mutual Insurance Company, as Surety,

In favor of: Nevada State Board of Pharmacy

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to:

Changing: Principal Name and/or Address

From: Praxair Distribution, Inc.

To: Linde Gas & Equipment Inc.
*see attached list of locations

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

The Principal as changed by this Rider is the Principal as if it had been initially named the Principal when the bond was issued. The former Principal is hereby released and has no obligations with respect to the bond.

This rider is effective: October 11, 2021

Signed and Sealed on: September 30, 2022

Principal Name: Linde Gas & Equipment Inc.

By: _____

Surety Name: Liberty Mutual Insurance Company

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

By: _____
Maureen McNeill, Attorney-in-Fact

Agency Name: Marsh USA Inc.

Agency Address: 1717 Arch Street, Ste. 1100, Philadelphia, PA 19103

- This surety bond needs to show:

Linde Gas & Equipment Inc.	1090 Metric Ave Lake Havasu City, AZ 86403
Linde Gas & Equipment Inc.	3918 W. Lincoln Street Phoenix, AZ 85009
Linde Gas & Equipment Inc.	601 W. Sunset Rd. Henderson, NV 89011
Linde Gas & Equipment Inc.	145 Shimersville Rd. Bethlehem, PA 18015
Linde Gas & Equipment Inc.	208 West Main Street Livingston, TN 38570
Linde Gas & Equipment Inc.	6880 South 2300 East Salt Lake City, UT 84121

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint,

Maureen McNeill

all of the city of Philadelphia, state of Pennsylvania each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 30th day of September, 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

BOND RIDER

To be attached to and form a part of :

Bond No.: **015210479**

Cross Ref Bond No.: _____

Type of Bond: License Bond

Dated effective: September 1, 2020

Executed by: Praxair Distribution, Inc.

_____, as Principal,

And by: Liberty Mutual Insurance Company, as Surety,

In favor of: Nevada State Board of Pharmacy

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to:

Changing: Principal Name and/or Address

From: Praxair Distribution, Inc.

To: Linde Gas & Equipment Inc.
*see attached list of locations

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

The Principal as changed by this Rider is the Principal as if it had been initially named the Principal when the bond was issued. The former Principal is hereby released and has no obligations with respect to the bond.

This rider is effective: October 11, 2021

Signed and Sealed on: September 30, 2022

Principal Name: Linde Gas & Equipment Inc.

By: _____
Gerald Hobbs, Executive Director Risk + Insurance

Surety Name: Liberty Mutual Insurance Company

By: _____
Maureen McNeill, Attorney-in-Fact

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

Agency Name: Marsh USA Inc.

Agency Address: 1717 Arch Street, Ste. 1100, Philadelphia, PA 19103

- This surety bond needs to show:

Linde Gas & Equipment Inc.	1090 Metric Ave Lake Havasu City, AZ 86403
Linde Gas & Equipment Inc.	3918 W. Lincoln Street Phoenix, AZ 85009
Linde Gas & Equipment Inc.	601 W. Sunset Rd. Henderson, NV 89011
Linde Gas & Equipment Inc.	145 Shimersville Rd. Bethlehem, PA 18015
Linde Gas & Equipment Inc.	208 West Main Street Livingston, TN 38570
Linde Gas & Equipment Inc.	6880 South 2300 East Salt Lake City, UT 84121

Individual Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be the person described in and who executed the foregoing instrument and ____he____ thereupon acknowledged to me that ____he___ executed the same.

_____
Notary Public

Partnership/L.L.C. Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be one of the firm of _____ described in and who executed the foregoing instrument and _____he_____ thereupon acknowledged to me that ___he___ executed the same as and for the act and deed of said firm.

_____
Notary Public

Corporate Acknowledgment

State of Connecticut
County of Fairfield

On the 7th day of October, 2022, before me personally appeared Gerald Hobbs to me known, who being by me duly sworn, did depose and say the _____he____ is the Executive Director Risk + Insurance of the Linde Gas + Equipment Inc. the corporation described in and which executed the foregoing instrument that _____he_____ knows the seal of said corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the board of directors of said corporation, and that _____he_____ signed his name thereto by like order.

Barbara J. Cahill
Notary Public

Barbara J. Cahill
Notary Public, State of Connecticut
My Commission Expires Feb. 29, 2024

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Maureen McNeill

all of the city of Philadelphia, state of Pennsylvania each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th dey of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hend and affixed the seals of said Companies this 30th day of September, 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015218799

Application/License No. _____

Linde Gas & Equipment Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is *see attached list of locations (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 5, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

RECEIVED
OCT 12 2022
NEVADA BOARD OF PHARMACY

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 5 day of October, 2022.

APPLICANT/PRINCIPAL

Linde Gas & Equipment Inc.

Authorized Representative

Gerald Hobbs, Executive Director Risk & Insurance

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Liberty Mutual Insurance Company

Surety Company's Representative

Maureen McNeill, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness Bianca Phillips

Witness Cori Wilson

Countersigned by:

NA

Nevada Resident Agent

* This surety bond needs to show:

Linde Gas & Equipment Inc.	1300 Glendale Ave. Sparks, NV 89431
Linde Gas & Equipment Inc.	4260 E. Idaho Street Elko, NV 89801
Linde Gas & Equipment Inc.	4443 Hwy 50 East Carson City, NV 89701

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Maureen McNeill

all of the city of Philadelphia, state of Pennsylvania each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 5th day of October 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Individual Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be the person described in and who executed the foregoing instrument and ____he____ thereupon acknowledged to me that ____he___ executed the same.

_____
Notary Public

Partnership/L.L.C. Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be one of the firm of _____ described in and who executed the foregoing instrument and _____he_____ thereupon acknowledged to me that ___he___ executed the same as and for the act and deed of said firm.

_____
Notary Public

Corporate Acknowledgment

State of Connecticut
County of Fairfield

On the 7th day of October, 2022, before me personally appeared Gerald Hobbs to me known, who being by me duly sworn, did depose and say the ____he____ is the Executive Director Risk & Insurance of the Linde Gas & Equipment Inc. the corporation described in and which executed the foregoing instrument that _____he_____ knows the seal of said corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the board of directors of said corporation, and that _____he_____ signed his name thereto by like order.

Barbara J. Cahill
Notary Public

Barbara J. Cahill
Notary Public, State of Connecticut
My Commission Expires Feb. 29, 2024

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Linde Gas & Equipment Inc.

Physical Address: 208 West Main Street

City: Livingston State: TN Zip: 38570

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Name of Designated Representative (DR): Phillip G. Storie

Licensing Company Email: LG.NA.MedicalLicensing@linde.c DR Email: phillip.storie@linde.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10-6-2022
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cavagna Group via Statale 11/13/ 25011
Address: 25011 Ponte San Marco BS Italy City: State: Zip:

Name: Western/Scott Fetzer Co.
Address: 875 Bassett Road City: Westlake State: OH Zip: 44145

Name: Metal Impact South
Address: 796 Sam T Barkley Drive City: New Albany State: MS Zip: 38652

Name: Catalina Cylinders - West (HQ)
Address: 7300 Anaconda Avenue City: Garden Grove State: CA Zip: 92841

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Linde, Inc.
Corporation/Organization Name: Linde Gas & Equipment Inc.
Mailing Address: 10 Riverview Drive
City: Danbury State: CT Zip: 06810
Telephone: 844-431-1337 Email: contactus@linde.com
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Linde Gas & Equipment Inc.

Facility Name

Phillip G Storie

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10-6-2022

Date

Board Use Only	Date Received: 10-12-22	Amount: 1000.00 CK-711915



Making our world
more productive

Linde Gas & Equipment Inc. Registered Agent

CSC Services of Nevada, Inc.
2215-B Renaissance Drive
Las Vegas, NV 89119
1-800-327-9800

cscglobal.com

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE GAS & EQUIPMENT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE GAS & EQUIPMENT INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 1969.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

712918 8300

SR# 20222788181

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203734176

Date: 06-22-22

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000003458
EXPIRATION DATE: 10/31/2023

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
LINDE GAS & EQUIPMENT INC

COMMISSIONER OF HEALTH

LICENSING DEPT
LINDE GAS & EQUIPMENT INC
7000 HIGH GROVE BLVD
BURR RIDGE IL 60527

12901655
31144

State of Tennessee
Department of Health

BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
LINDE GAS & EQUIPMENT INC
208 W MAIN ST
LIVINGSTON TN 38570

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000003458
EXPIRATION DATE: 10/31/2023

ASSISTANT COMMISSIONER: HEALTH LICENSURE & REGULATION

COMMISSIONER

DCE171

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
Linde Gas & Equipment Inc.
Business Trade Name:
Linde Gas North America

208 N Main St
Livingston, TN 38570
Registration Number: 3012160128
FEI Number*: 3012160128
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2022

Owner/Operator:

Linde Gas & Equipment Inc.[6]
7000 High Grove Blvd.
Burr Ridge, IL US 60527
Owner/Operator Number: 9915062[7]

Official Correspondent:
Michael Larsen
7000 High Grove Blvd.
Burr Ridge, IL 60527
Phone: 262-2129378

Verified 12/27/22 MS

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 08/22/2022

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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Making our world more productive



Corporate Ownership Structure Outline
Linde Gas & Equipment Inc.

Linde plc (Public Corporation)
The Priestley Centre
10 Priestley Road
Surrey Research Park
Guildford. Surrey GU2 7XY
United Kingdom
FEIN: 98-144883

Owns 100% of:
Zamalight Holdco LLC (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 83-2110425
Incorporated in Delaware

Owns 100% of:

Linde. Inc. (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 06-1249050
Incorporated in Delaware

Owns 100% of:

Linde Gas & Equipment Inc. (Not publicly held) DBA: Praxair Distribution
10 Riverview Dr. (Corporate offices)
Danbury. CT 06810 USA
FEIN: 94-1693764
Incorporated in Delaware

Linde. Inc. through Linde Gas & Equipment Inc. owns and operates approximately 170 medical gas manufacturing. warehousing and distribution facilities in the USA. Each of these local facilities operates under the Linde Gas & Equipment Inc. name. Depending upon the specific facility. the facility may operate under the Praxair Distribution DBA name or the Linde Gas North America DBA name.

Making Our World More Productive

Corporate Officer List
Linde Gas and Equipment Inc.

Business contact information for all Officers:

Linde Gas and Equipment Inc.
10 Riverview Drive
Danbury, CT 06810
203-837-2000

List of Officers:

President
Benjamin Glazer

Treasurer
Adam G Schmidt

Secretary
Robert I Morrison

Linde Gas & Equipment Inc. FEIN: 94-1693764

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/20/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA, Inc.
1166 Avenue of the Americas
New York, NY 10036
Attn: NewYork.Certs@marsh.com Fax: 212-948-0500

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Old Republic Insurance Company	24147
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Linde Inc.
10 Riverview Drive
Danbury, CT 06810

COVERAGES **CERTIFICATE NUMBER:** NYC-010962292-17 **REVISION NUMBER:** 27

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			MWZY-313507-22	10/01/2022	10/01/2023	EACH OCCURRENCE	$	5,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	5,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	5,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$	5,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY			MWTB-313505-22	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$	10,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			MWC-313504-22	10/01/2022	10/01/2023	X PER STATUTE [ ] OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A					E.L. EACH ACCIDENT	$	5,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	5,000,000
							E.L. DISEASE - POLICY LIMIT	$	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER
Linde Inc.
10 Riverview Drive
Danbury, CT 06810

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Marsh USA Inc.

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The ACORD name and logo are registered marks of ACORD

Phillip G Storie

Moodyville Road, Byrdstown, Tennessee 38549 | ℄ phillip.storie@linde.com

Professional Summary

Self-motivated medical professional, experienced in business, technical, and non-technical, fast-paced team environments, quality, brand knowledge, customer focus. Relationship building and technical expert offering more than 16 years of customer service experience & winning attitude in medical service

Skills

- Quality assurance
- Business acumen
- Energetic and driven
- Positive outlook
- Motivated team player
- Reliable
- Resolution-oriented
- People-oriented
- Technical
- Excellent communication skills
- Superior organizational skills
- Microsoft Office

Work History

BioMedical Program Manager **04/2004 to Current**
The Linde Group – Livingston, TN

- Managed Mobile biomed travel team
- Currently Manage 31 certified biomed technicians
- Built relationships with customers to promote long term business growth
- Certified Ventilator Technician
- Certified NoxBox Technician
- Performed quality control & assurance on all Ventilators being sent to customers
- Built spreadsheets to monitor quality of units being shipped to & from Livingston
- Managed logistics for daily setups and deliveries
- Worked with CS Manager from NoxBox in UK to create technical guidelines & processes to build US market & productivity
- Worked with QA from NoxBox in UK to create a quality control guideline for the US Market & implemented it at the Livingston location
- Worked with OP Manager from NoxBox in UK to coordinate parts ordering, issues, and concerns
- Working with clinical educators throughout the US with any NoxBox issues & helping correct those issues
- Working with Linde Management on any NoxBox trends that needs to be addressed
- Familiar with Master Control & the process of Master Control

Education

High School Diploma: 1998
Pickett County High School - Byrdstown, TN

Certifications

Level 3 NoxBox Service Technician Certified
Carefusion Ventilator Technician Certified
Respironics Trilogy Ventilator Technician Certified
Invacare Certified Technician
Devilbiss Certified Technician

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Linde Gas & Equipment Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 208 West Main Street

City: Livingston State: TN Zip: 38570

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Licensing Company Email: LG.NA.MedicalLicensing@linde.com

Section 2: Personal Information

First: Phillip Middle: G. Last: Storie

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Moodyville Road

City: Byrdstown State: TN Zip: 38549

Telephone: [redacted] Email: phillip.storie@linde.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Pickett Co. High School		1994-1998	
Address	**City**	**State**	**Zip**
141 Skyline Drive	Byrdstown	TN	38549
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2014 - Current	[redacted] Moodyville Rd	Byrdstown	TN	38549
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2007 - 2014	[redacted] Jones Chapel Rd	Byrdstown	TN	38549
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Formerly Linde Gas & Equipment Inc. (Linde Gas North America, LLC)		04/2004 - Present	
Business Address	**City**	**State**	**Zip**
208 West Main Street	Livingston	TN	38570
Phone	**Title**	**Number of Employed Hours**	
615-860-0819	Facility Manager		
Description of Duties			
Please see attached Resume			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section B: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10-6-2022
Date

I, Phillip Storie, **certify that as the designated representative for**

Linde Gas & Equipment,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Phillip Storie

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-6-2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Phillip Storie
Print Name (First, Last)

Phillip Storie
Original Signature (electronic, copies or stamps not accepted)

10-6-2022
Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Pickett

I, Andrea Storie, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Andrea Storie
Original Signature

10-4-22
Date

Subscribed and Sworn to before me this 6th day of October.

Andrea Storie
Notary Public Signature

ANDREA R. STORIE
STATE OF TENNESSEE
NOTARY PUBLIC
PICKETT COUNTY
My Commission Expires 6/1/24

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Linde Gas & Equipment Inc. MDEG License # (if applicable) _____

Physical Address 208 West Main Street

City Livingston State TN Zip 38570

Mailing Address (if different from physical address) 7000 High Grove Blvd.

City Burr Ridge State IL Zip 60527

Telephone 630-320-4129 Website www.linde.com

Licensing Company Email LG.NA.MedicalLicensing@linde.com

Section 2: Personal Information

First Phillip Middle G. Last Storie

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Moodyville Road

City Byrdstown State TN Zip 38549

Telephone [redacted] Email phillip.storie@linde.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Pickett Co. High		1994-1998	
Address	**City**	**State**	**Zip**
141 Skyline Drive	Byrdstown	TN	38549
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2014- Current	[redacted] Moodyville Rd	Byrdstown	TN	38549
2007- 2014	[redacted] Jones Chapel Rd	Byrdstown	TN	38549

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Linde Gas & Equipment Inc. (formerly Linde Gas North America, LLC)			04/2004-Present
Business Address	**City**	**State**	**Zip**
208 West Main Street	Livingston	TN	38570
Phone	**Title**		**Number of Employed Hours**
615-860-0819	Facility Manager		
Description of Duties			
Please see attached Resume.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
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Description of Duties			

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Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10-6-2022
Date

I, Phillip Storie, **certify that as the MDEG Administrator for**

Linde Gas + Equipment,

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Phillip Storie
Print Name (First, Last)

Phillip Storie
Original Signature (electronic, copies or stamps not accepted)

10-6-2022
Date

Board Use Only	Date Received: 10-12-22

Employee List

Livingston, TN

Dana Beaty
Gregory Reagon
Andrew McCoy
William Stephens
Nathaniel Smith
William Davidson
Larry Rhule
Josh Boles
Kevin Reneau
Gary Cantrell
John Dixon
Michael Mullins
Austin Reagan
Robert Reeder
Wayne Huddleston
Jimmy Garrett
Chris Bond

Liberty Mutual SURETY

BOND RIDER

To be attached to and form a part of :

Bond No.: **015210479**

Cross Ref Bond No.: _____

Type of Bond: License Bond

Dated effective: September 1, 2020

Executed by: Praxair Distribution, Inc.

_____, as Principal.

And by: Liberty Mutual Insurance Company, as Surety,

In favor of: Nevada State Board of Pharmacy

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to:

Changing: Principal Name and/or Address

From: Praxair Distribution, Inc.

To: Linde Gas & Equipment Inc.
*see attached list of locations

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

The Principal as changed by this Rider is the Principal as if it had been initially named the Principal when the bond was issued. The former Principal is hereby released and has no obligations with respect to the bond.

This rider is effective: October 11, 2021

Signed and Sealed on: September 30, 2022

Principal Name: Linde Gas & Equipment Inc.

By: _____

Surety Name: Liberty Mutual Insurance Company

By: _____
Maureen McNeill, Attorney-in-Fact

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

Agency Name: Marsh USA Inc.

Agency Address: 1717 Arch Street, Ste. 1100, Philadelphia, PA 19103

- This surety bond needs to show:

Linde Gas & Equipment Inc.	1090 Metric Ave Lake Havasu City, AZ 86403
Linde Gas & Equipment Inc.	3918 W. Lincoln Street Phoenix, AZ 85009
Linde Gas & Equipment Inc.	601 W. Sunset Rd. Henderson, NV 89011
Linde Gas & Equipment Inc.	145 Shimersville Rd. Bethlehem, PA 18015
Linde Gas & Equipment Inc.	208 West Main Street Livingston, TN 38570
Linde Gas & Equipment Inc.	6880 South 2300 East Salt Lake City, UT 84121

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint,

Maureen McNeill

all of the city of Philadelphia, state of Pennsylvania each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 30th day of September 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Linde Gas & Equipment Inc.

Physical Address: 3918 W. Lincoln St.

City: Phoenix State: AZ Zip: 85009

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Name of Designated Representative (DR): Shaun Cory

Licensing Company Email: LG.NA.MedicalLicensing@linde.c DR Email: Shaun.Cory@linde.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cavagna Group via Statale 11/13/ 25011
Address: 25011 Ponte San Marco BS Italy City: State: Zip:

Name: Western/Scott Fetzer Co.
Address: 875 Bassett Road City: Westlake State: OH Zip: 44145

Name: Metal Impact South
Address: 796 Sam T Barkley Drive City: New Albany State: MS Zip: 38652

Name: Catalina Cylinders - West (HQ)
Address: 7300 Anaconda Avenue City: Garden Grove State: CA Zip: 92841

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Linde, Inc.
Corporation/Organization Name: Linde Gas & Equipment Inc.
Mailing Address: 10 Riverview Drive
City: Danbury State: CT Zip: 06810
Telephone: 844-431-1337 Email: contactus@linde.com
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Linde Gas & Equipment Inc.

Facility Name

Shaun Cory

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date 9/27/2022

Board Use Only	Date Received: 10-24-22	Amount: 1000.00 CK - 711822



Making our world
more productive

Linde Gas & Equipment Inc. Registered Agent

CSC Services of Nevada, Inc.
2215-B Renaissance Drive
Las Vegas, NV 89119
1-800-327-9800

cscglobal.com

An official website of the United States government Here's how you know

U.S. FOOD & DRUG ADMINISTRATION

Drug Establishments Current Registration Site

Share Tweet LinkedIn Email Print

New Search

Search Results for **linde**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Linde Gas & Equipment Inc.	1825041	048530521	MANUFACTURE;	1400 Polco St, Indianapolis, Indiana (IN) 46222-5210, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	1825439	078474890	MANUFACTURE;	5001 DeWitt Rd, Canton, Michigan (MI) 48188-2411, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	1827871	013321604	MANUFACTURE;	1000 Scribner Ave NW, Grand Rapids, Michigan (MI) 49504, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	1828043	016271697	MANUFACTURE;	3930 Michigan Street, Hammond, Indiana (IN) 46323, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	2013624	153670138	MANUFACTURE;	3918 W Lincoln, Phoenix, Arizona (AZ) 85009, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	2013741	054547505	MANUFACTURE;	5508 Vineland Ave, North Hollywood, California (CA) 91601, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	2015192	161317490	MANUFACTURE;	4800 Cecilia St, Cudahy, California (CA) 90201-5913, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	2221032	879317022	MANUFACTURE;	425 Avenue P, Newark, New Jersey (NJ) 07105-4800, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	2246856	091010210	MANUFACTURE;	1240 State Route 33, Farmingdale, New Jersey (NJ) 07727-3635, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	2516697	008966082	MANUFACTURE;	2510 New Butler Rd, New Castle, Pennsylvania (PA) 16101, United States (USA)	12/31/2022

Showing 91 to 100 of 155 entries

Previous 1 ... 9 10 11 ... 16 Next

Data Current through: Wednesday, Aug 17, 2022

Return to Drug Firm Annual Registration Status Home Page

Verified
12/27/22
MS

Making Our World More Productive

Corporate Officer List
Linde Gas and Equipment Inc.

Business contact information for all Officers:

Linde Gas and Equipment Inc.
10 Riverview Drive
Danbury, CT 06810
203-837-2000

List of Officers:

President
Benjamin Glazer

Treasurer
Adam G Schmidt

Secretary
Robert I Morrison

Linde Gas & Equipment Inc. FEIN: 94-1693764

Making our world more productive



Corporate Ownership Structure Outline
Linde Gas & Equipment Inc.

Linde plc (Public Corporation)
The Priestley Centre
10 Priestley Road
Surrey Research Park
Guildford. Surrey GU2 7XY
United Kingdom
FEIN: 98-144883

Owns 100% of:
Zamalight Holdco LLC (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 83-2110425
Incorporated in Delaware

Owns 100% of:

Linde. Inc. (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 06-1249050
Incorporated in Delaware

Owns 100% of:

Linde Gas & Equipment Inc. (Not publicly held) DBA: Praxair Distribution
10 Riverview Dr. (Corporate offices)
Danbury. CT 06810 USA
FEIN: 94-1693764
Incorporated in Delaware

Linde. Inc. through Linde Gas & Equipment Inc. owns and operates approximately 170 medical gas manufacturing. warehousing and distribution facilities in the USA. Each of these local facilities operates under the Linde Gas & Equipment Inc. name. Depending upon the specific facility. the facility may operate under the Praxair Distribution DBA name or the Linde Gas North America DBA name.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE GAS & EQUIPMENT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE GAS & EQUIPMENT INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 1969.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

712918 8300

SR# 20222788181

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203734176

Date: 06-22-22

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/20/2020
Receipt Number: 202097249
Receipt Amount $: 200.00

Medical Gas - Distributor

PERMIT NO
C000312

EXPIRES
10/31/2022

Issued to :

Linde Gas & Equipment Inc.
Praxair Distribution, Inc.
7000 HIGH GROVE BLVD
BURR RIDGE, IL 60527

Linde Gas & Equipment Inc.
3918 W. LINCOLN ST.
PHOENIX, AZ 85009

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Praxair Distribution, Inc.
LICENSE NUMBER : C000312
EXPIRES : 10/31/2022

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/20/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA, Inc.
1166 Avenue of the Americas
New York, NY 10036
Attn: NewYork.Certs@marsh.com Fax: 212-948-0500

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Old Republic Insurance Company	24147
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Linde Inc.
10 Riverview Drive
Danbury, CT 06810

COVERAGES **CERTIFICATE NUMBER:** NYC-010962292-17 **REVISION NUMBER:** 27

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			MWZY-313507-22	10/01/2022	10/01/2023	EACH OCCURRENCE	$	5,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	5,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	5,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$	5,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY			MWTB-313505-22	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$	10,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			MWC-313504-22	10/01/2022	10/01/2023	X PER STATUTE [ ] OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$	5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	5,000,000
							E.L. DISEASE - POLICY LIMIT	$	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER
Linde Inc.
10 Riverview Drive
Danbury, CT 06810

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Marsh USA Inc.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Linde Gas & Equipment Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 3918 W. Lincoln Street

City: Phoenix State: AZ Zip: 85009

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Licensing Company Email: LG.NA.MedicalLicensing@linde.com

Section 2: Personal Information

First: SHAUNESSY Middle: PATRICK Last: CORY

Alias(es, nicknames, name changes, etc.): SHAUN

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] W. LAVENDER LN

City: GOODYEAR State: AZ Zip: 85009

Telephone: [redacted] Email: SHAUN.CORY@LINDE.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: TROY STATE UNIVERSITY			From - To (MM/YY – MM/YY): 1990-1991	
Address	City: TROY		State: AL	Zip
Diploma/Degree obtained, if any: MASTER OF SCIENCE				
School Name: TEXAS A&M UNIVERSITY			From - To (MM/YY – MM/YY): 1979-1983	
Address	City: COLLEGE STATION		State: TX	Zip
Diploma/Degree obtained, if any: BACHELOR OF SCIENCE				
School Name: ELKHART CENTRAL HIGH SCHOOL			From - To (MM/YY – MM/YY): 1976-1979	
Address	City: ELKHART		State: IN	Zip
Diploma/Degree obtained, if any: H.S. DIPLOMA				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2002-9/2022	[redacted] W. LAVENDOR LN	GOODYEAR	AZ	85338
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: LINDE GAS & EQUIPMENT INC.			From - To (MM/YY – MM/YY): 6/2015 - 9/2022	
Business Address: 3918 W. LINCOLN ST	City: PHOENIX		State: AZ	Zip: 85009
Phone: 602-300-7962	Title: PLANT MANAGER		Number of Employed Hours: 15,200	
Description of Duties: OVERSEE ALL MANUFACTURING ACTIVITIES FOR BOTH MEDICAL AND NON-MEDICAL PRODUCTS.				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Shaun Cory, **certify that as the designated representative for**

Linde Gas & Equipment Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

SHAUN CORY

Print Name (First, Last)

Shaun Cory

Original Signature (electronic, copies or stamps not accepted)

9/27/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SHAUN CORY
Print Name (First, Last)

Shaun Cory
Original Signature (electronic, copies or stamps not accepted)

9/27/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Shaun Cory
Original Signature

9/27/22
Date

Subscribed and Sworn to before me this 27 day of Sept 2022.

Angela Henry
Notary Public Signature

ANGELA HENRY
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 616838
Expires November 01, 2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Linde Gas & Equipment Inc. MDEG License # (if applicable): _____

Physical Address: 3918 W. Lincoln St.

City: Phoenix State: AZ Zip: 85009

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630 - 320 - 4129 Website: www.linde.com

Licensing Company Email: LG.NA.MedicalLicensing@linde.com

Section 2: Personal Information

First: SHAUNESSY Middle: PATRICK Last: CORY

Alias(es, nicknames, name changes, etc.): SHAUN

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] W. LAVENDER LN

City: GOODYEAR State: AZ Zip: 85338

Telephone: [redacted] Email: SHAUN.CORY@LINDE.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
TROY STATE UNIVERSITY			1990-1991
Address	**City**	**State**	**Zip**
	TROY	AL	
Diploma/Degree obtained, if any			
MASTER OF SCIENCE			

School Name			From - To (MM/YY – MM/YY)
TEXAS A & M UNIVERSITY			1979-1983
Address	**City**	**State**	**Zip**
	COLLEGE STATION	TX	
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE			

School Name			From - To (MM/YY – MM/YY)
ELKHART CENTRAL HIGH SCHOOL			
Address	**City**	**State**	**Zip**
	ELKHART	IN	
Diploma/Degree obtained, if any			
H.S. DIPLOMA			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2002 - 9/2022	[redacted] W. LAVENDER LN	GOODYEAR	AZ	85338
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: LINDE GAS & EQUIPMENT INC			From - To (MM/YY – MM/YY): 6/2015 - 9/2022
Business Address: 3918 W. LINCOLN ST	City: PHOENIX	State: AZ	Zip: 85009
Phone: 602-300-7962	Title: PLANT MANAGER		Number of Employed Hours: 15,200
Description of Duties: OVERSEE ALL MANUFACTURING ACTIVITIES FOR BOTH MEDICAL AND NON-MEDICAL PRODUCTS.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I, SHAUN CORY, **certify that as the MDEG Administrator for** LINDE GAS & EQUIPMENT, INC. PHOENIX, AZ,

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SHAUN CORY
Print Name (First, Last)

Shaun Cory
Original Signature (electronic, copies or stamps not accepted)

9/27/2022
Date

Board Use Only	Date Received: 10-24-22

Employee List

Phoenix, AZ

Alaniz, German
Barnes, Jeremiah
Barreras, Jerry
Bermudez, Andres
Casey, Adam
Castillo, Emelio
Munoz, Javier
Castillo, Samuel
Cory, Shaun
Dunlap, Perry
Gonzalez, Richard
Jimenez, Luis
Johnson, Tyrus
Keil, Robert
Lewis, Eric
Lindsay III, John
Mata, Jose
McCaw, Rocky
Mercado, Roberto
Smith, Ty
Tribbett, Tyrone

Liberty Mutual. SURETY

BOND RIDER

To be attached to and form a part of :

Bond No.: **015210479**

Cross Ref Bond No.: _____

Type of Bond: License Bond

Dated effective: September 1, 2020

Executed by: Praxair Distribution, Inc.

_____, as Principal,

And by: Liberty Mutual Insurance Company, as Surety,

In favor of: Nevada State Board of Pharmacy

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to:

Changing: Principal Name and/or Address

From: Praxair Distribution, Inc.

To: Linde Gas & Equipment Inc.

*see attached list of locations

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

The Principal as changed by this Rider is the Principal as if it had been initially named the Principal when the bond was issued. The former Principal is hereby released and has no obligations with respect to the bond.

This rider is effective: October 11, 2021

Signed and Sealed on: September 30, 2022

Principal Name: Linde Gas & Equipment Inc.

By: _____

Surety Name: Liberty Mutual Insurance Company

By: _____
Maureen McNeill, Attorney-in-Fact

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

Agency Name: Marsh USA Inc.

Agency Address: 1717 Arch Street, Ste. 1100, Philadelphia, PA 19103

- This surety bond needs to show:

Linde Gas & Equipment Inc.	1090 Metric Ave Lake Havasu City, AZ 86403
Linde Gas & Equipment Inc.	3918 W. Lincoln Street Phoenix, AZ 85009
Linde Gas & Equipment Inc.	601 W. Sunset Rd. Henderson, NV 89011
Linde Gas & Equipment Inc.	145 Shimersville Rd. Bethlehem, PA 18015
Linde Gas & Equipment Inc.	208 West Main Street Livingston, TN 38570
Linde Gas & Equipment Inc.	6880 South 2300 East Salt Lake City, UT 84121

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint,

Maureen McNeill

all of the city of Philadelphia, state of Pennsylvania each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 30th day of September 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

40

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH MP01135	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Linde Gas & Equipment Inc.

Physical Address: 6880 South 2300 East

City: Salt Lake City State: UT Zip: 84121

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Name of Designated Representative (DR): Mitchell T. Evans

Licensing Company Email: LG.NA.MedicalLicensing@linde. DR Email: Mitch.Evans@linde.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cavagna Group via Statale 11/13/25011
Address: 25011 Ponte San Marco BS Italy City: State: Zip:

Name: Western/Scott Fetzer Co
Address: 875 Bassett Road City: Westlake State: OH Zip: 44145

Name: Metal Impact South
Address: 798 Sam T Barkley Drive City: New Albany State: MS Zip: 38652

Name: Catalina Cylinders - West (HQ)
Address: 7300 Anaconda Avenue City: Garden Grove State: CA Zip: 92841

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Linde, Inc.
Corporation/Organization Name: Linde Gas & Equipment Inc.
Mailing Address: 10 Riverview Drive
City: Danbury State: CT Zip: 06810
Telephone: 630-320-4139 Email: Pamela.Oesterreich@linde.com
Contact Person Name: Pamela Oestereich

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Linde Gas & Equipment Inc.

Facility Name

Mitchell T. Evans

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9.22.2022

Date

Board Use Only	Date Received: 10-12-22	Amount: 1000.00 CK-711816



Making our world
more productive

Linde Gas & Equipment Inc. Registered Agent

CSC Services of Nevada, Inc.
2215-B Renaissance Drive
Las Vegas, NV 89119
1-800-327-9800

cscglobal.com

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Linde Gas & Equipment Inc

EFFECTIVE 09/16/2022

EXPIRATION 03/16/2023

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

13021136-1710 Pharmacy - Class C

Manufacturer

DBA: None Associated

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

LINDE GAS & EQUIPMENT INC
6880 S 2300 E
SALT LAKE CITY UT 84121

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LICENSE

EFFECTIVE DATE: 09/16/2022

EXPIRATION DATE: 03/16/2023

ISSUED TO: Linde Gas & Equipment Inc
6880 S 2300 E
Salt Lake City UT 84121

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

13021136-1710 Pharmacy - Class C

Manufacturer

DBAs: None Associated

Drug Establishments Current Registration Site

Share Tweet LinkedIn Email Print

New Search

Search Results for **Praxair**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Praxair Distribution, Inc	1720509	059209143	MANUFACTURE;	6880 S 2300 E, Salt Lake City, Utah (UT) 84121-3183, United States (USA)	12/31/2022
Praxair Mexico, S. de R.L. de C.V.	3004658599	812821245	MANUFACTURE;	V ia Matamoros No. 700, San Nicolas de los Garza, Nuevo Leon 66480, Mexico (MEX)	12/31/2022
Praxair Mexico, S. de R.L. de C.V.	3009646631	812505014	MANUFACTURE;	blvd. Diaz Ordaz No. 140, Pisos 11, 12 Y 14, Santa Maria, Monterrey, Nuevo Leon 64650, Mexico (MEX)	12/31/2022
Praxair Mexico, S. de R.L. de C.V.	3012518051	812953909	MANUFACTURE;	Av. Indepndencia No 300, Zona Industrial Toluca, Parque Ind., Toluca de Lerdo Esta, Toluca De Lerdo Esta 50010, Mexico (MEX)	12/31/2022
Praxair Puerto Rico Inc	3007041220	080049966	MANUFACTURE;	Calle Mendez Vigo 171 Oeste, Mayaguez, Puerto Rico (PR) 00681, United States (USA)	12/31/2022
Praxair Puerto Rico Inc	2650081	131438335	MANUFACTURE;	Rd 189 Int Rd 931, Gurabo, Puerto Rico (PR) 00778, United States (USA)	12/31/2022
Praxair Puerto Rico Inc	2650167	961672441	MANUFACTURE;	Rd 3 Technico Industrial Park Ste 77, Humacao, Puerto Rico (PR) 00791, United States (USA)	12/31/2022

Showing 1 to 7 of 7 entries

Previous 1 Next

Data Current through: Monday, Sep 26, 2022

Return to Drug Firm Annual Registration Status Home Page

Verified
12/27/22
ms

Making Our World More Productive

Corporate Officer List
Linde Gas and Equipment Inc.

Business contact information for all Officers:

Linde Gas and Equipment Inc.
10 Riverview Drive
Danbury, CT 06810
203-837-2000

List of Officers:

President
Benjamin Glazer

Treasurer
Adam G Schmidt

Secretary
Robert I Morrison

Linde Gas & Equipment Inc. FEIN: 94-1693764

Making our world more productive



Corporate Ownership Structure Outline
Linde Gas & Equipment Inc.

Linde plc (Public Corporation)
The Priestley Centre
10 Priestley Road
Surrey Research Park
Guildford. Surrey GU2 7XY
United Kingdom
FEIN: 98-144883

Owns 100% of:
Zamalight Holdco LLC (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 83-2110425
Incorporated in Delaware

Owns 100% of:

Linde. Inc. (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 06-1249050
Incorporated in Delaware

Owns 100% of:

Linde Gas & Equipment Inc. (Not publicly held) DBA: Praxair Distribution
10 Riverview Dr. (Corporate offices)
Danbury. CT 06810 USA
FEIN: 94-1693764
Incorporated in Delaware

Linde. Inc. through Linde Gas & Equipment Inc. owns and operates approximately 170 medical gas manufacturing. warehousing and distribution facilities in the USA. Each of these local facilities operates under the Linde Gas & Equipment Inc. name. Depending upon the specific facility. the facility may operate under the Praxair Distribution DBA name or the Linde Gas North America DBA name.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE GAS & EQUIPMENT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE GAS & EQUIPMENT INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 1969.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

712918 8300

SR# 20222788181

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203734176

Date: 06-22-22

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/20/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: NewYork.Certs@marsh.com Fax: 212-948-0500	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Linde Inc. 10 Riverview Drive Danbury, CT 06810	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Old Republic Insurance Company / 24147 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** NYC-010962292-17 **REVISION NUMBER:** 27

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			MWZY-313507-22	10/01/2022	10/01/2023	EACH OCCURRENCE	$	5,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	5,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	5,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$	5,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY			MWTB-313505-22	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$	10,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			MWC-313504-22	10/01/2022	10/01/2023	X PER STATUTE [ ] OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$	5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	5,000,000
							E.L. DISEASE - POLICY LIMIT	$	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER

Linde Inc.
10 Riverview Drive
Danbury, CT 06810

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Linde Gas & Equipment Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 6880 South 2300 East

City: Salt Lake City State: UT Zip: 84121

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Licensing Company Email: LG.NA.MedicalLicensing@linde.com

Section 2: Personal Information

First: Mitchell Middle: T. Last: Evans

Alias(es, nicknames, name changes, etc.): MITCH

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] W 4025 S

City: WEST HAVEN State: UT Zip: 84401

Telephone: [redacted] Email: MITCH.EVANS@LINDE.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
GRANGER HIGH SCHOOL		09/82 - 06/86	
Address	**City**	**State**	**Zip**
3580 S 3600 W	WEST VALLEY	UT	84119
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/17 - CURRENT	[redacted] W 4025 S	WEST HAVEN	UT	84401
05/15 - 11/17	[redacted] DIRETTO DR	NEW BRAUNFELS	TX	78132
06/08 - 05/15	[redacted] S 4950 W	WEST HAVEN	UT	84401
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Mitchell Evans

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: LINDE GAS & EQUIPMENT INC			From - To (MM/YY – MM/YY): 04/01 – CURRENT
Business Address: 6880 So 2300 EAST	City: SLC	State: UT	Zip: 84121
Phone: 801-381-8325	Title: OPERATIONS MANAGER	Number of Employed Hours: 6000 +	
Description of Duties: MANAGE FACILITYS AND PROCESSES - QUALITY ASSURANCE REVIEWER			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, MITCHELL T EVANS, **certify that as the designated representative for**

LINDE GAS & EQUIPMENT,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

MITCHELL EVANS

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-22-2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MITCHELL EVANS
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9.23.2022
Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Chase Rodriguez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9.23.2022
Date

Subscribed and Sworn to before me this 23 day of September, 2022

Notary Public Signature

NOTARY PUBLIC
CHASE RODRIGUEZ
COMM. # 721755
MY COMMISSION EXPIRES
NOVEMBER 30, 2025
STATE OF UTAH
(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Mitch Evans — MDEG License # (if applicable): _____

Physical Address: 6880 South 2300 East

City: Salt Lake City — State: UT — Zip: 84121

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge — State: IL — Zip: 60527

Telephone: 630-320-4129 — Website: www.linde.com

Licensing Company Email: LG.NA.MedicalLicensing@linde.com

Section 2: Personal Information

First: Mitchell — Middle: T. — Last: Evans

Alias(es, nicknames, name changes, etc.): MITCH

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] W 4025 S

City: WEST HAVEN — State: UT — Zip: 84401

Telephone: [redacted] — Email: MITCH.EVANS@LINDE.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
GRANGER HIGH SCHOOL		09/82 - 06/86	
Address	**City**	**State**	**Zip**
3580 S 3600 W	WEST VALLEY	UT	84119
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/17 - CURRENT	[redacted] W 4025 S	WEST HAVEN	UT	84401
06/15 - 11/17	[redacted] DIRETTO DR	NEW BRAUNFELS	TX	78132
06/08 - 05/15	[redacted] S 4950 W	WEST HAVEN	UT	84401
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Mitchell Evans

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Linde Gas & Equipment Inc.			From - To (MM/YY – MM/YY): 04/01 – CURRENT	
Business Address: 6880 South 2300 East	City: Salt Lake City		State: UT	Zip: 84121
Phone: 801-943-7638	Title: Facility Manager		Number of Employed Hours: 1500+	
Description of Duties: MANAGE FACILITY AND ALL PROTOCOL. QUALITY ASSURANCE REVIEWER				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Linde Gas & Equipment Inc.			04/01 - CURRENT	
Business Address		**City**	**State**	**Zip**
6880 South 2300 East		Salt Lake City	UT	84121
Phone	**Title**		**Number of Employed Hours**	
801-943-7638	Facility Manager		1500+	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, MITCHELL T EVANS, **certify that as the MDEG Administrator for** LINDE GAS & EQUIPMENT,

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MITCHELL EVANS
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-22-2022
Date

Board Use Only	Date Received: 10-12-22

Org Chart – Salt Lake City Plant – 70236 – 6880 South 2300 East Cottonwood Heights Utah 84121

Plant Manager – Mitch Evans

Admin Assistant – Mary Hale

Production Managers – Matt Angus, Michael Rugebregt

Production – Cylinder Processors

Justin Ashley

Sone Mailaub

Austin Chestnut - QAR

Roman Irizarry

David Smith

Marshall Magneson

Bradyn Anderson

Michael Sardina

Kurtis Young

Ammon Gaffney

Jafeth Rodriguez - Romero

Distribution Manager – Jesus Rodriguez

Drivers – CDL

Jose Ruiz

Colt Tonge

Roger Rodriguez

Carlos Flores

Andrew Fillmore

Kenneth Dennison

Andrew Thompson

Tyler Llewelyn

Frank Sardina

Robert Adams

Chase Pollock

Open

Liberty Mutual. SURETY

BOND RIDER

To be attached to and form a part of :

Bond No.: **015210479**

Cross Ref Bond No.: _____

Type of Bond: License Bond

Dated effective: September 1, 2020

Executed by: Praxair Distribution, Inc.

_____, as Principal,

And by: Liberty Mutual Insurance Company, as Surety,

In favor of: Nevada State Board of Pharmacy

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to:

Changing: Principal Name and/or Address

From: Praxair Distribution, Inc.

To: Linde Gas & Equipment Inc.
*see attached list of locations

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

The Principal as changed by this Rider is the Principal as if it had been initially named the Principal when the bond was issued. The former Principal is hereby released and has no obligations with respect to the bond.

This rider is effective: October 11, 2021

Signed and Sealed on: September 30, 2022

Principal Name: Linde Gas & Equipment Inc.

By: _____

Surety Name: Liberty Mutual Insurance Company

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

By: _____
Maureen McNeill, Attorney-in-Fact

Agency Name: Marsh USA Inc.

Agency Address: 1717 Arch Street, Ste. 1100, Philadelphia, PA 19103

- This surety bond needs to show:

Linde Gas & Equipment Inc.	1090 Metric Ave Lake Havasu City, AZ 86403
Linde Gas & Equipment Inc.	3918 W. Lincoln Street Phoenix, AZ 85009
Linde Gas & Equipment Inc.	601 W. Sunset Rd. Henderson, NV 89011
Linde Gas & Equipment Inc.	145 Shimersville Rd. Bethlehem, PA 18015
Linde Gas & Equipment Inc.	208 West Main Street Livingston, TN 38570
Linde Gas & Equipment Inc.	6880 South 2300 East Salt Lake City, UT 84121

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint,

Maureen McNeill

all of the city of Philadelphia, state of Pennsylvania each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 30th day of September 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Rayner Surgical, Inc

Physical Address: 201 Elliott Avenue West, Suite 500

City: Seattle State: WA Zip: 98119

Mailing Address (if different from physical address): SAME

City: _____ State: _____ Zip: _____

Telephone: 206-676-5000 Website: www.rayner.com

Name of Designated Representative (DR): Scott Whitlock

Licensing Company Email: Pharma-RA@Rayner.com DR Email: scottwhitlock@rayner.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-S, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cardinal Health 105, LLC, Specialty Pharmaceutical Services
Address: 501 Mason Road, Suite 200 City: La Vergne State: TN Zip: 37086

Name: Hospira (a Division of Pfizer)
Address: Highway 301 North City: Rocky Mount State: NC Zip: 27801

Name: Hospira
Address: 4285 N Wesleyan Blvd City: Rocky Mount State: NC Zip: 27801

Name: Patheon Manufacturing Services
Address: 5900 Martin Luther King Jr. Hwy, PO Box 1887 City: Greenville State: NC Zip: 27834

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Rayner US Newco, LLC
Corporation/Organization Name: Rayner Surgical, Inc
Mailing Address: 201 Elliott Avenue West, Suite 500
City: Seattle State: WA Zip: 98119
Telephone: 206-676-5000 Email: Pharma-RA@Rayner.com
Contact Person Name: Scott Whitlock

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Rayner Surgical, Inc

Facility Name

Robert Wade Allen

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

13 October 2022

Date

Board Use Only	Date Received: 10/18/2022	Amount: $1000 (CC)

Washington State Department of Health

This organization

Rayner Surgical, Inc

is authorized by RCW 18.64 to have a

Pharmaceutical Manufacturer License

Operated by: **Rayner Surgical, Inc**

Located at: **201 Elliott Ave W Ste 500**
Seattle, WA 98119-4265

Secretary

Status
ACTIVE

Effective Date
07/13/2022

Credential Number
PHMF.FX.61301668

Expiration Date
09/30/2023

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RAYNER SURGICAL INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3382640 8300

SR# 20220674069

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202747250

Date: 02-23-22

Current Date: 07-MAR-2022
Labeler DUNS: 118502278
Labeler Name: Rayner Surgical Inc.
Labeler Code Assigned: 82604

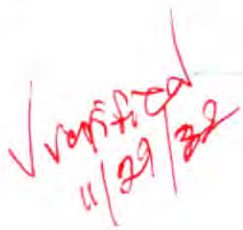
The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).



Attachment to Rayner Surgical, Inc's Out-of-State Wholesaler Application (Nevada Board of Pharmacy)

Business Description
Rayner Surgical, Inc ("Rayner") is a biopharmaceutical company selling non-controlled prescription drugs to other wholesalers. Rayner is a virtual manufacturer using contract manufacturers that ship the finished products directly to a third-party logistics (3PL) provider. As a result, no product is manufactured, stored or distributed at the Seattle, Washington location.

Hours of operations are Monday through Friday from 8:00 a.m. to 5:00 p.m. PT.

Parent Company
Rayner US Newco, LLC (100%)
10 Dominion Way, Worthing,
West Sussex BN14 8AQ

Corporate Officers

Name	Title	Address
Robert Wade Allen	Director	[redacted] Madison Avenue, Memphis, TN 38112
Ryan Barnes	Associate VP, National Sales	[redacted] Walnut Creek Rd, Edmond, OK 73012

List of facility employees

First Name	Last Name	Business Title
Christopher	Hasandras	Manager, Sales Reporting & CRM
Travis	Huey	IT Lead, Americas
Elena	Lausberg	Finance Director, Americas
Keesha	Parker	Sr. RAQA Specialist, GLP/GMP
Mary	Rice	Sr. Sales Operations Associate
Maaike	Rutter	Director, Sales Operations
Nicolee	Schulze	Sr. Director, OMIDRIA Brand Le
Paolo	Stanchi	Sr. Analyst, Commercial Busine
Daniel	Taylor	Sr. Manager, Global Supply Cha
Scott	Whitlock	Director, Global Supply Chain

TRAVELERS

BOND
(License or Permit - Continuous)

Bond No. 107644148

KNOW ALL MEN BY THESE PRESENTS:

THAT WE RAYNER SURGICAL, INC as Principal, and Travelers Casualty and Surety Company of America, a corporation duly incorporated under the laws of the State of Connecticut and authorized to do business in the State of NEVADA, as Surety, are held and firmly bound unto Nevada State Board of Pharmacy, as Obligee, in the penal sum of Twenty Five Thousand ($25,000.00) Dollars, for the payment of which we hereby bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents.

WHEREAS, the Principal has obtained or is about to obtain a license or permit for pharmaceutical company.

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if the Principal shall faithfully comply with all applicable laws, statutes, ordinances, rules or regulations, pertaining to the license or permit issued, then this obligation shall be null and void; otherwise to remain in full force and effect.

This bond shall become effective on May 27, 2022.

PROVIDED, that regardless of the number of years this bond is in force, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the penal sum listed above.

PROVIDED FURTHER, that the Surety may terminate its liability hereunder as to future acts of the Principal at any time by giving thirty (30) days written notice of such termination to the Obligee.

SIGNED, SEALED AND DATED this May 27, 2022.

RAYNER SURGICAL, INC

By: _____
Principal

Travelers Casualty and Surety Company of America

By: _____
Russell E. Vance — Attorney-in-fact

S-2151A (4/17)

_____
Producer Name
(Required in Arizona Only)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Russell E. Vance**, of **Hartford, CT**, their true and lawful Attorney(s)-in-Fact, to sign, execute, seal and acknowledge the following bond:

Surety Bond No.: 107644148 **Principal: RAYNER SURGICAL, INC**

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

By: _____
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **21st** day of **April, 2021,** before me personally appaared **Robert L. Raney,** who acknowledged himself to be the Senior Vica President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 27 day of May, 2022.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-In-Fact and the details of the bond to which this Power of Attorney is attached.

TRAVELERS

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

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TRAVELERS

May 27, 2022

CELENE PLATT
ASSUREDPARTNERS OF IL (0CBH00)
4350 WEAVER PKWY
WARRENVILLE, IL 60555

Allison T Brophy
PO Box 2905
Hartford, CT 06104-2905

Phone: (610) 458-2233

Email: ABROPHY@travelers.com

This is an Agency Billed Policy.

This is the New Business for: RAYNER SURGICAL, INC
1460 BROADWAY
NEW YORK, NY 10036-7329

Bond Number:	107644148
Type of Bond:	pharmaceutical company
Obligee Name:	Nevada State Board of Pharmacy
Obligee Address:	985 Damonte Ranch Pkwy, Suite 206
Obligee City, State & Zip:	RENO, NV 89521 USA
Transaction Effective Date:	May 27, 2022
Premium Effective Date:	May 27, 2022
Premium Expiry Date:	May 27, 2024
Bond Limit:	$25,000.00
Bond Premium:	$219.00
Special Commission:	$0.00
Countersignature Branch:	
Countersignature Commission:	$0.00
State Tax:	$0.00
State Surcharge:	$0.00
TOTAL PREMIUM:	$219.00

Comments:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Rayner Surgical, Inc

Physical Address: 201 Elliott Avenue West, Suite 500

City: Seattle State: WA Zip: 98119

Mailing Address (if different from physical address): SAME

City: State: Zip:

Telephone: 206-676-5000 Website: www.rayner.com

Licensing Company Email: Pharma-RA@Rayner.com

Section 2: Personal Information

First: Scott Middle: Allen Last: Whitlock

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Swede Hill Road

City: Clinton State: WA Zip: 98236

Telephone: [redacted] Email: Pharma-RA@Rayner.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: 06/1992 to: 09/1997

Military Occupation/Specialty:

Branch: ☑ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Applicant's initials SAW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Columbus North High School		08/84 - 05/88	
Address	**City**	**State**	**Zip**
1400 25th St	Columbus	IN	47201
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Indiana University		09/97 - 12/00	
Address	**City**	**State**	**Zip**
107 S Indiana Ave	Bloomington	IN	47405
Diploma/Degree obtained, if any			
BS Microbiology			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/20 - present	[redacted] Swede Hill Road	Clinton	WA	98236
11/15 - 11/20	[redacted] 10th Ave NW	Shoreline	WA	98177
09/10 - 10/15	[redacted] Ridgefield Rd NW	Shoreline	WA	98177

Applicant's initials SAW

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Rayner Surgical, Inc			01/22 - present
Business Address	**City**	**State**	**Zip**
201 Elliott Avenue West, Suite 500	Seattle	WA	98119
Phone	**Title**	**Number of Employed Hours**	
206-676-5000	Director, Global Supply Chain & Procurement	1360	

Description of Duties

Direct team managing commercial supply chain for Omidria drug. Develop global supply strategies and negotiate third-party contracts. Resolve customer relation/business conflicts with third-party vendors.

Business Name			From - To (MM/YY – MM/YY)
Omeros Corporation			12/19 - 12/21
Business Address	**City**	**State**	**Zip**
201 Elliott Avenue West	Seattle	WA	98119
Phone	**Title**	**Number of Employed Hours**	
206-676-5000	Director, Global Supply Chain & Procurement	3840	

Description of Duties

Manage team for global clinical and commercial supply chain from raw materials to finished product. Responsible for orchestrating global supply for successful commercial product launch.

Business Name			From - To (MM/YY – MM/YY)
Seattle Genetics			09/15 - 12/19
Business Address	**City**	**State**	**Zip**
21823 30th Drive S.E.,	Bothell	WA	98021
Phone	**Title**	**Number of Employed Hours**	
425-527-4000	Associated Director, CMC Alliance Management	6240	

Description of Duties

As primary liaison for licensees, responsible for facilitating successful CMC development and commercialization of Antibody Drug Conjugate (ADC) programs. Develop and implement licensee strategy directives.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12 Oct '22
Date

Applicant's initials SAW

I, Scott A. Whitlock, **certify that as the designated representative for**

Rayner Surgical, Inc,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Scott A. Whitlock

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12 Oct '22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scott A. Whitlock
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12 Oct '22
Date

Please have this section completed in the presence of a Notary Public.

State of Washington, ss. County of Island

I, Scott A. Whitlock, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12 Oct '22
Date

Subscribed and Sworn to before me this 12 day of October, 2022

Notary Public Signature

JULIE LARSEN NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 3-14-26 157798
(Seal)

Applicant's initials SAW

Scott A. Whitlock

[redacted]
[redacted] www.linkedin.com/in/scottwhitlock13V

Global Biotech Leader

Global biopharmaceutical leader of over 22 years. Extensive experience leading cross-functional teams, managing alliance partners and third-party service providers. Demonstrated excellence driving key milestone completion and delivering results. Diverse background merging experience in technical services, quality assurance, quality control, and global regulatory. Skilled mediator with a history of fostering collaborative partnerships.

PROFESSIONAL EXPERIENCE

Rayner, Seattle, WA **2022 - Present**
Director, Global Supply Chain & Procurement
Direct team managing commercial supply chain for Omidria drug. Develop global supply strategies and negotiate third-party contracts. Resolve customer relation/business conflicts with third-party vendors.

Omeros, Seattle, WA **2019 - 2021**
Director, Global Supply Chain & Procurement
Manage team for global clinical and commercial supply chain from raw materials to finished product. Develop global supply strategies and negotiate third-party contracts. Provide guidance and support to direct reports to overcome barriers with milestone completion and on-time delivery with 3rd party service providers. Model relationship-based systems, and culture of collaboration, to move projects forward in a highly matrixed business environment. Responsible for orchestrating global supply for successful commercial product launch.

Key Successes

- Developed commercial launch strategy as supply head with cross functional leadership team for recently submitted BLA with FDA

Seattle Genetics, Seattle, WA **2015 - 2019**
Associated Director, CMC Alliance Management
As primary liaison for licensees, responsible for facilitating successful CMC development and commercialization of Antibody Drug Conjugate (ADC) programs. Develop and implement licensee strategy directives. Develop and maintain strong collaborative relationships with licensees, partners, and internal stakeholders. Lead cross-functional teams, including subject matter experts and senior leadership, supporting licensee product development, risk mitigation, and regulatory strategy. Proactively maintain contractual alignment across licensee programs. Oversee collaboration governance for partnered projects with licensees. Provide technical and regulatory Chemistry Manufacturing Control (CMC) guidance. Monitor licensee progress using alliance management tools to ensure health of relationship and Key Performance Indicators (KPIs) are met. Harmonize ADC standards across licensee platforms.

Key Successes

- Provide guidance and strategies that enabled on-time BLA submission and commercialization for Seattle Genetics first licensee FDA approval with Polivy ADC drug
- Successfully aligned with internal business partners to resolve all licensee financial, intellectual property, and contractual concerns and questions. Negotiate key agreements
- Led implementation of new alliance business model to enable effective management of licensees, manufacturing process/improvements, and regulatory submissions

Pfizer (Wyeth), Collegeville, PA **2006 - 2015**
Associate Director, Global Operations, External
Responsible for managing all international business and manufacturing activities for a portfolio of cGMP clinical/commercial mAb, drug substance, drug product, and Package/labeling CMOs. Build and maintain collaborative relationships across diverse internal stakeholders and external alliance and contracted partners. Primary point of contact for all critical, time-sensitive events escalating with senior leadership when appropriate. Negotiate agreements and favorable outcomes. Established business continuity plans for CMOs and monitored Key Performance Indicators (KPIs). Develop annual CMO operation budgets to support organizational financial goals. Lead complex technical and continuous improvement projects. Primary technical contact for regulatory issues, including audits, by FDA, EMEA, MHRA, BOH. Review and author CMC sections for biologic product submissions.

Key Successes

- Managed successful launches with global partners for two commercial products
- Strategic product Lifecycle Team functional lead for Prevnar, a $4B vaccine distributed in >165 countries. Recognized as Pfizer expert for Prevnar global contract manufacturing
- Achieved annual supply demand within budget for 9 consecutive years as Virtual Site Operations Team Lead, leading cross-functional teams from various disciplines at CMOs
- Stabilized Prevnar global supply chain after major regulatory event by developing and executing a plan to double the annual supply to 60 million units
- Harmonized best practices across internal and external sites, and established knowledge-sharing to optimize risk and issue resolution
- Increased finished product yield by 4% at CMO with annual cost savings of $1.2 million for syringe product and $2.2 million for vial product using LEAN/Six Sigma processes
- Re-established strategic partnership with CMO as the Person in the Plant (PIP) through alignment of goals and shared vision and supported by communication tools

Baxter Pharmaceutical Solutions, Bloomington, IN **2001 - 2006**
Senior Technical Services Representative (2002 - 2006)
Quality Control Associate, Cleaning Validation (2001 - 2002)
Developed and managed customer clinical/commercial production processes and their commercial manufacturing activities. Recognized as a facility expert in aseptic formulation, filling, and suspension production. Led cross-functional investigation teams evaluating and resolving major production events. Participated in internal, client and regulatory audits. Conducted environmental monitoring and analysis.

ADDITIONAL EXPERIENCE, EDUCATION & PROFESSIONAL DEVELOPMENT

United States Army, Veteran, Honorable Discharge, 1992 - 1997
B.S., Microbiology, Indiana University, Bloomington, IN, 2000
Greenbelt Certification, 2008
Certificate in Clinical Trials, University of Washington, 2013
Negotiation Training, Karrass Seminars, 2013
Cornerstones of Management Training, Pfizer, 2014

PROFESSIONAL ORGANIZATIONS

Parenteral Drug Association (PDA), 2006 to present
CASSS, 2011 to present
International Consortium for Innovation & Quality (IQ), 2016 to 2019

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Rayner Surgical, Inc

Physical Address 201 Elliott Avenue West, Suite 500

City Seattle State WA Zip 98119

Mailing Address (if different from physical address) SAME

City _____ State _____ Zip _____

Telephone 206-676-5000 Website www.rayner.com

Licensing Company Email Pharma-RA@Rayner.com

Section 2: Personal Information

First Ryan Middle Dane Last Barnes

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Walnut Creek Rd

City Edmond State OK Zip 73012

Telephone [redacted] Email RyanBarnes@rayner.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Waukomis High School		08/78 - 05/81	
Address	**City**	**State**	**Zip**
1818 Wood Rd	Waukomis	OK	38363
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Southwestern Oklahoma State University		01/85 - 05/89	
Address	**City**	**State**	**Zip**
100 W Campus Dr	Weatherford	OK	73096
Diploma/Degree obtained, if any			
Bachelor of Arts Degree – Business Management			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/18 - 05/18	[redacted]Elkhorn Ranch RD	Leander	TX	78641
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/18 - 07/20	[redacted]Zamora Rd.	Leander	TX	78641
From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20 - 03/22	[redacted]abriel Buff Drive	Georgetown	TX	78626
From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/22 - Present	[redacted]Honeycomb Hollow	Melissa	TX	75454
From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/22 - Present	[redacted]Walnut Creek Rd (2nd home)	Edmond	OK	73012
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials 

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Rayner Surgical, Inc			01/22 - Present	
Business Address	**City**		**State**	**Zip**
201 Elliott Avenue West, Suite 500	Seattle		WA	98119
Phone	**Title**			
206-676-5000	Associate VP, National Sales			
Description of Duties				
Implemented and carried out analyses of statistics to determine potential sales growth, designed sales performance goals and monitored performance on a regular basis including IC plan for RBDs, NAD, NRM's, HAM's, and SSR's.				

Business Name			From - To (MM/YY – MM/YY)	
Omeros Corporation			06/14 - 12/21	
Business Address	**City**		**State**	**Zip**
201 Elliott Avenue West,	Seattle		WA	98119
Phone	**Title**			
973-989-1600	Associate VP, National Sales			
Description of Duties				
Implemented and carried out analyses of statistics to determine potential sales growth, designed sales performance goals and monitored performance on a regular basis including IC plan for RBDs, NAD, NRM's, HAM's, and SSR's.				

Business Name			From - To (MM/YY – MM/YY)	
Richie's Specialty Pharmacy			10/12 - 06/14	
Business Address	**City**		**State**	**Zip**
12820 TX-105	Conroe		TX	77304
Phone	**Title**			
936-588-6337	Key Accounts Director			
Description of Duties				
Responsible for leading, directing team leads and sales specialist in the Specialty Pharmacy arena.				

Business Name			From - To (MM/YY – MM/YY)	
Acorda Therapeutics			10/10 - 10/12	
Business Address	**City**		**State**	**Zip**
2 Blue Hill Plaza	Pearl River		NY	10965
Phone	**Title**			
914-347-4300	Regional Business Director			
Description of Duties				
Responsible for driving the growth of Ampyra and Zanaflex capsules.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/13/22
Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan Barnes
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/13/22
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Collin

I, Ryan Barnes, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/13/2022
Date

Subscribed and Sworn to before me this 13 day of 10 2022

Notary Public Signature

VICTORIA VILLEGAS
Notary Public, State of Texas
Comm. Expires 12-22-2022
Notary ID 128478075

(Seal)

Applicant's initials

RYAN BARNES

[redacted]*Honeycomb Hollow*
Melissa, TX 75454

Phone: [redacted]

Overview:

Senior Sales executive with a 28-year accomplished career track known throughout the industry for delivering and sustaining revenue and profit gains within highly competitive U.S. markets. Exceptional communicator with a consultative sales style, strong negotiation skills, exceptional problem-solving abilities, and a keen client needs assessment aptitude. Aggressively identify opportunities, develop focus, and provide tactical business solutions.

- Strategic & Tactical Planning
- Account Development / Acquisition
- Target Marketing & Penetration
- Sales Team Training/Supervision
- P&L / Financial Reporting
- Competitive Sales Analysis
- Budget Management
- Inventory Distribution Control
- Broker / Vendor Relations
- Policy Formulation
- Sales Presentations / Closing
- Contract Negotiations

Rayner Surgical, US. **January 1st, 2022 – Present**

VP Sales/Commercial – Melissa, Texas

Omeros/Corporation **Ophthalmology Division June 2014 – December 31st, 2021**

VP of Sales/Commercial – Melissa, Texas

- Hold full P&L responsibility for total U.S. sales operations through direct training, leadership, and supervision of a 61 person buy and bill, surgical field sales force, including 5 Regional Business Directors, 5 National Reimbursement Managers, 1 National Account Director, 44 Sales Specialist Representatives, 6 Hospital Account Managers, across the US.
- Implemented and carried out analyses of statistics to determine potential sales growth, designed sales performance goals and monitored performance on a regular basis including IC plan for RBDs, NAD, NRM's, HAM's, and SSR's.
- Developed successful sales techniques, strategies, and tactics from customer and market feedback including, consignment program, sample program, reimbursement triage initiative, ASC network strategy.
- Along with VP of sales responsibility, I am also the KOL liaison for Omeros and over the past 7 years have built long lasting relationships with the top 60 KOL's in Ophthalmology.
    - **2014** - Hired sales force, aligned territories, profiled accounts, fostered relationships with KOL's.
    - **2015** - Successfully launched OMIDRIA signaling the first net revenue in the history of Omeros.
    - **2016** - Delivered double digit growth four consecutive quarters throughout 2016 with a 71% overall unit growth.
    - **2017** - Delivered double digit growth four consecutive quarters throughout 2017 with a 52% overall unit growth.
    - **2018 - Q4** - After 9 months of non-reimbursement, relaunched OMIDRIA delivering the highest net revenue quarter in Omeros history at 22.2 million dollars.
    - **2019** - Delivered double digit growth four consecutive quarters throughout 2019 with a yearly run rate of over 110 million dollars. Highest net revenue in Omeros history.
    - **2020** - On track for double digit growth in Q1 through March 6th when COVID-19 hit. Elective surgeries dropped dramatically through March, April and most of May.
        - Due to COVID-19, sales dropped dramatically as cataract surgeries are considered elective surgeries and were cancelled through March, April and most of May.
        - Developed a protocol strategy for resurgence of cataract surgeries which started back up at the end of May, delivering the highest net revenue quarter in Omeros history.

- **2021** – After regaining reimbursement that was lost in Q4, 2020, delivered the highest net revenue year since the launch of OMIDRIA at $111.8 million.

Richie's Specialty Pharmacy **October 2012 – June 2014**

Key Accounts Director – Austin, Texas

- Responsible for leading, directing team leads and sales specialist in the Specialty Pharmacy arena.
- Responsible for driving growth of multiple compounded specialty products in key accounts.
- 2013 – Generated a 176% increase in Rx's across multiple disease states, from Q1 through Q4.

Acorda Therapeutics **October 2010 – October 2012**

Regional Business Director: Southwest Region

- Leading a team of 8 Area Business Managers covering a 4 state region.
- Responsible for driving the growth of Ampyra and Zanaflex capsules.
- Region ranked #9 out of 12 in 2011.
- Region ranked #1 out 12 through Q4 in 2012.

InterMune Inc.: **March 2010 – August 2010**

Regional Sales Director: Southwest Region

- Hired 9 Clinical Specialist and 1 Advocate Development Manager for a 9 state Region.
- Prepped the market for the first new therapy for Idiopathic Pulmonary Fibrosis – Esbriet.

Gilead Sciences: **August 2008 – March 2010**

Regional Sales Director – PAH

- Responsible for a 6 state territory with 7 Territory Business Specialists reports and 2 Institutional Business Specialist reports.
- Finished 2008 #4 out of 12 in the Nation at 102% to goal
- Finished 2009 #3out of 12 in the Nation at 103% to goal

Cephalon Inc. – Austin, TX **October, 1996 – February - 2008**

Senior Sales Director – Addiction Medicine **July, 2005 – February - 2008**

- Responsible for entire operation of the sales organization for the Western Region, consisting of 60 Addiction medicine sales specialists and 7 Area managers covering 32 states
- Hired and/or recruited entire management and sales team for the Western Region
- Responsible for preparing sales and management team for launching Vivitrol (injectable) in the Western Region
- 2006 – Achieved a 65% sales increase Q4 vs. Q3
- 2007 – Achieved a 20% sales increase Q1 vs. Q4
- 2007 - Achieved a 18% sales increase Q2 vs. Q1
- 2007 – Achieved a 17% sales increase Q3 vs. Q2

Senior Sales Director – CNS/Oncology **April 2000 – June 2005**

- Responsible for entire operation of the sales organization for the South-Central Region, consisting of 68 territory sales specialists and 7 Area managers. (Provigil, Actiq and Gabitril)
- Developed and executed sales force expansion strategies to help identify and hire the best talent for all six expansions of the CNS sales force.
- Responsible for hiring over 185 sales specialists and 18 Area managers over the past six years.
- 2003 Delivered $121.5M in revenue #1 Performing Region.
- 2002 Delivered $ 84.5M in revenue #1 Performing Region.
- 2001 Delivered $65M in revenue #1 Performing Region.

Area Sales Manager – CNS **November 1998 – April 2000**

- Responsible for managing an eleven-state area consisting of 10 CNS sales specialists (Provigil, Gabitril).
- Directly responsible for hiring 38 top talented CNS specialists during the first two sales force expansions
- Successfully launched Provigil in the Western Area.
- 1999 Delivered 5.2M. in revenue, outperformed revenue targets by 47%.

Clinical Institution Specialist **October 1996 – November 1998**

- Responsible for covering a three-state territory with two product lines, along with institutional responsibility for the entire Western Area with a third product line (Stadol NS, Serazone, Myotrophin).

- Responsible for developing and establishing strategic objectives for the CIS position.
- Responsible for covering a three-state territory with three product lines. (Stadol NS, Serazone, ITB)
- 1997 Presidents Club Winner.

Rhone-Poulenc Rorer **December 1995 – October 1996**

CNS Sales Specialist

- Responsible for covering a two-state territory with one product line. (Rilutek)

Athena Neurosciences **November 1993 – December 1995**

CNS Sales Specialist

- Responsible for covering a three-state territory with one product line. (Permax)
- 1994 Representative of the Year.

Ortho Pharmaceutical **April 1992 – November 1993**

Territory Sales Specialist

- Responsible for covering a territory with four product lines. (Ortho-Novum 777, Ortho-Novum 1/35, Ortho-Novum 1/50, Floxin, Ortho-Est)
- 1993 Representative of the Year.
- 1992 Rookie of the Year.

Education:

Oklahoma State University **Weatherford, OK**

Bachelor of Arts Degree – Business Management 1989

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Rayner Surgical, Inc

Physical Address: 201 Elliott Avenue West, Suite 500

City: Seattle State: WA Zip: 98119

Mailing Address (if different from physical address): SAME

City: State: Zip:

Telephone: 206-676-5000 Website: www.rayner.com

Licensing Company Email: Pharma-RA@Rayner.com

Section 2: Personal Information

First: Robert Middle: Wade Last: Allen

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Madison Avenue

City: Memphis State: TN Zip: 38112

Telephone: [redacted] Email: wadeallen@rayner.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: RWA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Riverside High School		08/86 - 05/90	
Address	City	State	Zip
4250 US-641	Parsons	TN	38363
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Memphis		08/90 - 05/93	
Address	City	State	Zip
3720 Alumni Ave	Memphis	TN	38152
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
University of Memphis		08/18 - 12/18	
Address	City	State	Zip
3720 Alumni Ave	Memphis	TN	38152
Diploma/Degree obtained, if any			
B.A. History			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/13 - 09/22	[redacted]Madison Ave	Memphis	TN	38112
From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/04 - 03/13	[redacted]E Edwin Cir	Memphis	TN	38104
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials RWA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Rayner Surgical, Inc			01/20 - Present	
Business Address	**City**		**State**	**Zip**
201 Elliott Avenue West, Suite 500	Seattle		WA	98119
Phone	**Title**			
206-676-5000	Director			
Description of Duties				
Lead, develop and optimise Rayner's current commercial activities in the US through existing employees and agents.				

Business Name			From - To (MM/YY – MM/YY)	
Katena Products, Inc.			10/16 - 03/18	
Business Address	**City**		**State**	**Zip**
6 Campus Dr Suite 310	Parsippany-Troy Hills		NJ	07054
Phone	**Title**			
973-989-1600	Director, Sales & Marketing Eagle Vision Products			
Description of Duties				
Responsible for post-acquisition integration of Eagle Vision operations.				

Business Name			From - To (MM/YY – MM/YY)	
Eagle Vision, Inc.			09/04 - 09/16	
Business Address	**City**		**State**	**Zip**
8500 Wolf Lake Dr No 110	Memphis		TN	38133
Phone	**Title**			
901-380-7000	Vice President, Sales and Marketing			
Description of Duties				
Initiated new product development projects. Directed intellectual property and trademark strategy globally.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

R.W. [signature]

Original Signature (electronic, copies or stamps not accepted)

13 October 2022

Date

Applicant's initials [initials]

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Wade Allen
Print Name (First, Last)

RWA
Original Signature (electronic, copies or stamps not accepted)

13 October 2022
Date

Please have this section completed in the presence of a Notary Public.

State of TN, ss. County of Shelby

I, Robert Wade Allen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

RWA
Original Signature

13 October 2022
Date

Subscribed and Sworn to before me this 13 day of Oct. 2022

Emily Dawson
Notary Public Signature

EMILY DAWSON
STATE OF TENNESSEE
NOTARY PUBLIC
COMM. EXP. 05-17-2023
SHELBY COUNTY
(Seal)

Applicant's initials RWA

Robert "Wade" Allen

[redacted] Madison Avenue, Memphis, TN 38112 – [redacted]

Objective

Medical Device Executive with 24 years of experience in the ophthalmic medical device industry seeking a challenging environment where I can utilize my experience and skills to build a successful organization.

Experience

Director, Americas

Rayner Surgical, Inc. New York, NY

January 2020 – Present

Lead, develop and optimise Rayner's current commercial activities in the US through existing employees and agents. Manage the LATAM distributor network and consider opportunities for direct presence in the region where appropriate. Co-ordinate and drive the new product pipeline and associated development (RA, clinical studies, marketing).

Director, Sales & Marketing Eagle Vision Products

Katena Products, Inc., Denville, NJ

October 2016 – March 2018

Responsible for post-acquisition integration of Eagle Vision operations.

Vice President, Sales and Marketing

Eagle Vision, Inc., Memphis, TN

September 2004 – September 2016

Managed 30 independent sales representatives and 50 international distributors. Initiated new product development projects. Directed intellectual property and trademark strategy globally. Increased gross margins and reduced costs by eliminating wasteful programs. Maximized new customer acquisition through innovative sales incentive programs. Launched products in over 20 markets outside the U.S.

Director, Sales & Marketing

Bio-Tissue, Inc., Miami, FL

July 2002 – August 2004

Responsible for all commercial activities in the U.S. and Canada.

Education

B.A. History, Cum Laude

University of Memphis, Memphis, TN

Communication

Granted multiple patents for ophthalmic medical devices.

Leadership

Experience leading numerous initiatives and groups to increase profitability and reduce waste.

References

Murray L. Beard, President/C.E.O. Grace Medical, Inc.

mbeard@gracemedical.com

[redacted]

Robert "Wade" Allen
2442 Madison Avenue, Memphis, TN 38112 – [redacted]
[redacted]

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Santen, Inc.

Physical Address: 6401 Hollis Street, Suite 125

City: Emeryville State: CA Zip: 94608

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 415-268-9054 Website: www.santenusa.com

Name of Designated Representative (DR): Victor Vergara

Licensing Company Email: arnaldo.santiago@santen.com DR Email: victor.vergara@santen.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☑ Pharmacies ☑ Practitioners ☑ Hospitals ☑ Wholesalers ☐ Veterinarians ☐ Others:	☑ Dangerous Drugs ☐ Controlled Substances ☐ Medical devices, equipment, supplies, gases ☑ Others: Over-the-counter	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☑ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		☒
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		☒
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		☒
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		☒
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		☒

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Laura J Walsh, Corporate Secretary
Original Signature (electronic, copies or stamps not accepted)

September 28, 2022
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Excelvision
Address: 27 rue de la Lombardière City: Annonay State: France Zip: 07100

Name: Cardinal Health 105
Address: 501 Mason Road, Suite 200 City: La Vergne State: TN Zip: 37086

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California
Parent Company (if any): Santen Holding US Incorporated
Corporation/Organization Name: Santen Holding US Incorporated
Mailing Address: 6401 Hollis Street, Suite 125
City: Emeryville State: CA Zip: 94608
Telephone: 540-421-6739 Email: arnaldo.santiago@santen.com
Contact Person Name: Arnaldo Abad Santiago

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		☒
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	☒	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Santen, Inc.

Facility Name

Laura J. Walsh, Corporate Secretary

Print Name of Authorized Person Submitting Application

Laura J Walsh

Original signature of Authorized Person (copies or stamps not accepted)

September 28, 2022

Date

Board Use Only	Date Received: 10-24-22	Amount: 1000.00 CK-649505

Officer list /Employee List

Name	Title	DOB	Phone number	Email Address
Laura J. Walsh	Secretary	[redacted]	[redacted]	laura.walsh@santen
Luis Iglesias	CEO			uis.iglesias@santen.com
Rupa Patel	CFO			rupa.patel@santen.com

Santen, Inc. List of Stockholders

Parent Company: Santen Holding U.S., Inc.

6401 Hollis Street

Suite 125

Emeryville, CA 94608

415/ 268-9054

Ownership Percentage: 100%

Type of Partner	Name	Address	
3PL	Specialty Pharmaceutical Services (Cardinal Health)	501 Mason Road, Suite 200, LaVergne, TN 37086	
CMO	Excelvision SAS	27 Rue de la Lombardiere, 07104 Annonay, France	

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

LICENSE NO. WLS 7296
RECEIPT NO. 00177133

VALID UNTIL JANUARY 01, 2023

SANTEN INC
6401 HOLLIS ST STE 125
EMERYVILLE CA 94608

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

12/30/21
12/30/21 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	SANTEN INCORPORATED
Entity No.:	1850921
Registration Date:	01/29/1993
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 13, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 002089625

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through April 29, 2022

You have searched Finished drug products

Search Results: *'Santen'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	S M D
Verkazia	65086-001-05	1 mg/mL	EMULSION	OPHTHALMIC; TOPICAL	NDA214965	Santen Incorporated	65086-001	cyclosporine	CYCLOSPORINE	HUMAN PRESCRIPTION DRUG	02/
Verkazia	65086-001-12	1 mg/mL	EMULSION	OPHTHALMIC; TOPICAL	NDA214965	Santen Incorporated	65086-001	cyclosporine	CYCLOSPORINE	HUMAN PRESCRIPTION DRUG	02/
Verkazia	65086-001-30	1 mg/mL	EMULSION	OPHTHALMIC; TOPICAL	NDA214965	Santen Incorporated	65086-001	cyclosporine	CYCLOSPORINE	HUMAN PRESCRIPTION DRUG	02/
Verkazia	65086-001-60	1 mg/mL	EMULSION	OPHTHALMIC; TOPICAL	NDA214965	Santen Incorporated	65086-001	cyclosporine	CYCLOSPORINE	HUMAN PRESCRIPTION DRUG	02/

Showing 1 to 4 of 4 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Santen, Inc.

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 6401 Hollis Street, Suite 125

City: Emeryville State: CA Zip: 94608

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: 415-268-9054 Website: www.santenusa.com

Licensing Company Email: arnaldo.santiago@santen.com

Section 2: Personal Information

First: Victor Middle: Last: Vergara

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Hollis Street, Suite [redacted]

City: Emeryville State: CA Zip: 94608

Telephone: [redacted] Email: victor.vergara@santen.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		☒

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Indiana University			From - To (MM/YY – MM/YY)	
Address		City: Bloomington	State: IN	Zip
Diploma/Degree obtained, if any: M.S. Strategic Management				
School Name: IEDE Business School			From - To (MM/YY – MM/YY)	
Address: Madrid, Spain & Santiago, Chile		City	State	Zip
Diploma/Degree obtained, if any: MBA				
School Name: Massachusetts Institute of Technology (MIT)			From - To (MM/YY – MM/YY)	
Address		City: Boston	State: MA	Zip
Diploma/Degree obtained, if any: Strategic Supply Chain Management				
School Name: Stanford University			From - To (MM/YY – MM/YY)	
Address		City	State: Stanford	Zip: CA
Diploma/Degree obtained, if any: Project Management				
School Name: Bradford School			From - To (MM/YY – MM/YY	
Address		City	State: Santiago	Zip: Chile
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2020-Present	[redacted] Turrin Dr	Danville	CA	94526
2016-2020	[redacted] S Meramec Ave	Clayton	MO	63105
2013-2016	[redacted] Northwood Apt 1	Clayton	MO	63105
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Santen, Inc.			2021-Present
Business Address	**City**	**State**	**Zip**
6401 Hollis St., Suite 125	Emeryville	CA	94608
Phone	**Title**	**Number of Employed Hours**	
510-421-6739	Director of Supply Chain Americas		

Description of Duties
Responsibility for strategic and operational management of the Supply Chain Management in Americas, from planning through sourcing, until distribution to the wholesalers, including 3PL warehouse.
•Interacting with Executive Team members, participate in developing and executing company strategy and managing business to achieve company short- and long-term goals

Business Name			From - To (MM/YY – MM/YY)
Revance Therapeutics			2019-2021
Business Address	**City**	**State**	**Zip**
7555 Gateway Blvd	Newark	CA	94560
Phone	**Title**	**Number of Employed Hours**	
(510) 742-3400	Director of Supply Chain		

Description of Duties
• Develop and implement the Supply Chain strategies, tactics, and operations, including Demand Forecast, Inventory and Materials management, Procurement, Production Planning, Transportation, and trade compliance.
• Define, Evaluate, and lead the implementation of ERP solution to support company objectives in the long run.
• Develop a dashboard with KPI that monitors the performance of forecast accuracy, safety stocks, inventory turns, service level and costs

Business Name			From - To (MM/YY – MM/YY)
Guerbet Pharmaceuticals			2015-2019
Business Address	**City**	**State**	**Zip**
1034 S. Brentwood Blvd. 8th Floor	Richmond Heights	MO	63117
Phone	**Title**	**Number of Employed Hours**	
314-740-2262	General Manager Latam		

Description of Duties
Senior executive responsible for the management of Guerbet's business in Chile/Colombia/Panama. Coordinating operations from Europe, Asia and US, to Latam
• Overall responsibility for P&L and the strategic growth initiatives for all present and new business lines.
• Build and manage global logistics network, including 3PLs, Courier, US and ex-US shipping lanes, freight forwarding/customs clearance partners for trials and commercial launch

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		☒
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		☒
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		☒
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		☒
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		☒
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		☒
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		☒
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		☒
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		☒
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		☒

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/14/2022
Date

I, Victor Vergara, **certify that as the designated representative for**

Santen, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. VV I am at least 21 years of age;
3. VV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. VV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. VV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. VV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. VV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Victor Vergara

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/14/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Victor Vergara

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/14/2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of contra Costa

I, Victor Vergara, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/14/2022

Date

Subscribed and Sworn to before me this 14th day of October, 2022

Notary Public Signature

DEV PATEL
COMM. # 2377026
NOTARY PUBLIC • CALIFORNIA
CONTRA COSTA COUNTY
Comm. Exp. SEP. 30, 2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Santen, Inc. MDEG License # (if applicable): _____

Physical Address: 6401 Hollis Street, Suite 125

City: Emeryville State: CA Zip: 94608

Mailing Address (if different from physical address): Same as physical address

City: _____ State: _____ Zip: _____

Telephone: 415-268-9054 Website: www.santenusa.com

Licensing Company Email: arnaldo.santiago@santen.com

Section 2: Personal Information

First: Victor Middle: _____ Last: Vergara

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Hollis Street, Suite [redacted]

City: Emeryville State: CA Zip: 94608

Telephone: [redacted] Email: victor.vergara@santen.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☒

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☒
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		☒

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Indiana University			From - To (MM/YY – MM/YY)	
Address		City: Bloomington	State: IN	Zip
Diploma/Degree obtained, if any: M.S. Strategic Management				
School Name: IEDE Business School			From - To (MM/YY – MM/YY)	
Address: Madrid, Spain & Santiago, Chile		City	State	Zip
Diploma/Degree obtained, if any: MBA				
School Name: Massachusetts Institute of Technology (MIT)			From - To (MM/YY – MM/YY)	
Address		City: Boston	State: MA	Zip
Diploma/Degree obtained, if any: Strategic Supply Chain Management				
School Name: Stanford University			From - To (MM/YY – MM/YY)	
Address		City	State: Stanford	Zip: CA
Diploma/Degree obtained, if any: Project Management				
School Name: Bradford School			From - To (MM/YY – MM/YY	
Address		City	State: Santiago	Zip: Chile
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2020-Present	[redacted] Turrin Dr	Danville	CA	94526
2016-2020	[redacted] S Meramec Ave	Clayton	MO	63105
2013-2016	[redacted] Northwood Apt 1	Clayton	MO	63105
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Santen Inc			From - To (MM/YY – MM/YY): 2021-Present
Business Address: 6401 Hollis Street, Suite 125	City: Emeryville	State: CA	Zip: 94608
Phone: 510-421-6739	Title: Director of Supply Chain Americas		Number of Employed Hours:
Description of Duties:			

Business Name: Revance Therapeutics			From - To (MM/YY – MM/YY): 2019-2021
Business Address: 7555 Gateway Blvd	City: Newark	State: CA	Zip: 94560
Phone: (510) 742-3400	Title: Director of Supply Chain		Number of Employed Hours:
Description of Duties:			

Business Name: Guerbet Pharmaceuticals			From - To (MM/YY – MM/YY):
Business Address: 1034 S. Brentwood Blvd. 8th Floor	City: Richmond Heights	State: MO	Zip: 63117
Phone: 314-740-2262	Title: General Manager Latam		Number of Employed Hours:
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		☒
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		☒
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		☒

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/14/2022
Date

I, Victor Vergara, **certify that as the MDEG Administrator for**

Santen, Inc.,

that I (initial that you have read and meet the following requirements):

1. VV Have a high school diploma or its equivalent;
2. VV Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. VV Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. VV Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

VICTOR VERGARA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/14/2022

Date

Board Use Only	Date Received: 10-24-22

VICTOR VERGARA

Victor.vergara@santen.com • Phone: [redacted] • Danville, CA, 94526

Web Profile: http://www.linkedin.com/in/vergaravictor

SUPPLY CHAIN EXECUTIVE WITH STRONG COMMERCIAL BACKGROUND

- High-performing and Goal Oriented, Civil Engineer, fluent in Spanish, w/17 years in Logistics, supply chain and commercial developments. Extensive experience in global operations, developing high performing teams, customer service, execution of SIOP, improving global P&L, Operational KPI, financial ratios, applying multimodal solutions, leading implementation of complex projects worldwide and negotiations with third parties.
- Wide experience in different industries: Pharma, Medical Devices, Cargo Airlines, Freight Forwarders, and HVP.

EDUCATION & CERTIFICATIONS

- **M.S. Strategic Management;** Indiana University, Bloomington, IN.
- **MBA** – IEDE Business School; Madrid, Spain & Santiago, Chile.
- **B.S. & M.S. - Civil Engineering,** P. Universidad Católica de Chile; Santiago, Chile.
- **Strategic Supply Chain Management,** Massachusetts Institute of Technology (MIT), Boston, MA.
- **Project Management,** Stanford University; Stanford, CA
- **LEAN Six Sigma,** Purdue University: West Lafayette, IN

Professional Experience

SANTEN PHARMACEUTICAL

2021 to present -- Emeryville, CA

HEAD OF SUPPLY CHAIN FOR AMERICAS

- Responsibility for strategic and operational management of the Supply Chain Management in Americas, from planning through sourcing, until distribution to the wholesalers, including 3PL warehouse.
- Interacting with Executive Team members, participate in developing and executing company strategy and managing business to achieve company short- and long-term goals.
- Maintaining reliable supply and enabling timely and successful product launches.
- Partner with executive management and functional heads in driving S&OP process in Americas.
- Drive continuous improvement of SCM Americas organization

REVANCE THERAPEUTICS

2019 to 2021 – Newark, CA

DIRECTOR SUPPLY CHAIN AND MATERIALS (SEPT 2019 to Present – Newark, CA)

- Develop and implement the Supply Chain strategies, tactics, and operations, including Demand Forecast, Inventory and Materials management, Procurement, Production Planning, Transportation, and trade compliance.
- Define, Evaluate, and lead the Implementation of ERP solution to support company objectives in the long run.
- Develop a dashboard with KPI that monitors the performance of forecast accuracy, safety stocks, inventory turns, service level and costs.
- Maintain an optimum level of inventory, to ensure an efficient manufacturing process, without increasing the working capital.
- Partner with commercial to identify value added opportunities and to secure a high level of customer experience.
- Participate in inspections readiness effort, ensuring materials management is fully prepared for both internal and external audits.
- Provide accurate and timely information to C-level management to support strategic decision processes.
- Operation between EU-US and China-US
- S&OP implementation

GUERBET PHARMACEUTICAL AND MEDICAL DEVICES 2015 to Present – St Louis, MO

GENERAL MANAGER LATIN AMERICA (MAY 01, 2017, to Present – St Louis, MO)

- Senior executive responsible for the management of Guerbet's business in Chile/Colombia/Panama. Coordinating operations from Europe. Asia and US, to Latam.
- Overall responsibility for P&L and the strategic growth initiatives for all present and new business lines.
- Build and manage global logistics network, including 3PLs, Courier, US and ex-US shipping lanes, freight forwarding/customs clearance partners for trials and commercial launch.
- Develop and report Key Performance Indicators including forecast accuracy, inventory levels, inventory reserve, months of supply, and customer delivery performance.
- Build long-term strategic partnerships with key players and customers, focused on integrating services and operation with clients.
- Anticipate and articulate client needs to become a trusted advisor and strategic marketing/business partner.
- Develop and manage the successful implementation of strategic initiatives that enable revenue growth and/or accelerate company profitability and efficiency.
- Ensure compliance in each market according to quality assurance standards and regulatory affairs requirements.
- Supervises, coaches, and develops a high-performing team.

DIRECTOR OF SUPPLY CHAIN AND LOGISTICS AMERICAS (DEC 2015, to APR 2017 – St Louis, MO)

Oversee/manage all regional supply chain and logistics activities in Americas and Caribbean. Lead, from an operational standpoint, the integration between Guerbet and Mallickrodt.

- Establishes and executes Supply Chain Master Plan over multiple locations and markets in coordination with regional VP and country managers.
- Collaborates and oversees the development of demand and aggregate forecasts, as appropriate, for input into planning models. Coordinating operations between Europe, US and Latam.
- Develops, formally documents, implements, and manages supply chain strategies and processes including purchasing and GMP warehouse operations.
- Manages inventory reconciliation and partners with Finance for financial closes.
- Develops a network of global transport providers, customs brokers, and logistics partners.
- Main Responsibilities: inventory mgmt., trade compliance, customer service, logistics, demand forecast, Replenishment Planning, International freight, and Packaging engineering
- Implementation of SIOP to ensure right level of service without jeopardizing working capital.
- Find, select, and negotiate with 3P across the region: 3PLs, Freight Forwarder, Carriers, Custom Brokers, etc.
- Strategic planning and execution of projects in US, Mexico, and Brazil: Logistics, DC, Sales FCST and trade compliance.

MALLINCKRODT PHARMACEUTICAL AND MEDICAL DEVICES 2014 to 2015 – St Louis, MO

DIRECTOR, SUPPLY CHAIN & COMMERCIAL FOR LATIN AMERICA (MAY 2014 to DEC 2015 – St Louis, MO)

Overall responsibility for the P&L of the Contrast Media, Specialty Pharma and Nuclear Imagine business for Argentina, Chile, Panama, Central America, Colombia, Bolivia, Paraguay, Peru, Ecuador, and Venezuela.

- Ensures all supply chain strategies and processes follow company policies, procedures and applicable regulatory authority directives and regulations.
- Ensures supply chain compliance to GMP documentation requirements and training.
- Leads and/or participates in the selection process of vendors. Leads co-negotiation of agreements with key partners.
- Works closely with manufacturing sites and storage facilities to execute against detailed logistics and temperature management specifications.
- key leader in the execution of sales, operations, and planning processes (S&OP)
- Negotiate and Maintain business relationship with distributors in LATAM, defining short/long term strategies.
- Anticipate any problem, mitigate any risk, and take proactive action to ensure the sales forecast.
- Main achievements:
  - Stop sales erosion the first year and increase net sales by 20% ($5 mill) the second year.
  - Increase EBITDA from 0% to 14%.
  - Open new markets: Honduras, Costa Rica, and Dominican Republic.
  - Reduce Sales Ops Cost and OCOS in 15% ($4 mill).

COVIDIEN 2012 to 2014 – St Louis, MO

DIRECTOR OF SUPPLY CHAIN LATAM (SEP 2012 to MAY 2014 – St Louis, MO)

After company spin-off, develop and manage LATAM Supply Chain activities, defining short/long term strategies.

- Creates, maintains, and ensure compliance of Supply Chain related Standard Operating Procedures (SOPs)
- Provides oversight for importation/exportation compliance of labeled supplies to the appropriate drug depot and subsequent shipment to the clinical sites (as required)
- Monitor supply plan execution, forecast accuracy, inventory levels and remaining shelf life.
- Establish & measure key metrics for the supply related performance of our supply chain partners & internal function.
- Establish safety stock & inventory targets & work with Finance to analyze financial impacts.
- Ensure transport & warehouse providers understand & comply with our Material Safety Data requirements
- Working closely with Tax/Finance departments to accurately account for import duties, trade tariffs, VAT, and insurance limits
- Main Areas: DC operations, inventory mgt., trade compliance, customer service, logistics and demand forecast.
- Find, select, and negotiate with 3P across the region: 3PLs, Freight Forwarder, Carriers, Custom Brokers, etc.
- Provide strategic operations visibility to the country managers to support regional growth.
- Improvement of major KPI:
  - Lead time -25%
  - Inventory turns +200%
  - UFR/OTIF +30%
  - Back order -60%
  - Inventory write off: from $1 million/year to 0
  - Transportation cost -15%

NEOLOGISTIC *2008 to 2012 - Miami, FL*

OWNER - DIRECTOR OF BUSINESS DEVELOPMENT, LOGISTICS AND GLOBAL SUPPLY CHAIN

Startup Company that provided int. logistics and supply chain consulting services.

- Main services: Global operational cost reduction, improvement of lead times and negotiate with vendors/manufacturer.
- Manage day to day operations, including maintenance, repair, construction, renovation, security, janitorial and development projects for multiple buildings.
- Main products: 3PL, supply chain, freight forwarding, logistics, inventory management and warehousing services.
- Company: 30,000 sq-ft facilities, 6 employees, $1 mill net sales with 20% Operative Income.

LAN CHILE CARGO AIRLINES *Santiago, Chile and Miami, FL 1999 to 2008*

DIRECTOR OF IMPORTS OPERATIONS (JAN 2006 to SEPT 2008 - Miami, FL)

Direct top cargo handler at Miami Intl. Airport where almost all perishables from South America are received.

- Manage the Imports operations of international flights (1.200 ton/day, 40 flights/day, 320 employees, 300,000 sq-ft, 800 customers) within an environment of high level of customer services expectation.
- Support all safety programs and OHSA compliance to ensure a safe work environment for all employees and customers.
- Support key customers efforts to improve their Supply Chain flows from end to end (Food, Fish, Produce and Flowers).
- Other Activities: Relationship CBP, SAP, P&L, relationship with 3PLs, carries, and customers.

SENIOR MANAGER OF EXPORT OPERATIONS (OCT 2003 to JAN 2006 – Miami, FL)

Transferred from Chile to US, to improve Export operation.

- Manage the Exports operation for international flights (800 ton/day, 30 flights/day, 250 employees, 400,000 sq-ft, 600 customers) in a very demanding and high-pressure environment.
- Other Activities: Procurement, quality assurance, inventory management, domestic's logistics and customer service.
- Products: General cargo, parcels, mail, pharma, high-tech, oversized, dangerous goods, high-value, and live animals.
- Support key customers efforts to improve their Supply Chain flows from end to end (HP, Intel, Pfizer, Dell).

OPERATIONS MANAGER (AUG 1999 to OCT 2003 – Santiago, Chile)

- Manage and monitor air freight itineraries, export, and import operational procedures, and quality assurance.
- Supervise 320 employees.
- Establish new air freight operations in France, Australia, and New Zealand.

OTHERS.

- International Rugby Player for Chile: 1997 to 2003
- Countries lived and worked: Chile, Argentina, Peru, and US
- Mallinckrodt Regional leader of the year: 2014

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. NV6044744

Application/License No. _____

Santen, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6401 Hollis Street, Suite 125 Emeryville, CA 94608 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 28, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 28th day of September, 20 22.

APPLICANT/PRINCIPAL

COMPANY

Santen, Inc.

Authorized Representative

Director, Legal

SIGNED and SEALED in the presence of:

Witness Linda Clouser
Sr. Admin. Asst.

Witness Mai Inoue
Chief Administrative Officer

SURETY

Merchants Bonding Company (Mutual)

Surety Company's Representative

Valerie Takeuchi, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Joseph Takeuchi

Witness Lana Zeidan

Countersigned by:

not applicable
Nevada Resident Agent

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of ALAMEDA

Subscribed and sworn to (or affirmed) before me on

this 11 (Date) day of OCTOBER (Month), 2022 (Year), by

(1) LAURA JO WALSH

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

MAURION JULIUS GAINES
Notary Public - California
Solano County
Commission # 2355739
My Comm. Expires Apr 27, 2025

Place Notary Seal and/or Stamp Above

Signature _____
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: POWER OF ATTORNEY

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

©2019 National Notary Association

MERCHANTS BONDING COMPANY

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Valerie Takeuchi

their true and lawful Attorney(s)-In-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and aut hority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 28th day of September , 2022 .

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.
On this 28th day of September , 2022 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA

POLLY MASON
Commission Number 750576
My Commission Expires
January 07, 2023

Polly Mason
Notary Public

(Expiration of notary's commission
does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 28th day of September , 2022 .

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

William Warner Jr.
Secretary

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

Maria Herrera

From: Salah, Nayif <nayif.salah@iqvia.com>
Sent: Monday, November 14, 2022 4:51 PM
To: Maria Herrera
Cc: Arnaldo.Santiago@santen.com; Heckel, Jennifer; Kaiser, Jason; Victor.Vergara@santen.com; Updike, Liz
Subject: RE: Nevada Out-of-State Wholesaler Application-Santen, Inc.
Attachments: Santen NDC 2022.pdf; CA WLS 7296 Exp. 01.01.2023.pdf

Follow Up Flag: Follow up
Flag Status: Completed

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Maria,

On behalf of Santen, Inc. in reference to your email below:

This email is to inform you that Medical Devices was selected in error.

Please see the attached copy of home state license.

Please let us know what documentation you require in reference to the proof of insurance point below to complete the deficiency.

Thank you

Kindest Regards,

Nayif H. Salah
Senior Licensing Analyst
U.S. Compliance Solutions (formerly BuzzeoPDMA)



Learn more about IQVIA

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Shorla Oncology Inc.

Physical Address: 245 Main Street, 2nd Floor

City: Cambridge State: MA Zip: 02142

Mailing Address (if different from physical address): 245 Main Street, 2nd Floor

City: Cambridge State: MA Zip: 02142

Telephone: 617-225-4379 Website: https://www.shorlapharma.com/

Name of Designated Representative (DR): Sharon Cunningham

Licensing Company Email: statelicensing@shorlaoncology.com DR Email: statelicensing@shorlaoncology.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Military		☒ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. *Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any* interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Shorla Pharma Ltd.

Corporation/Organization Name: Shorla Oncology Inc.

Mailing Address: 245 Main Street, 2nd Floor

City: Cambridge State: MA Zip: 02142

Telephone: +353 87 6612034 Email: statelicensing@shorlapharma.com

Contact Person Name: Sharon Cunningham

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. **(NAC 639.6957).** Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a **Nevada Wholesaler registration. Complete the Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Shorla Oncology Inc.
Facility Name

Sharon Cunningham
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/26/22
Date

Board Use Only	Date Received: 8-4-22	Amount: 1000.00 CK-16455 8/11/22

SHORLA ONCOLOGY
THE HEART OF INNOVATION

Description of Operations

Shorla Oncology Inc. is a MA-based VirtualManufacturer. Shorla Oncology Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributor and Specialty Pharmacies by a Third-Party Logistics Provider who is licensed to ship pharmaceutical products into your state.

Shorla is a privately held company incorporated in the state of Delaware on 12/23/2020.

Labeler Code: 81927

Contract Manufacturer Information:
We will be using the contract manufacturer(s) below to produce our product:

AqVida GmbH
Werkstr, 21, Dassow, 23942, Germany
FEIN: 3017440477

AqVida manufactures Shorla Oncology Inc.'s product. At no time does AqVida own the product, contract with Shorla Oncology Inc.'s customers, invoice, nor sell an Shorla Oncology Inc. product. Shorla Oncology Inc.'s products are not Controlled Substances.

Third-Party Logistics Information
For distribution into the commercial supply channels, Eversana acts as Shorla Oncology Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Shorla Oncology Inc.'s product to Specialty Distributor and Specialty Pharmacies throughout the United States.

Eversana
4580 Mendenhall Road
Memphis, TN 38141

Shorla Oncology Inc.'s hours of operation are 8:00 am – 5:00pm EST Monday through Friday

Maria Herrera

From: Spadafora, Jordan <jordan.spadafora@twolabs.com>
Sent: Wednesday, November 30, 2022 9:41 AM
To: Maria Herrera
Subject: RE: Nevada Out-of-State Wholesaler Application- Shorla Oncology Inc.

Follow Up Flag: Follow up
Flag Status: Completed

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Shorla Pharma Ltd. *does* have individual shareholders.

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, November 29, 2022 7:28 PM
To: Spadafora, Jordan <jordan.spadafora@twolabs.com>
Subject: RE: Nevada Out-of-State Wholesaler Application- Shorla Oncology Inc.

[External]

Ohh nooo ☹ I am sorry to hear that! I had a quiet Thanksgiving. 😊

Anyhow, one last thing can you confirm Shorla Pharma Ltd. does not have any individual shareholders.

From: Spadafora, Jordan <jordan.spadafora@twolabs.com>
Sent: Tuesday, November 29, 2022 1:40 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Out-of-State Wholesaler Application- Shorla Oncology Inc.

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Shorla Pharma Company Ownership

Shorla Pharma Limited

FEIN: 3520164LH

100% ownership

Shorla Oncology Inc.

FEIN: 86-2772422

SHORLA PHARMA®

SHORLA ONCOLOGY
THE HEART OF INNOVATION

Ownership Information

Shorla Oncology Inc. ("Shorla") is a Virtual Manufacturer. Shorla is a privately-held Delaware corporation located in Cambridge, MA.

Shorla Oncology Inc. Parent Company
Shorla Pharma Ltd
Questum Acceleration Center
Ballingarrane Science & Technology Park
Clonmel, Co. Tipperary
E91 V329, Ireland

COMPANY INFORMATION
Shorla Oncology Inc.
245 Main Street, 2nd Floor
Cambridge, MA 02142
(617) 225-4379
Tax ID: 86-27772422
https://www.shorlapharma.com/

Officers

Sharon Cunningham, Chief Executive Officer
Business Address: 245 Main Street, 2nd Floor, Cambridge, MA 02142
Business Phone: (617) 225-4379
Email: Sharon.cunningham@shorlaoncology.com

Nicholas Holsman, Chief Commercial Officer
Business Address: 245 Main Street, 2nd Floor, Cambridge, MA 02142
Business Phone: (617) 225-4379
Email: Nicholas.holsman@shorlaoncology.com

SHORLA ONCOLOGY
THE HEART OF INNOVATION

EMPLOYEE LIST

Sharon Cunningham

Nicholas Holsman

From: Nicholas Holsman
To: Elaine Stash
Subject: Fwd: Labeler Code Request Approved
Date: Thursday, June 10, 2021 7:48:13 PM

Begin forwarded message:

From: Nicholas Holsman <nicholas.holsman@shorlapharma.com>
Date: May 17, 2021 at 2:05:12 PM CST
To: Orlaith Ryan <Orlaith.Ryan@shorlapharma.com>, Isobel Finan <isobel.finan@shorlapharma.com>, Sharon Cunningham <sharon.cunningham@shorlapharma.com>, Victoria Power <victoria.power@shorlapharma.com>, Lauren Ford <lford@regconsolutions.com>
Subject: FW: Labeler Code Request Approved

Thanks All!

Nicholas Holsman
Chief Commercial Officer
Shorla Pharma

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Monday, May 17, 2021 9:04 AM
To: Nicholas Holsman <nicholas.holsman@SHORLAPHARMA.COM>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 17-MAY-2021
Labeler DUNS: 118055608
Labeler Name: Shorla Pharma Inc
Labeler Code Assigned: 81927

Verified MJH 8/11/22

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open**

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000834	05/10/2022	05/10/2023	Virtual Drug Manufacturers

ISSUED TO

SHORLA ONCOLOGY INC
245 MAIN STREET
2ND FLOOR
CAMBRIDGE, MA 02142
ATTN: NICHOLAS HOLSMAN CHIEF COMMERCIAL OFFICER

RENEWAL

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000834	05/10/2022	05/10/2023	Virtual Drug Manufacturers

ISSUED TO

SHORLA ONCOLOGY INC
245 MAIN STREET
2ND FLOOR
CAMBRIDGE, MA 02142
ATTN: NICHOLAS HOLSMAN CHIEF COMMERCIAL OFFICER

RENEWAL

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000834	05/10/2022	05/10/2023	Virtual Drug Manufacturers

ISSUED TO SHORLA ONCOLOGY INC
245 MAIN STREET
2ND FLOOR
CAMBRIDGE, MA 02142
ATTN: NICHOLAS HOLSMAN CHIEF COMMERCIAL OFFICER

RENEWAL

Massachusetts Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
250 Washington Street, Boston, MA 02108
Tel: 617-973-0949 Fax: 617-753-8233

LA JOLLA PHARMACEUTICAL COMPANY	LA JOLLA PHARMACEUTICAL COMPANY	201 JONES ROAD	WALTHAM	MA	02451	MA0000985	3/1/2022	3/1/2023
LUMICELL, INC.	LUMICELL, INC.	275 WASHINGSTON STREET	NEWTON	MA	02458	MA0000909	10/4/2021	10/4/2022
MORPHOSYS US INC.	MORPHOSYS US INC.	470 ATLANTIC AVENUE	BOSTON	MA	02210	MA0000466	9/3/2021	9/3/2022
PARTNER THERAPEUTICS, INC.	PARTNER THERAPEUTICS, INC.	19 MUZZEY STREET	LEXINGTON	MA	02421	MA0000137	11/26/2021	11/26/2022
PHARMAESSENTIA USA CORPORATION	PHARMAESSENTIA USA CORPORATION	35 CORPORATE DRIVE	BURLINGTON	MA	01803	MA0000581	2/20/2022	2/20/2023
PROGENICS PHARMACEUTICALS, INC.	PROGENICS PHARMACEUTICALS, INC.	331 TREBLE COVE ROAD, STE 300-1-125	NORTH BILLERICA	MA	01862	MA0000947	11/10/2021	11/10/2022
RADIUS HEALTH, INC.	RADIUS HEALTH, INC.	22 BOSTON WHARF ROAD	BOSTON	MA	02210	MA0000757	1/4/2022	1/4/2023
RHYTHM PHARMACEUTICALS, INC.	RHYTHM PHARMACEUTICALS, INC.	222 BERKELEY STREET	BOSTON	MA	02116	MA0000567	12/19/2021	12/19/2022
SAGE THERAPEUTICS, INC.	SAGE THERAPEUTICS, INC.	215 FIRST STREET	CAMBRIDGE	MA	02142	MA0000151	12/27/2021	12/27/2022
SAREPTA THERAPEUTICS, INC.	SAREPTA THERAPEUTICS, INC.	215 FIRST STREET	CAMBRIDGE	MA	02142	MA0072902	11/26/2021	11/26/2022
SCPHARMACEUTICALS INC.	SCPHARMACEUTICALS INC.	2400 DISTRICT AVENUE	BURLINGTON	MA	01803	MA0000353	4/3/2022	4/3/2023
SHORLA PHARMA INC.	SHORLA ONCOLOGY INC	245 MAIN STREET	CAMBRIDGE	MA	02142	MA0000834	5/10/2022	5/10/2023
SILVERGATE PHARMACEUTICALS, INC.	SILVERGATE PHARMACEUTICALS, INC.	8 CABOT ROAD	WOBURN	MA	01801	MA0000707	9/30/2021	9/30/2022
SPERO THERAPEUTICS, INC	SPERO THERAPEUTICS, INC	675 MASSACHUSETTS AVE	CAMBRIDGE	MA	02139	MA0000911	10/15/2021	10/15/2022
STEALTH BIOTHERAPEUTICS INC.	STEALTH BIOTHERAPEUTICS INC.	140 KENDRICK STREET	NEEDHAM	MA	02494	MA0000808	3/22/2022	3/22/2023
SUNOVION PHARMACEUTICALS INC.	SUNOVION PHARMACEUTICALS INC.	84 WATERFORD DRIVE	MARLBOROUGH	MA	01752	MA0000341	4/8/2022	4/8/2023
SYNDAX PHARMACEUTICALS, INC.	SYNDAX PHARMACEUTICALS, INC.	35 GATEHOUSE DRIVE	WALTHAM	MA	02451	MA0000593	2/27/2020	2/27/2021
TAKEDA MANUFACTURING USA, INC.	TAKEDA MANUFACTURING USA, INC.	95 HAYDEN AVENUE	LEXINGTON	MA	02421	MA0000997	3/31/2022	3/31/2023
TAKEDA PHARMACEUTICALS USA, INC.	SHIRE-NPS PHARMACEUTICALS, INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000404	12/27/2021	12/27/2022
TAKEDA PHARMACEUTICALS USA, INC.	SHIRE HUMAN GENETIC THERAPIES INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000416	12/27/2021	12/27/2022
TAKEDA PHARMACEUTICALS USA, INC.	TAKEDA PHARMACEUTICALS USA, INC.	95 HAYDEN AVENUE	LEXINGTON	MA	02421	MA0000694	9/21/2021	9/21/2022
TETRAPHASE PHARMACEUTICALS, INC.	TETRAPHASE PHARMACEUTICALS, INC.	480 ARSENAL WAY	WATERTOWN	MA	02472	MA0000276	2/12/2020	2/12/2021
TETRAPHASE PHARMACEUTICALS, INC.	TETRAPHASE PHARMACEUTICALS, INC.	201 JONES ROAD	WALTHAM	MA	002451	MA0000769	1/26/2022	1/26/2023
THEA PHARMA, INC.	THEA PHARMA, INC.	420 BEDFORD STREET	LEXINGTON	MA	02420	MA0001002	4/12/2022	4/12/2023
VBI VACCINES (DELAWARE) INC.	VBI VACCINES (DELAWARE) INC.	160 SECOND STREET	CAMBRIDGE	MA	02142	MA0000923	11/1/2021	11/1/2022
VIROPHARMA BIOLOGICS LLC	VIROPHARMA BIOLOGICS LLC	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000377	12/27/2021	12/27/2022
ZEALAND PHARMA US, INC.	ZEALAND PHARMA US, INC.	293 BOSTON POST ROAD WEST	MARLBOROUGH	MA	01752	MA0000668	7/28/2022	7/28/2023
DOMPE U.S., INC.	DOMPE U.S., INC.	ONE MARINA PARK DRIVE	BOSTON	MA	02210	MA0000175	12/17/2021	12/17/2022
FERGENE INC.	FERGENE INC.	245 MAIN STREET	CAMBRIDGE	MA	02142	MA0000101	11/2/2021	11/2/2022
ROMEG THERAPEUTICS, LLC	ROMEG THERAPEUTICS, LLC	400 TRADE CENTER	WOBURN	MA	01801	MA0000024	12/28/2019	12/28/2020
SERVIER PHARMACEUTICALS, LLC	SERVIER PHARMACEUTICALS, LLC	200 PIER FOUR BOULEVARD	BOSTON	MA	02210	MA0072875	7/30/2022	7/30/2023
As of 07/21/22								

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHORLA ONCOLOGY INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHORLA ONCOLOGY INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4535324 8300

SR# 20222227858

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203498457

Date: 05-23-22

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Shorla Oncology Inc.

Physical Address 245 Main Street, 2nd Floor

City Cambridge State MA Zip 02142

Mailing Address (if different from physical address) 245 Main Street, 2nd Floor

City Cambridge State MA Zip 02142

Telephone 617-225-4379 Website https://www.shorlapharma.com/

Licensing Company Email statelicensing@shorlaoncology.com

Section 2: Personal Information

First Sharon Middle Maria Last Cunningham

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN N/A Sex ☐ M ☒ F ☐ X

Mailing Address 245 Main Street, 2nd Floor

City Cambridge State MA Zip 02142

Telephone 617-225-4379 Email statelicensing@shorlaoncology.com

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Applicant's initials SC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UCD Smurfit School		09/13 - 06/15	
Address	**City**	**State**	**Zip**
Dublin, Ireland	Dublin	Ireland	
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University College Cork		09/02 - 06/06	
Address	**City**	**State**	**Zip**
Cork, Ireland	Cork	Ireland	
Diploma/Degree obtained, if any			
BSc Finance			

School Name		From - To (MM/YY – MM/YY)	
Ard Scoil na nDeise		09/97 - 06/02	
Address	**City**	**State**	**Zip**
Dungarvan	Waterford	Ireland	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/21 - Present	[redacted]Derne Street, [redacted]	Boston	MA	02114-4212
10/11 - 06/21	Newtown, Stradbally	Co. Waterford	Ireland	X42, P261

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Shorla Oncology, Inc.			01/18 - Present	
Business Address		**City**	**State**	**Zip**
245 Main Street, 2nd Floor		Cambridge	MA	02142
Phone	**Title**		**Number of Employed Hours**	
(617) 225-4379	Chief Executive Officer		8500+	
Description of Duties				
See Attached Resume				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		x
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials SC

I, Sharon Cunningham, **certify that as the designated representative for**

Shorla Oncology Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Sharon Cunningham

Print Name (First, Last)

Sharon Cunningham

Original Signature (electronic, copies or stamps not accepted)

7/26/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sharon Cunningham
Print Name (First, Last)

Sharon Cunningham 7/26/22
Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Middlesex

I, SHARON CUNNINGHAM, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Sharon Cunningham 7/26/22
Original Signature **Date**

Subscribed and Sworn to before me this 26 day of July, 2022.

Mary Danielle Seder
Notary Public Signature

MOLLY DANIELLE SEDER
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
February 7, 2025

(Seal)

Applicant's initials SC

Sharon Cunningham
CEO Shorla Oncology
Job description

- Main point of communication between the board of directors and the leadership team; ensuring that comprehensive board packs are prepared and distributed for bi-monthly board meetings and that each member of the executive leadership team are prepared to present and answer questions at board meetings

- Overall responsibility for the development and distribution of pharmaceutical products; oncology drugs for rare, orphan, women's and pediatric cancers; enforce adherence to legal guidelines to maintain the company's legality and business ethics;
responsible for leading the corporate strategy development and preparation of the 5-year strategic plan and one-year detailed budget

- Ongoing cashflow management and strategic financial planning including investments and M&A; continuous assessment of the competitive landscape and comparison with peer companies.

- Oversee all operations and business activities to ensure they produce the desired results and are consistent with the overall strategy and mission; Leading and motivating subordinates to advance employee engagement, developing a high performing managerial team; attendance at daily team meetings, conducting periodic performance reviews with all subordinates

- Building and maintaining an external presence i.e., brand and other elements contributing to the identity of the business. Full responsibility for all public relations and alignment with marketing.

    a. Development of the commercial strategy and market positioning and directing the marketing efforts for the business
    b. Developing the brand recognition and attractiveness

Contact

sharon.cunningham@shorlapharma.com

www.linkedin.com/in/sharon-cunningham-0401121b (LinkedIn)
shorlapharma.com (Company)

Top Skills

IFRS
Financial Reporting
Auditing

Honors-Awards

Ireland's Best Young Entrepreneur - Best Start-Up Business - Tipperary winner 2019

Ireland's Best Young Entrepreneur - Best Start-Up Business - Regional winner 2019

MIT - Harvard Medical School Healthcare Innovation Bootcamp Final Innovation Pitch Competition Winner 2019

Ireland's Best Young Entrepreneur - Best Start-Up Business - National winner 2019

Chartered Accountants Ireland - Young Chartered Star Finalist 2019

Sharon Cunningham

CEO & Co-Founder at Shorla Pharma
Ireland

Summary

CEO & Co-Founder at specialty pharmaceutical company, Shorla Pharma. Developing an innovative pipeline of oncology products for unmet needs delivering a significant contribution to patient care. (www.shorlapharma.com)

Named Ireland's Best Young Entrepreneur 2019. Recognised as one of the 100 most influential CEO's in Ireland by the Business & Finance Media Group 2020.

PwC trained Chartered Accountant (ACA) with an MBA from University College Dublin Michael Smurfit Graduate Business School and a BSc in Finance from University College Cork Ireland.

- Part of the winning team on the 2019 MIT-Harvard Medical School Healthcare Innovation Bootcamp Pitching Competition.
- Chartered Accountants Ireland Young Chartered Star Finalist 2019.
- Sodexo Women Mean Business Female Newcomer Award 2019.
- Included on The Irish Times list of 50 people to look out for in 2020.
- Association of MBA's Best Entrepreneurial Venture Award (Private Sector) 2020.
- Irish Times Business Awards Local Enterprise of the Year 2020.

Twitter @sharcunningham

Experience

Shorla Pharma
CEO & Co-Founder
January 2018 - Present (3 years 4 months)
Tipperary, Ireland

Irish Rule of Law International

Non-Executive Director
May 2019 - Present (2 years)
Dublin, Ireland

EirGen Pharma
6 years 11 months

Head of Finance
January 2015 - December 2017 (3 years)
Waterford, Ireland

Financial Controller
March 2012 - January 2015 (2 years 11 months)
Waterford, Ireland

Management Accountant
February 2011 - March 2012 (1 year 2 months)
Waterford, Ireland

PwC
4 years 5 months

Auditor
October 2006 - February 2011 (4 years 5 months)
Ireland

Senior Associate
January 2010 - April 2010 (4 months)
New York, USA

Education

UCD Michael Smurfit Graduate Business School
Master of Business Administration, MBA · (2013 - 2015)

Harvard Medical School
MIT-HMS Healthcare Innovation Bootcamp · (2019 - 2019)

Massachusetts Institute of Technology
MIT-HMS Healthcare Innovation Bootcamp · (2019 - 2019)

Chartered Accountants Ireland
FCA, Chartered Accountant · (2006 - 2009)

[redacted]

University College Cork

BSc, Finance · (2002 - 2006)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107546931

Application/License No. _____

SHORLA ONCOLOGY INC. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 245 Main Street, 2nd floor Cambridge, MA 02142 (Address of Applicant/Principal), as PRINCIPAL, and TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 21, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21st day of June, 2022.

APPLICANT/PRINCIPAL
SHORLA ONCOLOGY INC.

COMPANY

Authorized Representative

SURETY
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Surety Company's Representative

Aerie Walton, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Derek Elston

Witness Titus Simons III

Countersigned by:

Nevada Resident Agent

Christopher P. Troha
Nevada Non-Resident Agent

Posted February 20, 2020

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Aerie Walton** of **CHICAGO**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **21st** day of **June**, **2022**.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

First Name	Last Name	Function	Location	Job Family	Job Title
Shahriar	Matin	Administration	FL Miami Lakes	General Management	CEO
Dodd	Gray	Legal	FL Miami Lakes	General Management	General Counsel
Nancy	Pounder	Human Resources	FL Miami Lakes	Human Resources	CHRO
John	Dombroski	Customer Support Svcs	FL Miami Lakes	Sales Admin and Oper	Sr Dir Commercial Ops
Catherine	Collins	Administration	FL Miami Lakes	Administration	Sr Exec Asst/Jr. Chf Stf
Maria	Guzman	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Soren	Strom-Jensen	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Michael	Byrd	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Gustavo	Farinas	Operations	FL Miami Lakes	R and D Engineering	Ld Tech R and D Eng
Jose	Pulido	R and D	FL Miami Lakes	Operations	Contractor
Marckenson	Donatien	Operations	FL Miami Lakes	Manufacturing	Assoc III Mfg
Zaid	Haiman	Operations	FL Miami Lakes	Operations	Contractor
Jorge	Montalvo	Operations	FL Miami Lakes	Operations	Contractor
Iris	Castillo	Operations	FL Miami Lakes	Operations	Contractor
Lisbeth	Espinoza	Operations	FL Miami Lakes	Manufacturing	Assoc III Mfg
Elizabeth	Ziefer	Quality and Regulatory	FL Miami Lakes	Regulatory Sciences	Scientist III Cl Rch
Yeileen	Escalada	Customer Support Svcs	FL Miami Lakes	Operations	Contractor
Fernando	Garcia	Operations	FL Miami Lakes	Process Engineering	Engineer Process
Karen	Hackstaff	Info Sys and Tech	FL Miami Lakes	Operations	Contractor
Haydee	Alfonso	Operations	FL Miami Lakes	Operations	Contractor
Mary	Dwyer	Operations	FL Miami Lakes	Operations	Contractor
Herbert	Phinn	Operations	FL Miami Lakes	Operations	Contractor
Glenda	Burgos	Operations	FL Miami Lakes	Manufacturing	Assoc II Mfg
Maribel	Feliciano	Operations	FL Miami Lakes	Operations	Contractor
Yamilec	Riascos	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
George	Adams	Clinical	FL Miami Lakes	Operations	Contractor
Nana	Banafo	Clinical	FL Miami Lakes	Operations	Contractor
Ivan	Piedra	R and D	FL Miami Lakes	R and D Engineering	Sr Prin Eng R and D
Claudia	Gomez	Operations	FL Miami Lakes	Operations	Contractor
Gladys	Cruz	Operations	FL Miami Lakes	Operations	Contractor
Nancy	Delgado	Operations	FL Miami Lakes	Operations	Contractor
Gabriel	Franco	Operations	FL Miami Lakes	Operations	Contractor
Ramon	Gaitan	Operations	FL Miami Lakes	Operations	Contractor
Norma	Mandez	Operations	FL Miami Lakes	Operations	Contractor

First Name	Last Name	Function	Location	Job Family	Job Title
Ana	Mendoza	Operations	FL Miami Lakes	Operations	Contractor
Humberto	Ruiz	Operations	FL Miami Lakes	Operations	Contractor
Ruth	Pojo	Operations	FL Miami Lakes	Operations	Contractor
Lakesah	Tutson	Operations	FL Miami Lakes	Operations	Contractor
Theresa	Guerra	Operations	FL Miami Lakes	Operations	Contractor
Edwardo	Martines	Operations	FL Miami Lakes	Operations	Contractor
Cecilia	Velasco	Operations	FL Miami Lakes	Operations	Contractor
Glen	Henderson	Operations	FL Miami Lakes	Operations	Contractor
Robert	Treto	Customer Support Svcs	FL Miami Lakes	Operations	Contractor
Aldo	Collazos	Operations	FL Miami Lakes	Facilities and RE	Sr Fac Tech
Cristian	Campuzano	Operations	FL Miami Lakes	Facilities and RE	Fac Tech II
Orestes	Calcines	Operations	FL Miami Lakes	Operations	Contractor
Irma	Ciprian	Operations	FL Miami Lakes	Operations	Contractor
Jeffree	Reyna	Operations	FL Miami Lakes	Facilities and RE	Spec Fac
Eduardo	Baldivieso	Customer Support Svcs	FL Miami Lakes	Operations	Contractor
Steven	Nieves	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Alvin	Hernandez	Commercial Sales	FL Miami Lakes	Territory Management	Assoc Terr Manager
Robert	Banik	R and D	FL Miami Lakes	R and D Engineering	Sr Prin Eng R and D
Janitzza	Carlos	Operations	FL Miami Lakes	Manufacturing	Assoc II Mfg
Andrea	Hess	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Oscar	Abriles	R and D	FL Miami Lakes	R and D Engineering	Sr Prin Eng R and D
Silvia	Garcia-Tunon	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Nancy	Hernandez	Operations	FL Miami Lakes	Manufacturing	Operator II Mach Oper
Alexander	Rodriguez	Operations	FL Miami Lakes	Operations	Contractor
Jordan	Keefe	R and D	FL Miami Lakes	R and D Engineering	Sr Eng R and D
Tariq	Bhatty	R and D	FL Miami Lakes	R and D Engineering	Project Mgr R & D
Jose	Sanchez	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Maria	Urrego	Quality and Regulatory	FL Miami Lakes	Customer Advoc - Clinical	Sr Spec Cust Adv Clin
Cordis	Award	Human Resources	FL Miami Lakes	Human Resources	HR Test User Position
Naomi	Aganekwu	Operations	FL Miami Lakes	Operations	Contractor
Kimberly	Obrer	Customer Support Svcs	FL Miami Lakes	Sales Admin and Oper	Sr Anal Sales Ops Mgt
Dareira	Corona	Operations	FL Miami Lakes	Operations	Contractor
Prashant	Savant	R and D	FL Miami Lakes	R and D Engineering	Sr Eng R and D
Aida	Stephenson	Operations	FL Miami Lakes	Manufacturing	Assoc II Mfg

First Name	Last Name	Function	Location	Job Family	Job Title
Jesus	Botero	Operations	FL Miami Lakes	Manufacturing	Sr Tech Prod Stup Mnt
Matthew	Witte	Administration	FL Miami Lakes	Administration	Chief of Staff to CEO
Lizette	Vazquez	Info Sys and Tech	FL Miami Lakes	Operations	Contractor
Sheila	Donlan	Info Sys and Tech	FL Miami Lakes	Operations	Contractor
Ninoshka	Jimenez	Operations	FL Miami Lakes	Manufacturing	Assoc II Mfg
Zoila	Alban Cajigas	Operations	FL Miami Lakes	Manufacturing	Assoc II Mfg
Natalia	Maldonado	Quality and Regulatory	FL Miami Lakes	Customer Advoc - Clinical	Sr Spec Cust Adv Clin
Jorge	Sierra	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Moure	Mercedes	R and D	FL Miami Lakes	Operations	Contractor
Lindsay	Dylan	R and D	FL Miami Lakes	Operations	Contractor
Carlos	Yidi	Customer Support Svcs	FL Miami Lakes	Operations	Contractor
Etian	Herrera	Operations	FL Miami Lakes	Manufacturing	Assoc II Mfg
Steve	Noriega	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Maria	Dominguez	Operations	FL Miami Lakes	Manufacturing	Assoc II Mfg
Favio	Collazos	Operations	FL Miami Lakes	Manufacturing	Assoc II Mfg
Kevin	Heredia	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
David	Cohen	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Jennie	Cochez	Operations	FL Miami Lakes	Operations	Contractor
Warrnisha	Flanders	Operations	FL Miami Lakes	Operations	Contractor
Xzavire	Kilby	Operations	FL Miami Lakes	Operations	Contractor
Garry	Roach	Operations	FL Miami Lakes	Operations	Contractor
Sidoles	Pierre	Operations	FL Miami Lakes	Operations	Contractor
Manuel	Lerma	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Fritznel	Etienne	Info Sys and Tech	FL Miami Lakes	Operations	Contractor
Raidel	Casanas Paez	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Masnoar	Miranda	Info Sys and Tech	FL Miami Lakes	Operations	Contractor
Barbara	Draper	Operations	FL Miami Lakes	Operations	Contractor
Romulo	Rios	Info Sys and Tech	FL Miami Lakes	Operations	Contractor
Andres	Gonzalez	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Alexander	Escalada	Operations	FL Miami Lakes	Operations	Contractor
Alejandra	Daviglus	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Sr Eng Quality
Rafael	Gonzalez	Operations	FL Miami Lakes	Operations	Contractor
Julian	Iglesias	Operations	FL Miami Lakes	Operations	Contractor
Sushil	Kumar	Info Sys and Tech	FL Miami Lakes	Operations	Contractor

First Name	Last Name	Function	Location	Job Family	Job Title
Ariel	Penalver	Operations	FL Miami Lakes	Manufacturing	Ld Tech Proc Cntl Mnt
Melinda	Bullock	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Carl	Engblom	Operations	FL Miami Lakes	Operations	Contractor
Jason	Greene	Operations	FL Miami Lakes	Operations	Contractor
Claudia	Fron	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Jordan	Hadaway	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Michelle	Streiff	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Amanda	Duarte	Quality and Regulatory	FL Miami Lakes	Customer Advoc - Clinical	Sr Spec Cust Adv Clin
Anet	Diaz	Operations	FL Miami Lakes	Operations	Contractor
Tracy	Lawson	Operations	FL Miami Lakes	Operations	Contractor
Jeffery	Bailey	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Heidi	Santana	Operations	FL Miami Lakes	Manufacturing	Assoc II Mfg
Nadia	Gross	Operations	FL Miami Lakes	Manufacturing	Assoc II Mfg
Alourdes	Lubin	Operations	FL Miami Lakes	Manufacturing	Assoc II Mfg
Frank	Yanocha	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Fellow Quality Eng
Beatriz	Castro-Nelson	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Sr Prin Engineer Qual
Adelaida	Bartholomew	Operations	FL Miami Lakes	Manufacturing	Ld Oper Machine Ops
Mildred	Medina	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Tech Quality Assur
Luis	Jaimes	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Tech Qual Control
Cynthia	Mestres	Customer Support Svcs	FL Miami Lakes	Sales Admin and Oper	Dir Sales Oper Mgmt
Pedro	Quinones	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Sr Prin Engineer Qual
Perfecto	Diaz	Operations	FL Miami Lakes	Manufacturing	Operator II Mach Oper
Fixmore	Hillhouse	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Prin Eng Quality
Beatriz	Saldarriaga	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Mary	Powell	Quality and Regulatory	FL Miami Lakes	Quality Lab	Ld Tech Lab
Norman	Crews	Quality and Regulatory	FL Miami Lakes	R and D Engineering	Sr Prin Eng R and D
Magaly	Ferguson	Operations	FL Miami Lakes	Manufacturing Planning	Supv Mfg Planning
Darius	Franklin	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Omar	Isidron	Operations	FL Miami Lakes	Manufacturing	Operator II Mach Oper
Jeffrey	Jarboe	Operations	FL Miami Lakes	Product Engineering	Sr Tech Product Engr
Furgaria	Ferguson	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Miguel	Santana	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Madline	Meador	Operations	FL Miami Lakes	Marketing	Graphic Designer II
Perla	Mueller	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Spec Qual Assur

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Tenisha	Fenn	Operations	FL Miami Lakes	Manufacturing	Operator II Mach Oper
Pedro	Delgado	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Dir QRA Management
Rosa	Chirinos	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Eduardo	Fernandez	Operations	FL Miami Lakes	R and D Engineering	Sr Prin Eng R and D
Veronica	Deshazer	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Mgr Quality Assurance
Johnita	Wells	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Rodney	Schreck	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Tech Quality Assur
Mary	Lynch	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Jose	Barcenas	Operations	FL Miami Lakes	Manufacturing Planning	Ld Coord Mfg Planning
Anthony	Bodie	Operations	FL Miami Lakes	Manufacturing	Sr Tech Proc Cnt Mntc
Marilyn	Ibarra	Operations	FL Miami Lakes	Manufacturing	Ld Tech Proc Cntl Mnt
Elizabeth	Simmons	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Emilio	Escalada	Operations	FL Miami Lakes	Manufacturing	Supv Proc Control Mnt
Melisa	Brito	Supply Chain	FL Miami Lakes	Supply Chain	Mgr Supply Chain
Larry	Jones	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Ld Tech Qual Eng
Anthony	Diaz	Quality and Regulatory	FL Miami Lakes	Regulatory Affairs	Mgr Reg Affairs
Sulema	Quinones	Operations	FL Miami Lakes	Environ Health and Safety	Ld Tech EHS
Danila	Coiscou	Operations	FL Miami Lakes	Marketing	Graphic Designer II
Alberto	Paret	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Dir QRA Management
Fernando	Cruz	Operations	FL Miami Lakes	Manufacturing	Ld Oper Machine Ops
Mark	Janssen	Operations	FL Miami Lakes	Manufacturing	Ld Tech Prd Setup Mnt
Maritza	Rodriguez	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Ralph	Paez	Operations	FL Miami Lakes	Manufacturing	Ld Tech Prd Setup Mnt
Juana	Polanco	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Lucas	Torres	Operations	FL Miami Lakes	Manufacturing	Ld Tech Prd Setup Mnt
Ruth	Padron	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Dir Gbl Qual & Reg Com
Nilsa	Morales	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Spec Qual Assur
Jelitza	Castillo	Operations	FL Miami Lakes	Inventory Mgmt	Coord Inventory Mgmt
Irene	Baez	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Daisy	Gonzalez	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Tech Quality Assur
Laurie	Low	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Dir QRA Management
Antonio	Castillo	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
David	Torres	Operations	FL Miami Lakes	Manufacturing	Sr Assoc Mat Handl
Vidiet	Barcia	Operations	FL Miami Lakes	Manufacturing	Dir Manufacturing Mgt

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Hector	Suarez	Operations	FL Miami Lakes	Manufacturing	Sr Tech Prod Stup Mnt
Alveiro	Arias	Operations	FL Miami Lakes	Manufacturing	Operator II Mach Oper
Gonzalo	Gonzalez	Operations	FL Miami Lakes	Manufacturing	Assoc II Mat Hndling
Dax	Stewart	R and D	FL Miami Lakes	R and D Engineering	Ld Tech R and D Eng
Juana	Arias	Operations	FL Miami Lakes	Manufacturing	Ld Oper Machine Ops
Ferney	Sanchez	Operations	FL Miami Lakes	Manufacturing	Operator II Mach Oper
Maidelis	Macdonald	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Tech Quality Assur
Jesus	Torres	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Gloryelizza	Perez	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Tech Quality Assur
Alexander	Perez	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Carlos	Bautista	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Tech Quality Assur
Jose	Mirabal	Operations	FL Miami Lakes	Program and Project Mgmt	Project Manager
Manuel	Acosta	Operations	FL Miami Lakes	Manufacturing	Operator II Mach Oper
Tyronne	Mitchell	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Sophie	Alvarez	Operations	FL Miami Lakes	Manufacturing	Ld Tech Proc Cntl Mnt
Teodoro	Zamora	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Yader	Morales	Operations	FL Miami Lakes	Manufacturing Planning	Ld Coord Mfg Planning
Raiza	King	Operations	FL Miami Lakes	Manufacturing	Ld Oper Machine Ops
Beverly	Vannais	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Sr Prin Engineer Qual
Matthew	Tingom	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Sr Mgr Quality Management
Martin	Glaeser	Operations	FL Miami Lakes	R and D Engineering	Ld Tech R and D Eng
Byron	Stephenson	Operations	FL Miami Lakes	Manufacturing	Ld Tech Proc Cntl Mnt
Ines	Sanchez	Operations	FL Miami Lakes	Office Services	Coord Office Services
Alina	Correa	Operations	FL Miami Lakes	Global Sourcing	Sr Coord Strat Src Gl
Troy	Robinson	Operations	FL Miami Lakes	Manufacturing	Sr Tech Proc Cnt Mntc
Yanelys	Duenas	Operations	FL Miami Lakes	Operations	Sr Coord Ops Tech
Gustavo	Serrano	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Betti	Rivera	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Walter	Mora	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Helen	Suarez	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Maria	Lopez	Customer Support Svcs	FL Miami Lakes	Sales Admin and Oper	Mgr Business Metrics
Jorge	Noriega	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Roland	Mcguinn	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Jeffrey	Griggs	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops

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Wilberto	Garcia	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Cybele	Dor	Operations	FL Miami Lakes	Manufacturing	Operator II Mach Oper
Claudy	Elie	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Tech Qual Control
Yohana	Hernandez	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Tech Quality Assur
Gregory	Honadle	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Ld Tech Qual Eng
Howard	Patch	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Sr Prin Engineer Qual
Ruixin	Xu	Operations	FL Miami Lakes	Mechanical Engineering	Sr Prin Eng Mech
Graciano	Campos	Operations	FL Miami Lakes	Manufacturing	Sr Tech Proc Cnt Mntc
Israel	Rosario	Operations	FL Miami Lakes	Manufacturing	Sr Tech Prod Stup Mnt
Keith	Mclaughlin	Operations	FL Miami Lakes	Mechanical Engineering	Sr Prin Eng Mech
Joseph	Angiuli	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Tech Quality Assur
Maria	Botero	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Hugo	Montano	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Tech Quality Assur
Raymond	Hawkins	Info Sys and Tech	FL Miami Lakes	Information Technology	Sr Eng Software Eng
Jean Marc	Donatien	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Landys	Perez	Operations	FL Miami Lakes	Manufacturing Planning	Ld Coord Mfg Planning
Lesly	St Jean	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Danie	Alexis	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Westevenson	Lamonge	Operations	FL Miami Lakes	Manufacturing	Ld Oper Machine Ops
Victor	Aldana	Operations	FL Miami Lakes	Manufacturing	Assoc II Mat Hndling
Roberto	Avila	Operations	FL Miami Lakes	Manufacturing	Supv Manuf Mgmt
Karla	Castro	Quality and Regulatory	FL Miami Lakes	Customer Advoc - Clinical	Mgr Post Mkt Vigilance
Sonia	Berisiartu	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Mgr Quality Eng
Robin	Aubrey	Clinical	FL Miami Lakes	Quality and Reg Affairs	Mgr Glbl Med Affairs
Rolando	Iraola	Operations	FL Miami Lakes	Manufacturing	Tech II Proc Cntrl Mt
Elva	Arriola	Quality and Regulatory	FL Miami Lakes	Information Technology	Eng Software
Javier	Cardona	Operations	FL Miami Lakes	Manufacturing Engineering	Mgr Manufacturing Eng
Luis	Parra	Operations	FL Miami Lakes	Manufacturing	Sr Spec Proc Cntrl Mt
Eric	Barchfeld	Operations	FL Miami Lakes	Global Sourcing	Dir Strat Src Glb Prd
Beatriz	Abreu	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Principal Scientist
Andrew	Norris	Operations	FL Miami Lakes	Facilities and RE	Mgr Fac Mgmt Maint
Maria	Cespedes	Operations	FL Miami Lakes	Global Sourcing	Mgr Strat Src Glb Prd
Hosbelt	Sanchez	Operations	FL Miami Lakes	Manufacturing	Sr Tech Prod Stup Mnt
Mario	Girona	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Sr Prin Engineer Qual

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Vincent	Hedrick	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Dir Gbl Qual Ops
Karina	Major	Quality and Regulatory	FL Miami Lakes	Analytics	Mgr Safety Surveillance
Alison	Robert	Quality and Regulatory	FL Miami Lakes	Regulatory Sciences	Sr Scientist Clin Rch
Greg	Lindsay	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Sr Prin Engineer Qual
Stephen	Edlington	Quality and Regulatory	FL Miami Lakes	Regulatory Sciences	Sr Scientist Clin Rch
Damaris	Perez-Padilla	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Spec Qual Assur
Paul	LeBlanc	Quality and Regulatory	FL Miami Lakes	Quality Lab	Ld Tech Lab
Oscar	Morales Pagan	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Nelly	Molina	Operations	FL Miami Lakes	Manufacturing Planning	Ld Coord Mfg Planning
Ariel	Colas	Operations	FL Miami Lakes	Manufacturing	Ld Oper Machine Ops
Felix	Alejandro-Quinones	Quality and Regulatory	FL Miami Lakes	Information Technology	Sr Eng Software Eng
Marie	Montrose	Operations	FL Miami Lakes	Manufacturing Planning	Ld Coord Mfg Planning
Reynaldo	Blandon	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Patricia	Davis-Lemessy	Operations	FL Miami Lakes	Manufacturing Engineering	Fellow Engineer Mfg
Devarshi	Shukla	Info Sys and Tech	FL Miami Lakes	Operations	Contractor
Carolina	Nunez	Human Resources	FL Miami Lakes	Human Resources	Mgr Human Resources
Brian	Whittle	Info Sys and Tech	FL Miami Lakes	Information Technology	Dir Data Mgmt Analyt
Elaine	Pottinger-cooper	Quality and Regulatory	FL Miami Lakes	Quality Lab	Mgr Lab
Xiomara	Collazo	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Tech II Qual Control
Javier	Fuentes	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Charlyne	Hyacinthe	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Edinson	Garcia	Info Sys and Tech	FL Miami Lakes	Information Technology	Sr Analyst IT Cl Supp
Loren	Walkington	Quality and Regulatory	FL Miami Lakes	Information Technology	Mgr Software Eng
Alexandra	Consuegra	Clinical	FL Miami Lakes	Quality and Reg Affairs	Spec Medical Affairs
Alioth	Provedo	Operations	FL Miami Lakes	Process Engineering	Sr Eng Process
Leti	Rodriguez Dominguez	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Tech Quality Assur
David	Llanes Balmaseda	Operations	FL Miami Lakes	Mechanical Engineering	Prin Engineer
Dania	Hernandez	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Alejandro	Sanchez Ceballos	Operations	FL Miami Lakes	Operations	Ld Tech Ops Maint
Esther	Del Valle	Quality and Regulatory	FL Miami Lakes	Customer Advoc - Clinical	Supv Cust Adv Clinic
Jeannette	Ortiz Ayala	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Supv Quality Eng
Yoandy	Perez	Operations	FL Miami Lakes	Operations	Ld Tech Ops Maint
Raul	Urquiaga	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
David	Arcia	Operations	FL Miami Lakes	Engineering	Mgr Engineering Mgmt

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Shirley	Vaughn-Jadotte	Operations	FL Miami Lakes	Manufacturing	Operator II Mach Oper
Sean	Isacsson	Quality and Regulatory	FL Miami Lakes	Analytics	Cnslt Advanced Anal
Manuel	Diaz Gomez	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Vivien	Perez	Customer Support Svcs	FL Miami Lakes	Customer Service	Supv Customer Svc
Angel	Alvarez Mena	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Prin Eng Quality
Herve	Cantave	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Sr Prin Engineer Qual
Kenneth	Hicks	Operations	FL Miami Lakes	Manufacturing	Ld Tech Tool Room
Pedro	Diaz	R and D	FL Miami Lakes	R and D Engineering	VP RD Engineer Mgmt
Robert	Marsh	Operations	FL Miami Lakes	Global Sourcing	Mgr Strat Src Gbl Prd
Carlos	Larracuente	Operations	FL Miami Lakes	Manufacturing Planning	Ld Coord Mfg Planning
Michelle	Leo	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Mgr Quality Eng Sup
Gregory	Hale	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Crystal	Placona	Quality and Regulatory	FL Miami Lakes	Regulatory Affairs	Mgr Regulatory Affair
William	Williamson	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Prin Eng Quality
Norman	Tirado	Operations	FL Miami Lakes	Manufacturing	Sr Tech Prod Stup Mnt
Martha	Munante	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Raissa	Molina-wander	Quality and Regulatory	FL Miami Lakes	Analytics	Cnslt Advanced Anal
Maria	Zayas Redondo	Quality and Regulatory	FL Miami Lakes	Analytics	Sr Cnslt Adv Analytic
Carole	Toussaint	Operations	FL Miami Lakes	Manufacturing	Operator II Mach Oper
Raul	Gil	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Alejandro	Gonzalez Urbina	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Leonardo	Mir	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Daniel	Arias	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Michael	Collinson	R and D	FL Miami Lakes	R and D Engineering	Sr Prin Eng R and D
Bharath	Motamarri	Quality and Regulatory	FL Miami Lakes	Information Technology	Eng Software
Nicole	Cadet	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Joselyne	Paredes	Operations	FL Miami Lakes	Manufacturing	Operator II Mach Oper
Rachel	Gay	Clinical	FL Miami Lakes	Quality and Reg Affairs	Sr Clinicial Glbl PMS
Timothy	Gonzalez	R and D	FL Miami Lakes	R and D Engineering	Prin Engineer RD
Kristin	Juliao	Quality and Regulatory	FL Miami Lakes	Customer Advoc - Clinical	Supv Complaint Handling
Denise	Martinez	Customer Support Svcs	FL Miami Lakes	Sales Admin and Oper	Sr Anal Sales Ops Mgt
Sonia	Perdomo	Customer Support Svcs	FL Miami Lakes	Sales Admin and Oper	Sr Anal Sales Ops Mgt
Kenia	Soto	Customer Support Svcs	FL Miami Lakes	Sales Admin and Oper	Sr Anal Sales Ops Mgt
Karen	Johnson	Customer Support Svcs	FL Miami Lakes	Sales Admin and Oper	Sr Anal Sales Ops Mgt

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Juan	Pimienta	Customer Support Svcs	FL Miami Lakes	Sales Admin and Oper	Sr Anal Sales Ops Mgt
Carola	Oliva	Customer Support Svcs	FL Miami Lakes	Sales Admin and Oper	Sr Anal Sales Ops Mgt
Sergio	Arena	Customer Support Svcs	FL Miami Lakes	Sales Admin and Oper	Sr Anal Sales Ops Mgt
German	Correa	Customer Support Svcs	FL Miami Lakes	Sales Admin and Oper	Sr Anal Sales Ops Mgt
Abdul	Delgado	Operations	FL Miami Lakes	Operations	Ld Tech Ops Maint
Christina	Volke	Quality and Regulatory	FL Miami Lakes	Regulatory Sciences	Sr Scientist Clin Rch
Alejandra	Moreira	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Sr Eng Quality
Cesar	Muro	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Prin Eng Quality
Luisa	Rodriguez	Supply Chain	FL Miami Lakes	Manufacturing Planning	Planner Manufacturing
William	Ramirez	Supply Chain	FL Miami Lakes	Manufacturing Planning	Planner Manufacturing
Rose	Cyrille	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Yurisnel	Perez	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Wai	Morgan	Quality and Regulatory	FL Miami Lakes	Regulatory Affairs	Prin Spec Reg Affairs
Lara	Garcia-cabezon	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Prin Eng Quality
Zuleima	Rodriguez	Operations	FL Miami Lakes	Environ Health and Safety	Mgr EHS US
Ana	Rodriguez	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Leticia	Diaz Villanueva	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Eduardo	Mendez	Operations	FL Miami Lakes	Process Engineering	Prin Eng Process
Mary	Jean	Quality and Regulatory	FL Miami Lakes	Regulatory Affairs	Prin Spec Reg Affairs
Sasha	Charres	Quality and Regulatory	FL Miami Lakes	Regulatory Sciences	Sr Scientist Clin Rch
Izela	Carvajal	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Yosmarie	Barcenas	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Shedson	Donatien	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Alexander	Quintero	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Roberto	Bermudez Ybarguen	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Evelyn	Paba	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Ivis	Couto	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Rose	Donatien	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Cristian	Lerma	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Claritza	Potter	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Tony	Wallace	Operations	FL Miami Lakes	Marketing	Graphic Design III Cr
Vanessa	Velazquez	Quality and Regulatory	FL Miami Lakes	Customer Advoc - Clinical	Sr Spec Cust Adv Clin
Antonio	Carralero	Operations	FL Miami Lakes	Materials Management	Sr Analyst Mat Mgmt
Yesenia	Rosa	Quality and Regulatory	FL Miami Lakes	Customer Advoc - Clinical	Prin Spec Cust Adv Cl

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Domenico	DiDonato	R and D	FL Miami Lakes	R and D Engineering	Dir RD Engineer Mgmt
Stewd	Stephen	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Sr Eng Quality
Joel	Infante	Operations	FL Miami Lakes	Manufacturing	Supv Manuf Mgmt
Vanessa	Ravelo	Quality and Regulatory	FL Miami Lakes	Customer Advoc - Clinical	Sr Spec Cust Adv Clin
Antionette	Lee	Quality and Regulatory	FL Miami Lakes	Customer Advoc - Clinical	Sr Spec Cust Adv Clin
Angie	Ronda-lopez	Quality and Regulatory	FL Miami Lakes	Customer Advoc - Clinical	Spec Cust Advocacy CL
Hayzel	Criollo	Operations	FL Miami Lakes	Global Sourcing	Advisor Strat Source
Jessica	Ramirez	Clinical	FL Miami Lakes	Quality and Reg Affairs	Sr Clinicial Glbl PMS
Joaquin	Villalobos	R and D	FL Miami Lakes	R and D Engineering	Sr Prin Eng R and D
Kenmys	Trejo Cabrales	Operations	FL Miami Lakes	Operations	Ld Tech Ops Maint
Monique	Goldsmith	R and D	FL Miami Lakes	R and D Engineering	Sr Eng R and D
Teddy	Louis	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Moreddy	Cuello Lopez	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Logan	Ferguson	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Rashaad	Carter	Quality and Regulatory	FL Miami Lakes	Research	Sr Scientist Research
Brian	Lavoie	Quality and Regulatory	FL Miami Lakes	Customer Advoc - Clinical	Sr Spec Cust Adv Clin
David	Neugaard	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Eng Quality
Jorge	Barter	R and D	FL Miami Lakes	R and D Engineering	Engineer RD
Martin	Vallejo	Quality and Regulatory	FL Miami Lakes	Quality and Reg Affairs	Sr Tech Qual Control
Jorge	Cruz Rodriguez	Operations	FL Miami Lakes	Manufacturing	Sr Operator Mach Oper
Yuli	Puerta	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Alina	Diaz-Garcia	Quality and Regulatory	FL Miami Lakes	Quality and Engineering	Sr Eng Quality
Emily	Ferradaz	R and D	FL Miami Lakes	R and D Engineering	Sr Eng R and D
Adam	Bernowitz	Quality and Regulatory	FL Miami Lakes	Regulatory Sciences	Sr Scientist Clin Rch
Craig	Castillo	Operations	FL Miami Lakes	Manufacturing	Operator II Prd Ops
Beatriz	Acosta	R and D	FL Miami Lakes	Operations	Contractor
Rosa	Canet	R and D	FL Miami Lakes	Operations	Contractor
Cesare	Cavallazzi	R and D	FL Miami Lakes	Operations	Contractor
Dalila	Champagne	R and D	FL Miami Lakes	Operations	Contractor
Darlene	Conrad	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Nader	Dariavach	Operations	FL Miami Lakes	Operations	Contractor
Thelma	Del Cid Duron	R and D	FL Miami Lakes	Operations	Contractor
William	Eifert	R and D	FL Miami Lakes	Operations	Contractor
Victor	Fleites	R and D	FL Miami Lakes	Operations	Contractor

First Name	Last Name	Function	Location	Job Family	Job Title
Ana	Flores	Marketing	FL Miami Lakes	Operations	Contractor
Gaylord	Forrest	R and D	FL Miami Lakes	Operations	Contractor
Warren	Gollinger	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Victor	Guerra	R and D	FL Miami Lakes	Operations	Contractor
Kenny	Lopez	Customer Support Svcs	FL Miami Lakes	Operations	Contractor
Edward	Mebarak	R and D	FL Miami Lakes	Operations	Contractor
Ingrid	Morales	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Maria	Penaloza	R and D	FL Miami Lakes	Operations	Contractor
Yael	Preacher	Operations	FL Miami Lakes	Operations	Contractor
Jennifer	Rietfors	Marketing	FL Miami Lakes	Operations	Contractor
Hector	Santiago	Operations	FL Miami Lakes	R and D Engineering	Sr Prin Eng R and D
James	Spinella Mamo	R and D	FL Miami Lakes	Operations	Contractor
Phil	Strom-jensen	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Colleen	Sutton	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Taylor	Sutton	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Enrique	Tinoco	R and D	FL Miami Lakes	Operations	Contractor
Francisco	Torres	R and D	FL Miami Lakes	Operations	Contractor
Rosa	Espinosa	Clinical	FL Miami Lakes	Operations	Contractor
Tatyana	Chorny	Quality and Regulatory	FL Miami Lakes	Operations	Contractor
Yaritza	Charneco Acevedo	R and D	FL Miami Lakes	Operations	Contractor

4S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Verathon Inc.

Physical Address: 20001 North Creek Parkway

City: Bothell State: WA Zip: 98011

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (425) 867-1348 Website: www.verathon.com

Name of Designated Representative (DR): Jonathan Stevens

Licensing Company Email: _____ DR Email: jon.stevens@verathon.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Southmedic Incorporated
Address: 50 Alliance Blvd City: Barrie (Canada) State: ON Zip: L4M 5K3

Name: Creative Technologies
Address: 6300 Merrill Creek Pkwy, #A-100 City: Everett State: WA Zip: 98203

Name: Ergotron Inc.
Address: 1181 Trapp Road City: Saint Paul State: MI Zip: 55121

Name: Promate Solutions Co.
Address: 1F, NO.30, Section 1, Huan Shan RD City: Neihu District (Taiwan) State: Zip: 11442

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Washington
Parent Company (if any): Roper Technologies Inc.
Corporation/Organization Name: Verathon Inc.
Mailing Address: 20001 North Creek Parkway
City: Bothell State: WA Zip: 98011
Telephone: (425) 867-1348 Email: jon.stevens@verathon.com
Contact Person Name: Jonathan Stevens

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Verathon Inc

Facility Name

Jon Stevens

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

06 Oct 2022

Date

Board Use Only	Date Received: 10-12-22	Amount: 1000.00 CK-31754

Verathon Contractors

Contractor Last Name	Contractor First Name
Ghassemi	Haleh
Kawano	Austin
Ludeman	Sally
Strassner	Dorothy
Davidson	Teresa

Establishment Registration & Device Listing

FDA Home • Medical Devices • Databases

New Search | Back To Search Results

Establishment:
Verathon Inc.
20001 North Creek Pkwy
BOTHELL, WA 98011
Registration Number: 3022472
FEI Number*: 3022472
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2022

Owner/Operator:
Verathon Inc.
20001 North Creek Pkwy
Bothell, WA US 98011
Owner/Operator Number: 3022472

Official Correspondent:
Jonathan Stevens
20001 North Creek Pkwy
Bothell, WA 98011
Phone: 1-949-6275200

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Establishment Registration & Device Listing

FDA Home · Medical Devices · Databases

New Search | Back To Search Results

Establishment:
VERATHON MEDICAL (CANADA) ULC.
2227 Douglas Rd
BURNABY British Columbia, CA V5C 5A9
Registration Number: 9615393
FEI Number*: 3005947796
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
Verathon Medical Canada ULC
2227 Douglas Rd
Burnaby, British Columbia CA V5C 5A9
Owner/Operator Number: 9095489

Official Correspondent:
Jonathan Stevens
2227 Douglas Rd
Burnaby, British Columbia CA V5C 5A9
Phone: 1-425-6295754

US Agent:
Jonathan Stevens
Verathon Inc.
20001 N Creek Pkwy
Bothell, WA US 98011
Phone: 949 6275200 Ext
Fax: 444 7487761
Email: Mmoore@Verathon.Com

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Registration Information

Facility

Registration Number	3022472
FEI Number	3022472
Registration Status	Active
Registration Status Reason	Legacy Data - Registration activated
Initial Importer	Y
Facility Name	VERATHON INC.
Legal Name	
Facility Address	20001 NORTH CREEK PKWY , BOTHELL , WASHINGTON , 98011 , UNITED STATES
Establishment located on a campus	

Owner/Operator

Owner/Operator Number	3022472
Contact Name	MARY K MOORE
Business Name	VERATHON INC.
Address	20001 NORTH CREEK PKWY BOTHELL , WASHINGTON , 98011 , UNITED STATES
Phone Number	1 - 425 - 6295754
Fax Number	1 - 844 - 7487761
E-mail	mmoore@verathon.com

Official Correspondent

Contact Name	MARY K MOORE
Business Name	VERATHON INC.
Address	20001 NORTH CREEK PKWY BOTHELL , WASHINGTON , 98011 , UNITED STATES
Phone Number	1 - 425 - 6295754
Fax Number	1 - 844 - 7487761
E-mail	mmoore@verathon.com

Registration Status

Expiration Date	2022-12-31
PIN - PCN	50349259 - 22512474

Imported Products and Manufacturers

Manufacturer(s) Name	Address	Product Code	Device Name	Premarket Submission Number
VERATHON MEDICAL (CANADA) ULC.	2227 Douglas Rd , BURNABY, British Columbia, V5C 5A9, CANADA	EOQ	Bronchoscope (flexible or rigid)	K183256
VERATHON MEDICAL (CANADA) ULC.	2227 Douglas Rd , BURNABY, British Columbia, V5C 5A9, CANADA	CCW	LARYNGOSCOPE, RIGID	
VERATHON MEDICAL (CANADA) ULC.	2227 Douglas Rd , BURNABY, British Columbia, V5C 5A9, CANADA	BSR	STYLET, TRACHEAL TUBE	

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View Your Device Listings

Owner/Operator: 3022472

Clear Sort and Filter

Show 10 per page

Filter:

Listing Number	Listing Status	Premarket Submission Number	Product Code(s)	Type of Combination Product	Device Name	Registration Number [Activities]	Action
E429945	Active		BSR		STYLET, TRACHEAL TUBE	Registration Number: 3022472 [Repackager/Relabeler]	
D071398	Active	K082456	ITX IYO		Transducer, ultrasonic, diagnostic System, imaging, pulsed echo, ultrasonic	Registration Number: 3022472 [Manufacturer, Remanufacturer, Repackager/Relabeler]	
D403478	Active	K193488	EOQ		Bronchoscope (flexible or rigid)	Registration Number: 3022472 [Repackager/Relabeler]	
D046363	Active	K071217	ITX IYO		Transducer, ultrasonic, diagnostic System, imaging, pulsed echo, ultrasonic	Registration Number: 3022472 [Manufacturer, Remanufacturer]	
E429944	Active		CCW		LARYNGOSCOPE, RIGID	Registration Number: 3022472 [Repackager/Relabeler]	
D038054	Active	K915436	IYO		System, imaging, pulsed echo, ultrasonic	Registration Number: 3022472 [Manufacturer, Remanufacturer]	
D363719	Active	K191948	EOQ		Bronchoscope (flexible or rigid)	Registration Number: 3022472 [Repackager/Relabeler]	
D363718	Active	K183256	EOQ		Bronchoscope (flexible or rigid)	Registration Number: 3022472 [Repackager/Relabeler]	
D038057	Active	K030763	ITX IYO		Transducer, ultrasonic, diagnostic System, imaging, pulsed echo, ultrasonic	Registration Number: 3022472 [Manufacturer]	
D318438	Active	K172356	ITX IYO		Transducer, ultrasonic, diagnostic System, imaging, pulsed echo, ultrasonic	Registration Number: 3022472 [Manufacturer]	
D038056	Active	K022153	ITX IYO		Transducer, ultrasonic, diagnostic System, imaging, pulsed echo, ultrasonic	Registration Number: 3022472 [Manufacturer]	

Listing Number	Listing Status	Premarket Submission Number	Product Code(s)	Type of Combination Product	Device Name	Registration Number [Activities]	Action
Q010483	Active		EXY		UROFLOWMETER	Registration Number: 3022472 [Manufacturer]	
D073228	Active	K090214	ITX IYO		Transducer, ultrasonic, diagnostic System, imaging, pulsed echo, ultrasonic	Registration Number: 3022472 [Manufacturer, Repackager/Relabeler]	
D253890	Active	K153101	ITX IYO		Transducer, ultrasonic, diagnostic System, imaging, pulsed echo, ultrasonic	Registration Number: 3022472 [Manufacturer]	
E429946	Inactive		GAD		RETRACTOR	Registration Number: Active, Waiting for Registration Number Assignment	
D038060	Inactive	K984528	BTR		Tube, tracheal (w/wo connector)	Registration Number: Active, Waiting for Registration Number Assignment	
D094200	Inactive	K030104	DPS		Electrocardiograph	Registration Number: Active, Waiting for Registration Number Assignment	
D094199	Inactive	K012414	DPS		Electrocardiograph	Registration Number: Active, Waiting for Registration Number Assignment	
D094201	Inactive	K082312	DPS		Electrocardiograph	Registration Number: Active, Waiting for Registration Number Assignment	
D172786	Inactive	K042132	NVJ		Applicator, transurethral, radio frequency, for stress urinary incontinence in women	Registration Number: Active, Waiting for Registration Number Assignment	
Q017090	Inactive		FEN		DEVICE, CYSTOMETRIC, HYDRAULIC	Registration Number: Active, Waiting for Registration Number Assignment	
D124502	Inactive		OUG		Medical device data system	Registration Number: Active, Waiting for Registration Number Assignment	
D038059	Inactive	K982568	ITX		Transducer, ultrasonic, diagnostic	Registration Number: Active, Waiting for Registration Number Assignment	

Showing 1 to 23 of 23 entries

Previous 1 Next

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Section 9

List of all Officers and Directors:

- Christina Able, Vice President
- Earl Thompson, President
- Jason Conley, Director, Vice President and Assistant Secretary
- John K Stipancich, Director, Vice President and Secretary
- Robert Crisci, Director, Vice President
- Tracy Olson, Chief Financial Officer, Vice President Finance

List of all corporation shareholders and their percent ownership:

- Verathon Inc. is a wholly owned subsidiary of Roper Technologies Inc.

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

- Verathon Inc. is a wholly owned subsidiary of Roper Technologies Inc.

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

VERATHON INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 04/02/1984.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 10/04/2022
UBI Number: 600 528 953

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 10/04/2022

VERATHON INC.
1898-3 20001 N CREEK PKWY
BOTHELL WA 98011-8218

DETACH BEFORE POSTING

BUSINESS LICENSE

STATE OF WASHINGTON
Profit Corporation

Issue Date: Apr 22, 2022
Unified Business ID #: 600528953
Business ID #: 001
Location: 0001
Expires: Apr 30, 2023

VERATHON INC.
20001 NORTH CREEK PKWY
BOTHELL WA 98011-8218

REGISTERED TRADE NAMES:
VERATHON INC

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith
Director, Department of Revenue

STATE OF WASHINGTON

UBI: 600528953 001 0001

Expires: Apr 30, 2023

VERATHON INC.
20001 NORTH CREEK PKWY
BOTHELL WA 98011-8218

UNEMPLOYMENT INSURANCE - ACTIVE
INDUSTRIAL INSURANCE - ACTIVE
TAX REGISTRATION - ACTIVE
RICHLAND RETAIL & WHOLESALE BUSINESS #C14 - ACTIVE
MOUNT VERNON GENERAL BUSINESS - NON-RESIDENT - ACTIVE
ELLENSBURG GENERAL BUSINESS - NON-RESIDENT - ACTIVE
WALLA WALLA GENERAL BUSINESS - NON-RESIDENT - ACTIVE
PUYALLUP GENERAL BUSINESS - NON-RESIDENT #2008015 - ACTIVE
LAKEWOOD GENERAL BUSINESS - NON-RESIDENT - ACTIVE

Vicki Smith
Director, Department of Revenue

gaL0002

DETACH THIS SECTION FOR YOUR WALLET

VERATHON INC.
1898-1 20001 N CREEK PKWY
BOTHELL WA 98011-8218

DETACH BEFORE POSTING

STATE OF WASHINGTON

BUSINESS LICENSE

Profit Corporation

Issue Date: Apr 22, 2022
Unified Business ID #: 600528953
Business ID #: 001
Location: 0001
Expires: Apr 30, 2023

VERATHON INC.
20001 NORTH CREEK PKWY
BOTHELL WA 98011-8218

UNEMPLOYMENT INSURANCE - ACTIVE
INDUSTRIAL INSURANCE - ACTIVE
TAX REGISTRATION - ACTIVE

CITY ENDORSEMENTS:
RICHLAND RETAIL & WHOLESALE BUSINESS #C14 - ACTIVE
MOUNT VERNON GENERAL BUSINESS - NON-RESIDENT - ACTIVE
ELLENSBURG GENERAL BUSINESS - NON-RESIDENT - ACTIVE
WALLA WALLA GENERAL BUSINESS - NON-RESIDENT - ACTIVE
PUYALLUP GENERAL BUSINESS - NON-RESIDENT #2008015 - ACTIVE
LAKEWOOD GENERAL BUSINESS - NON-RESIDENT - ACTIVE
CENTRALIA GENERAL BUSINESS - NON-RESIDENT #9429 - ACTIVE
SHELTON GENERAL BUSINESS - NON-RESIDENT #0069540 - ACTIVE
ANACORTES GENERAL BUSINESS - NON-RESIDENT - ACTIVE
BELLINGHAM GENERAL BUSINESS #038814 - ACTIVE
GIG HARBOR GENERAL BUSINESS - NON-RESIDENT - ACTIVE
GOLD BAR GENERAL BUSINESS - NON-RESIDENT - ACTIVE
ISSAQUAH GENERAL BUSINESS - NON-RESIDENT - ACTIVE
KENNEWICK GENERAL BUSINESS - NON-RESIDENT - ACTIVE
LACEY GENERAL BUSINESS - NON-RESIDENT #180009 - ACTIVE
LONGVIEW GENERAL BUSINESS - NON-RESIDENT #830724 - ACTIVE
MARYSVILLE GENERAL BUSINESS - NON-RESIDENT #1348RET510 - ACTIVE
MONROE GENERAL BUSINESS - NON-RESIDENT - ACTIVE
NEWCASTLE GENERAL BUSINESS - NON-RESIDENT - ACTIVE
OLYMPIA GENERAL BUSINESS - NON-RESIDENT #20021 - ACTIVE
PORT ORCHARD GENERAL BUSINESS - NON-RESIDENT - ACTIVE

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith

Director, Department of Revenue

STATE OF WASHINGTON

JBI: 600528953 001 0001

Expires: Apr 30, 2023

/ERATHON INC.
:0001 NORTH CREEK PKWY
3OTHELL WA 98011-8218

UNEMPLOYMENT INSURANCE - ACTIVE
INDUSTRIAL INSURANCE - ACTIVE

1898-2
VERATHON INC.
20001 N CREEK PKWY
BOTHELL WA 98011-8218

DETACH BEFORE POSTING

BUSINESS LICENSE

STATE OF WASHINGTON
Profit Corporation

Issue Date: Apr 22, 2022
Unified Business ID #: 600528953
Business ID #: 001
Location: 0001
Expires: Apr 30, 2023

VERATHON INC.
20001 NORTH CREEK PKWY
BOTHELL WA 98011-8218

PORT TOWNSEND GENERAL BUSINESS - NON-RESIDENT - ACTIVE
POULSBO GENERAL BUSINESS - NON-RESIDENT - ACTIVE
PULLMAN GENERAL BUSINESS - NON-RESIDENT - ACTIVE
SEDRO WOOLLEY GENERAL BUSINESS - NON-RESIDENT - ACTIVE
SPOKANE VALLEY GENERAL BUSINESS - NON-RESIDENT - ACTIVE
VANCOUVER GENERAL BUSINESS - NON-RESIDENT - ACTIVE
SPOKANE GENERAL BUSINESS - NON-RESIDENT - ACTIVE
SNOHOMISH GENERAL BUSINESS - NON-RESIDENT - ACTIVE
TUKWILA GENERAL BUSINESS - NON-RESIDENT - ACTIVE
EDMONDS GENERAL BUSINESS - NON-RESIDENT #NR-027015 - ACTIVE
MOSES LAKE GENERAL BUSINESS - NON-RESIDENT #BUS2020-0312 - ACTIVE
FEDERAL WAY GENERAL BUSINESS - NON-RESIDENT - ACTIVE
WENATCHEE GENERAL BUSINESS - NON-RESIDENT - ACTIVE
MOUNTLAKE TERRACE GENERAL BUSINESS - NON-RESIDENT - ACTIVE
CLARKSTON GENERAL BUSINESS - NON-RESIDENT - ACTIVE
YAKIMA GENERAL BUSINESS - NON-RESIDENT #BLS200086 - ACTIVE
BURIEN GENERAL BUSINESS - NON-RESIDENT #08239 - ACTIVE
BREMERTON GENERAL BUSINESS - NON-RESIDENT #28713 - ACTIVE

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:
DIAGNOSTIC ULTRASOUND CORPORATION

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith
Director, Department of Revenue

STATE OF WASHINGTON

UBI: 600528953 001 0001

Expires: Apr 30, 2023

'ERATHON INC.
0001 NORTH CREEK PKWY
:OTHELL WA 98011-8218

UNEMPLOYMENT INSURANCE - ACTIVE
INDUSTRIAL INSURANCE - ACTIVE

Verathon Active Employees 11/3/2022 - Global

Full Name
Abad, Jonathan R.
Abarca, Leonetta
Abbariao, Janelle
Abbe, Lauren E.
Abesamis, Joy
Abusham, Kayla
Adnan, Asnidar
Aguilar, Joshua
Aguirre, Cerna L.
Agunas, Ro-anne
Agyapong, Eric A.
Ahmadian Yazdi, Reza
Akoh, Ovie
Alarcon Saez, Carlos
Albin, Haeley
Aldrich, Jeffrey
Alexander, Kelsey N.
Allen, Kennedy J.
Alnabelseya, Ahmed
Altuntas, Oguzhan
Amoah, Kwaku
Anderson, Christian
Andrews, Brennan
Antonio, Alex B.
Antwan, Zinah
Anwia, Aria
Ardekani, Ramin
Areno, Jocelyn S.
Armati, Sally
Armella III, Enzo
Arriaga, Stephanie
Arunachalam, Grace
Austria Jr., Virgilio B.
Aying, Salvador I.
Babu, Abdulfatah
Baker, Joshua R.
Bakovic, Lucija
Ball, Jeffery
Balolot, Filomeno Jr
Banatwala, Juzer
Banser, Jerry
Barnes, Penny
Bartlett, Peter
Battain, Rodrigue
Baum, Joshua

Bauman-van der Walt, Estelle
Beaulieu, Nick
Beck, Kenneth
Becker, William
Belkadi, Mohamed O.
Bell, John W.
Bench, Tyler
Benezra, Jason
Bengtson, Caroline M.
Beresova, Barbara
Bernardo, Victor
Berosik, Bach-Yen T.
Berry, Angela
Berry, Craig J.
Bertalan, Eva
Bertrand, Daniel R.
Bhattal, Jasbir
Biery, Kent
Billy, John C.
Bisla, Sukhjinder
Blosser, Matthew T.
Blount, Lindsay
Bluffield, Marie-Louise
Boggiani, Roberto
Bohnhoff, Alexandra
Boi, Enrico
Boisvert, Nelda T.
Bollinger, Fabio
Bonner, Travis D.
Boom, Ewa J.
Boonen, Sander
Boqvist, Eva A.
Boulter, Oyvind J.
Boyd, Brady L.
Brady, Brent
Briem, Egill
Briones, Francine
Brown, Krista M.
Brown, Michelle
Brown, Raven
Budhdeo, Samir
Bulusan, Cristina
Burns, Alicia
Busku, Janos
Buza, Arial S.
Byrd, Mindy L.

Byrne, Blake
Caldwell, Laelia
Cambon, Riley
Cannon, Jennifer
Cantillon, Darren J.
Card, Cameron J.
Carvalho, Cristal
Casabal, Criselda
Castello, Maria F.
Castro, Kendric
Cavanagh, Amber R.
Ceja, Abigail A.
Chang, Chih-Chia
Chang, Chihting
Chang, Jennifer P.
Chao, Scarlet-Camille
Chapman-Peek, Victoria
Charitou, Danai
Charmasson, Emma
Chase, Genevieve
Chau, Johnny
Cheok, Jonas
Chernoubi, Abdeslam
Chirala, Swapna
Choi, Joon Hwan
Cinco, Sheleah T.
Clark, Jeffrey
Clements, Craig R.
Cline, Jacob
Closson, Frazer
Cluff, Garnet M.
Cockrell, Micah
Cocq, Mathilde C.
Cole, Benjamin P.
Collins, Jessica R.
Conger, Kevin
Consson, Fredrik
Constantino, Marita
Cooper, Ian M.
Corrales-Toy, Thomas
Crawford, Cheryl
Crudo, Marlon
Cunningham, Tracy
Damian, Jennifer
David, Manon P.
Davies, Ceri W.

Day, Mark
de Groot-Revenich, Jolanda M
De Marchis, Andrea
De Marchis, Andrea
de Meyer, Daniel G.
de Ree, Everadus P.
de Rooij, Sven
DeFehr, Shannon M.
Degtyarov, Elena
Dennis, Anna
Dhindsa, Taranjit
DiAsio, Todd R.
Dickenson, Quinn
Dimitrov, Tomi A.
Diosay, Jannettee
Diouf, Aminata
Dippie, Mark
Diserio, Talia A.
Doan, Kim-Anh
Doan, Thang
Dodson, Mitchel A.
Dolan, Ryan
Doldolea, Jam P.
Dolman, Rodney R.
Dorrell, Heather
Douglas, Marion M.
Doumbouya, Gervais M.
Doyle, Daniel P.
Doyle, Dawn
Doyle, Jacob
Drews, Christiane
Drolet, Ophélie
Duclos, Floriane D.
Duff, Alexander
Dunbar, James M.
Dunga, Gentiana
During, Maurizio
Eaton, Dena C.
Edwards, David Frank
Eiflander, Emily
Elich, Marisa R.
Ennis, Lindsay
Ertel, Greta
Espinosa, Erica
Esteves, Diego C.
Evans, Leah

Evens, Megan
Exilus, Jessie
Ezzeldin, Hatim A.
Fabian Martinez, Christian
Fain, Maribel
Fang, Lei
Fazio, Edward
Ferrell, Ryan
Field, Julia
Figueroa, Carlos
Flendescu, Gheorghe
Flores, Erica J.
Foo, Serena J.
Foong, David
Ford, LeeAnn
Forte, Raymond Thomas
Fox, Jeffrey
Fox, Paul
Franssen, Jacquelyn
Fraser, Lindsey
Friday, Colleen R.
Friedrich, Andrew L.
Gabel, Preston S.
Gabriel, Valentina
Gaillard, Mackenzie
Galbraith, Elizabeth
Galvin, Moira
Garcia, Marcella
Geen, Nathan
Gholampour Shahaboddini, R
Gibbons, Julien C.
Gibson, Alexandria V.
Gibson, Dean V.
Gilbreath, Charlotte
Gillan, Drew
Girolami, Nicole
Glabinska, Urszula Agnieszka
Glenn, Madison M.
Glimm Houtstra, Alexander
Gocheva, Desislava N.
Golden, Brandon T.
Gomez, Emely
Goon, Kevin
Gordon, Cheryl
Graham, Jenelle
Graham, Nichole

Grand, Debbie
Grant, Brian D.
Gray, Carson C.
Greenleaf, Kari
Griffin, Ariana M.
Grojsman, Rebecca P.
Haas, Benoit
Hall, Kimberly
Hall, Monroe
Hamilton, Joshua A.
Hamilton, Kacey
Hanby, Breann C.
Hancock, Rachel L.
Hanenburg, Hidde A.
Hansen, Kenneth M.
Hartmann, Amy J.
Harun, Huda
Harvey, Lyle
Hawkins, Frederic J.
Hayashi, Yukari
Haynie, Alan
Hefelfinger, Kelly
Heidari, Hamed
Heighton, Dana
Herring, Mitch
Heshmati, Alaa
Higham, Timothy
Hile, Nicholas
Hill, Christopher D.
Hill, Dennis
Hill, Stephanie
Hite, James M.
Ho, Vincent
Hogan, Gary
Holbrook, Keegen
Hosephros, Christine
House, Henry
Howson, Leah
Hu, Yingxue
Hua, Quyen
Hubeny, Kristel
Hughes, Brittany
Hughes, Christopher J.
Humphrey, Mark
Humphrey, Phillip A.
Hundertmark, Nickolas A.

Hunt, Devin
Hurley, Damien C.
Hussain, Ehsan
Huynh, Mariana
Ibrahim, Khaled M.
Im, Chan M.
Imburgia, Hollie
Immerzeel, Yvonne H.
In, Chanphakdei
Ingram, Bob
Jackson, Jarrett L.
Jarvis, Zachary
Jensen, Jennifer
Johnson, Rachel B.
Johnson, Tara L.
Johnson, Timothy
Johnson, William L.
Jolgren, Matthew N.
Jones, Stephanie M.
Jordan, Kathryn
Jouval, Eric
Jung, Yujin
Juntura, Jean
Kakwitch, Brent S.
Kamiab, Ahmad
Kapsalis, Nicholas L.
Kardos, Joell E.
Karmarkar, Ashwini
Kasbohm, Corey
Keener, Manila
Kelley, Cheryl L.
Kelly, Suzanne
Kenekeo, Keosana
Kenekeo, Minviluz G.
Kenyon, Gary S.
Keohavong, Andrew
Kerr, Ian
Kickham, Nicholas
Kim, Jungmo
Kim, Kyle
King, Jennifer
Kirby, Matt
Kiriposki, Anthony
Klinkner, Michelle L.
Knight, Damecca M.
Knight, Liberty

Knight, Matthew
Koh, Siow Lan
Kong, Ting Yuan
Köppel, Thomas
Koppes, Oksana
Kotler, Alexander
Kowalski, Zachary
Kpodekon, Alidé S.
Kristynik, Whitney L.
Krueger, Michael
Kuehl, Rachael A.
Kurth, Marine
Kvietkus, Patrick
Laboda, Walter
LaFuente, Renee
Lai, Ethan
Lai, Wing Kai
Lam, Sik Yuen James
Lambrechts, Bernard
Lankhorst, Emily
LaPaglia III, Peter J.
Lawrence, Juan
Layer, Derrick
Le Jeune, Julie
Le, Hieu
Lee, Jason
Lee, Jordan D.
Leighton, Ellen Louise
Leong, Gary
Leung, Hugh
Lewis, Paul
Li, Xiao Xing
Liang, May Y.
Liebold, Jeffrey
Lin, Qiuqi
Lippert, Lisa M.
Lisauskas, David
Litonjua, Aaron
Little, Thomas
Liu, Xiaoping
Lo, Ricky
Lock, Tobin
Lodge, Brandon
Lokrheim, Sigrid A.
Long, Jon
Loos, Jurriaan

Lopez Ponce, Leyla
Luckhurst, Jordan
Lui, Chi-Yip
MacArthur, Lacey A.
MacDuff, Emily A.
Macfarlane, Megan L.
Mah, Willie
Mahfouz, Nada
Mahoney, Tara
Maleki, Faranak
Malihan, Neiledy C.
Malik Sheikh, Zahra S.
Manabat, Ariel M.
Manconi, Irina
Maneevong, Ban
Manfredi, Stephanie
Manghi, Philip
Mao, Shangbin
Marecek, Alexandra
Margez, Thomas F.
Marone, Keith
Marshall, Arin L.
Martin, Joseph R.
Mathiowetz, Craig M.
Matilla Zubia, Unai
Matson, Shannon
Mazzola, Joseph
McCartney, Kevin D.
Mcclain, Joseph
McCullough, Brian
Mcdonough, Allison
McElhinney, Brian
McGleenan, Cormac
McGregor, Tracey J.
Mchedlishvili, Ana
Mckenzie, Christopher
McRae, Adam
McWilliam, Eva
Mecum, Amanda
Mejia, Oscar
Mendoza, Glenda
MenMuir, Robyn
Miewald, Donald
Mikkenie, Jan P.
Miller, Brett
Miller, Heather A.

Miller, Joshua A.
Miller, Matthew J.
Mills, Brandon
Mingdet-Parker, Duan
Mitchell, Robert
Mizzi, Matthew
Mohandes, Ali

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Verathon Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 20001 North Creek Parkway

City: Bothell State: WA Zip: 98011

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (425) 867-1348 Website: www.verathon.com

Licensing Company Email: support@verathon.com

Section 2: Personal Information

First: Jonathan Middle: Ying-Jieh Last: Stevens

Alias(es, nicknames, name changes, etc.): Jon

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 20001 North Creek Parkway

City: Bothell State: WA Zip: 98011

Telephone: [redacted] Email: jon.stevens@verathon.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Auckland		01/12 - 12/14	
Address	**City**	**State**	**Zip**
12 Grafton Road	Auckland	NZ	1010
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of California, Irvine		09/03 - 06/07	
Address	**City**	**State**	**Zip**
215 Pereira Drive	Irvine	CA	92697
Diploma/Degree obtained, if any			
Bachelor of Science Biomedical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/20 - 10/22	[redacted]Portsmouth Ave	New Castle	NH	03854
08/18 - 09/20	[redacted]Hawthorne Dr Unit [redacted]	Bedford	NH	03110
05/17 - 08/18	[redacted]Riverside Dr Unit [redacted]	Valley Village	CA	91607
04/16 - 04/17	[redacted]Panorama Road	Auckland	NZ	1060
02/14 - 04/16	[redacted]Appleyard Crescent	Auckland	NZ	1072
01/13 - 02/14	[redacted]Abraham Place	Auckland	NZ	1072
09/12 - 01/13	[redacted]Waddell Avenue	Auckland	NZ	1072
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Verathon, Inc			09/22 - 10/22	
Business Address		City	State	Zip
20001 North Creek Parkway		Bothell	WA	98011
Phone	Title		Number of Employed Hours	
(425) 867-1348	VP Quality & Regulatory		160	
Description of Duties				
Responsible for all aspects of Quality assurance and Regulatory compliance for Verathon, which is a global medical device manufacturer.				

Business Name			From - To (MM/YY – MM/YY)	
Philips			07/18 - 09/22	
Business Address		City	State	Zip
222 Jacobs Street		Cambridge	MA	02141
Phone	Title		Number of Employed Hours	
(800) 722-9377	Head of Quality		8,300	
Description of Duties				
Responsible for all aspects of Quality assurance globally for Philips Hospital Patient Monitoring business.				

Business Name			From - To (MM/YY – MM/YY)	
Medtronic			05/17 - 07/18	
Business Address		City	State	Zip
18000 Devonshire Street		Northridge	CA	91325
Phone	Title		Number of Employed Hours	
(800) 646-4633	Senior Quality Systems Manager		2,300	
Description of Duties				
Responsible for safety risk management, standards compliance, and recalls.				

Business Name			From - To (MM/YY – MM/YY)	
Fisher & Paykel Healthcare			06/09 - 05/17	
Business Address		City	State	Zip
15 Maurice Paykel Place		Auckland	NZ	2013
Phone	Title		Number of Employed Hours	
+64 9 574 0100	Quality Manager		16,000	
Description of Duties				
Responsible for post market surveillance, data analytics, recalls and complaint handling.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Jonathan Stevens, **certify that as the designated representative for**

Verathon, Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jonathan Stevens
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06 October 2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Stevens

Print Name (First, ~~Last~~)

Original Signature (electronic, copies or stamps not accepted)

06 October 2022

Date

Please have this section completed in the presence of a Notary Public.

State of New Hampshire, ss. County of Rockingham

I, Jonathan Stevens, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06 October 2022

Date

Subscribed and Sworn to before me this 6 day of October 2022.

Erica Newman

Notary Public Signature

ERICA L. NEWMAN
Commission Expires
NOTARY PUBLIC
06-01-2027
NEW HAMPSHIRE
(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Verathon Inc — MDEG License # (if applicable): _____

Physical Address: 20001 North Creek Parkway

City: Bothell — State: WA — Zip: 98011

Mailing Address (if different from physical address): _____

City: _____ — State: _____ — Zip: _____

Telephone: (425) 867-1348 — Website: www.verathon.com

Licensing Company Email: support@verathon.com

Section 2: Personal Information

First: Jonathan — Middle: Ying-Jieh — Last: Stevens

Alias(es, nicknames, name changes, etc.): Jon

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Address: 20001 North Creek Parkway

City: Bothell — State: WA — Zip: 98011

Telephone: [redacted] — Email: jon.stevens@verathon.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
University of Auckland	01/12 - 12/14

Address	City	State	Zip
12 Grafton Road	Auckland	NZ	1010

Diploma/Degree obtained, if any: Master of Business Administration

School Name	From - To (MM/YY – MM/YY)
University of California, Irvine	09/03 - 06/07

Address	City	State	Zip
215 Pereira Drive	Irvine	CA	92697

Diploma/Degree obtained, if any: Bachelor of Science Biomedical Engineering

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY

Address	City	State	Zip

Diploma/Degree obtained, if any:

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/20 - 10/22	[redacted]Portsmouth Ave	New Castle	NH	03854
08/18 - 09/20	[redacted]Hawthorne Dr Unit [redacted]	Bedford	NH	03110
05/17 - 08/18	[redacted]Riverside Dr Unit [redacted]	Valley Village	CA	91607
04/16 - 04/17	[redacted]Panorama Road	Auckland	NZ	1060
02/14 - 04/16	[redacted]Appleyard Crescent	Auckland	NZ	1072
01/13 - 02/14	[redacted]Abraham Place	Auckland	NZ	1072
09/12 - 01/13	[redacted]Waddell Avenue	Auckland	NZ	1072
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Verathon, Inc			09/22 - 10/22	
Business Address		City	State	Zip
20001 North Creek Parkway		Bothell	WA	98011
Phone	Title		Number of Employed Hours	
(425) 867-1348	VP Quality & Regulatory		160	

Description of Duties

Responsible for all aspects of Quality assurance and Regulatory compliance for Verathon, which is a global medical device manufacturer.

Business Name			From - To (MM/YY – MM/YY)	
Philips			07/18 - 09/22	
Business Address		City	State	Zip
222 Jacobs Street		Cambridge	MA	02141
Phone	Title		Number of Employed Hours	
(800) 722-9377	Head of Quality		8,300	

Description of Duties

Responsible for all aspects of Quality assurance globally for Philips Hospital Patient Monitoring business.

Business Name			From - To (MM/YY – MM/YY)	
Medtronic			05/17 - 07/18	
Business Address		City	State	Zip
18000 Devonshire Street		Northridge	CA	91325
Phone	Title		Number of Employed Hours	
(800) 646-4633	Senior Quality Systems Manager		2,300	

Description of Duties

Responsible for safety risk management, standards compliance, and recalls.

Business Name			From - To (MM/YY – MM/YY)	
Fisher & Paykel Healthcare			06/09 - 05/17	
Business Address		City	State	Zip
15 Maurice Paykel Place		Auckland	NZ	2013
Phone	Title		Number of Employed Hours	
+64 9 574 0100	Quality Manager		16,000	

Description of Duties

Responsible for post market surveillance, data analytics, recalls and complaint handling.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Jonathan Stevens, **certify that as the MDEG Administrator for**

Verathon, Inc,

that I (initial that you have read and meet the following requirements):

1. JS Have a high school diploma or its equivalent;
2. JS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Stevens
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06 Oct 2022
Date

Board Use Only	Date Received: 10.12.22

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/31/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Lauren Atkinson
Commercial Lines - (404) 923-3700 USI Insurance Services LLC 1 Concourse Parkway NE, Suite 700 Atlanta, GA 30328	PHONE (A/C, No, Ext): 470.875.0356 FAX (A/C, No): 877.362.9069 E-MAIL ADDRESS: lauren.atkinson@usi.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Roper Technologies, Inc; A Parent Company Verathon, Inc 20001 North Creek Pkwy Bothell, WA 98011	INSURER A: Zurich American Insurance Co	16535
	INSURER B: American Guarantee and Liability Insurance Com	26247
	INSURER C: American Zurich Insurance Company	40142
	INSURER D: Zurich American Ins Co of Illinois	27855
	INSURER E: Chubb Custom Insurance Company	38989
	INSURER F: Steadfast Insurance Company	26387

COVERAGES **CERTIFICATE NUMBER:** 15535149 **REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC OTHER:			GLO 4837823 01 See Medical Products Policy Below	04/01/2022	04/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Medical Products	$ $ $ $ $ $ $	3,000,000 1,000,000 10,000 3,000,000 5,000,000 5,000,000 Excluded
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY X $25,000 Com X $25,000 Coll			BAP 4837825 01	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $			AUC 5224454-21	04/01/2022	04/01/2023	EACH OCCURRENCE AGGREGATE	$ $	10,000,000 10,000,000
C D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC 4837821 01 (AOS) WC 4837822 01 (MA, WI)	04/01/2022 04/01/2022	04/01/2023 04/01/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
E	Medical Products Liab (Lead)			3604-81-22	04/01/2022	04/01/2023	$10,000,000 - Per Occurrence / Aggregate		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage for Medical Products Liability is referenced on this certificate because the Commercial General Liability policy excludes coverage for claims arising from medical products. Medical Products Liability includes coverage for training or instructions provided by the Named Insured or those on their behalf in support of product sold by the Named Insured.

CERTIFICATE HOLDER

Proof
of
Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Paul B. Blum

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107704833

Application/License No. _____

Verathon, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
20001 North Creek Parkway, Bothell, WA 98011, as
(Address of Applicant/Principal)
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
(Surety Company)
corporation organized under the laws of the state of Connecticut
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Tower Square, Hartford, CT 06183 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 4, 2022.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 4 day of October, 20 22.

APPLICANT/PRINCIPAL

COMPANY
Verathon, Inc.

Authorized Representative

SURETY
Travelers Casualty and Surety Company of America

Surety Company's Representative

Sarah Hancock, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Kathryn Kleinschmidt

Witness Annette Wisong

Countersigned by:

1017309
Nevada Resident Agent Sarah Hancock

Posted February 20, 2020

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107704833

Application/License No. _____

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pharmaceutical wholesaler, whose address for purposes of service is
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corporation organized under the laws of the state of Connecticut
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SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 4, 2022.
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TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Sarah Hancock** of **ATLANTA** **Georgia**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 4 day of October, 2022

Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Sarah Hancock** of **ATLANTA** **Georgia**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017,** before me personally appeared **Robert L. Raney,** who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 4 day of October, 2022

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

4T

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

NON-REFUNDABLE $1,000.00 FEE

Rev (04/19/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Agiliti Health, Inc.

Physical Address: 9303 Stoneview Drive

City: Dallas State: TX Zip: 75237

Mailing Address (if different from physical address): Same as physical.

City: _____ State: _____ Zip: _____

Telephone: (469) 983-8687 Website: www.agilitihealth.com

Name of Designated Representative (DR): Richard Alvarez

Licensing Company Email: mcandrew@taftlaw.com DR Email: Richard.Alvarez@agilitihealth.comRichard.Alvarez

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Agiliti HoldCo., Inc.

Corporation Name: Agiliti Health, Inc.

Mailing Address: 11095 Viking Dr.

City: Eden Prairie State: MN Zip: 55344

Telephone: (952) 893-3200 Email: Dorothy.Johnson@agilitihealth.com

Contact Person Name: Dorothy Johnson

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol: AGTI

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lee Neumann

Print Name of Authorized Person Submitting Application

Lee Neumann

Original signature of Authorized Person (copies or stamps not accepted)

10-17-2022

Date

Board Use Only	Date Received: 10-24-22	Amount: 1000.00 cc 12/8/22

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

AGILITI HEALTH INC
9303 STONEVIEW DR
DALLAS TX 75237

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

AGILITI HEALTH INC

9303 STONEVIEW DR
DALLAS, TX 75237

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE DISTRIBUTOR

License # 1002716
Expires: August 25, 2024

NON-TRANSFERABLE

Commissioner

512414

NEVADA STATE BOARD OF PHARMACY

SECTION 9

PUBLICLY TRADED

- **List of all Officers and Directors**

Directors		Officers	
Darren Friedman	Director	Tom Leonard	CEO
Diane Patrick	Director	Jim Pekarek	CFO
Gary Gottlieb	Director	Lee Neumann	Secretary
Josh Nelson	Director	Tom Boehning	President
John Workman	Chairman, BOD	Matthew McCabe	Treasurer
Megan Preiner	Director	Scott Christensen	Controller
Scott Sperling	Director		
Michael Bell	Director		

- **List of top four corporation shareholders and their percentage of ownership**
  - Agiliti HoldCo Inc., 100%

- **Certificate of Good Standing**
  - See attached

- **Copy of DEA certificate**
  - Agiliti does not handle any controlled substances

- **Copy of current SEC 10K or 8K**
  - See attached

- **A list containing lender or holder of indebtedness of the applicant**
  - On January 4, 2019 Agiliti Health, Inc. entered into a credit agreement with JPMorgan Chase Bank, N.A. as administrative agent, collateral agent, and letter of credit issuer, Agiliti Holdco, Inc., certain subsidiaries of Agiliti Health, Inc.

Delaware

The First State

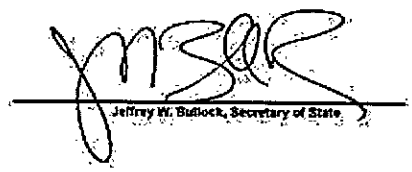
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGILITI HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGILITI HEALTH, INC." WAS INCORPORATED ON THE TWELFTH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





3445269 8300

SR# 20222049887

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203448958

Date: 05-17-22

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA Inc.
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400

CN102274027--GLP-22-23

CONTACT NAME: Marsh | U.S. Operations
PHONE (A/C, No, Ext): 866-966-4664 **FAX (A/C, No):** 212-948-5382
E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Phoenix Insurance Company	25623
INSURER B : Travelers Property Casualty Insurance of America	25674
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Agiliti Health, Inc.
11095 Viking Drive, Suite 300
Eden Prairie, MN 55344

COVERAGES **CERTIFICATE NUMBER:** CHI-010055569-04 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			660-0R206923	06/01/2022	06/01/2023	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	[X] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	PRODUCTS–COMPLETED OPERATIONS			ZPP-41N27410	06/01/2022	06/01/2023	Occurrence:	11,000,000
							Aggregate:	11,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence Only.

CERTIFICATE HOLDER

Agiliti Health, Inc.
11095 Viking Drive, Ste. 300
Eden Prairie, MN 55344

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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The ACORD name and logo are registered marks of ACORD

NEVADA

Employee list for each location **Pursuant to NRS 639.500 (2).**

9303 Stoneview Drive Dallas TX 75237

Name	Title
Richard Alvarez	Operations Manager
Christian Lynn	Technical Services Manager I
Trell Carter	Operations Supervisor - District
Charles Mask	Operations Scheduler
Dustin Gibson	Inventory Specialist
Paula Pereyra	Warehouse Custodian - Government Service Center
Christian Lynn	Technical Services Manager I
Brenda Sierra	Medical Equipment Technician I
Crevante Holt	Medical Equipment Technician I
Demarquis Edwards	Medical Equipment Technician I
Domanic Hubbard	Medical Equipment Technician I
Duncan Kinyanjui	Medical Equipment Technician I
Edgar Castaneda	Medical Equipment Technician I
Jacob Brooks	Field Service Technician I
Jazmine Kay	Medical Equipment Technician I
Justin Richard	Medical Equipment Technician I
Kegan Reese	Medical Equipment Technician I
Khang Nguyen	Medical Equipment Technician I
Monte Jones	Medical Equipment Technician I
Nha Ngo	Medical Equipment Technician I
Rashad Brown	Medical Equipment Technician I
Rene Rodriguez	Biomedical Technician II
Wayne Pardue	Medical Equipment Technician I
Charles Hunter	Warehouse Service Representative II
Derrick Jeffery	Warehouse Service Representative III
Eric Parker	Warehouse Service Representative II
Jerrion Barnes	Warehouse Service Representative I
Joseph Hernandez	Warehouse Service Representative I
Maria Zuniga	Warehouse Service Representative I
Michael Turner	Warehouse Service Representative I
Pass Campos	Warehouse Service Representative I
Quinc' Davis	Warehouse Service Representative I
Travon Crenshaw	Warehouse Service Representative I
Valencia Stone	Warehouse Service Representative I
Amjed Al-ibrahim	Biomedical Technician II
Daniel De Anda	Biomedical Technician I
Dat Nguyen	Biomedical Technician II

Name	Title
Fernando Salas	Biomedical Technician I
Jonathan Hankins	Biomedical Technician I
Raven Brown	Biomedical Technician I
Samantha Bowman	Biomedical Technician II
Skyler Binn	Biomedical Technician I
Virgil Strayhorn	Biomedical Technician III

[redacted] Oldfield Dr,
Arlington, Texas 76016

Cell Phone [redacted]
E-mai[redacted]

Richard Alvarez

Objective

Career Advancement

Work experience

2016 - Present Agiliti Irving, Texas

Customer Service Coordinator promoted to Technical Services Supervisor promoted to Operations Manager promoted to Senior Manager

- Coordinate and Manage the Dallas Service Center District 516 Project Readiness
- Create and implement data research and inventory control for local office
- Utilize software to assure compliance and accuracy
- Design and implement video training for new and existing employees
- Responsible for general operations, Warehouse Service Representatives, MET, and BMET
- Research and Report to create data for Higher Level Staff
- Perform preventative maintenance and repairs on equipment
- Certified Laser Technician

2013 – 2015 Longhorn Health Solutions Lubbock, Texas

Branch Manager

- Manage Lubbock Location
- Inventory Control
- Delivery Coordinator
- Responsible for general operations and employees

2013 - 2014 Hastings Lubbock, Texas

Customer Service Associate (Part-time)

- Inventory Control
- Janitorial and Cleaning
- Customer Service
- Stocking

2008 – 2013 Lubbock Essential dba Absolute Home Medical Lubbock, Texas

Director of HME / Sales and Marketing

- Opened location in 2008
- Responsible for general operations and employees
- Customer relations
- Created and implemented new sales and marketing strategies
- Deliver medical equipment to patients and hospitals
- Created and implemented processes to streamline efficiency.

2004 – 2008 Alpha Sleep Labs Lubbock, Texas

Sales and Marketing

- Market sleep diagnostic studies to local and surrounding area Physicians
- Responsible for designing and implementing sales and marketing strategies
- Customer relations
- Assist in follow-up calls to Physicians and clients

1999 – 2004 LYNAY Healthcare, Inc. Lubbock, Texas

Sales and Service

- Opened Lubbock location in 1999
- Responsible for Sales and Marketing
- Customer relations
- Responsible for Sales and Marketing strategies
- Assist in decisions concerning pricing and profit
- Deliver medical equipment to patients

1994 – 1999 Amco Medical Lubbock, Texas

Delivery Technician

- Customer Service and Sales
- Responsible for deliveries to hospitals and homes
- Assisted in warehouse inventory
- Assisted in cleaning and disinfecting of equipment

1993 – 1994 Barnes and Noble Lubbock, Texas

Bookseller

- Responsible for opening and stocking Lubbock location
- Customer sales and service
- Responsible for inventory
- Assisted in display design

1991 – 1993 Cash America Pawn Lubbock, Texas

Pawnbroker

- Responsible for loan decisions
- Assisted in inventory control
- Assisted in display design
- Retail sales
- Rewarded numerous times for outstanding salesman

Special Skills

Digital Photography, Computer Specialist, Bi-lingual, proficient in Excel, Word, Corel Draw, marketing skills, Cash Register

Education

Bachelor's Degree (Double Major)
Management Information Systems and General Business
Wayland Baptist University, graduated with honors (Summa Cum Laude)

Certifications

Certified PC Pro, Certified Network Pro, Certified Security Pro, Certified Windows Server Pro

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG)
Administrator Application

Rev (06/08/2021)

NAC 639.694

1. **Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:**
    a. Be a natural person;
    b. Have a high school diploma or its equivalent;
    c. Have:
        i. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
        ii. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
    d. Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
    e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.
4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

Please mail this completed application and all other required documents with your MDEG Application to the address indicated above.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Agiliti Health, Inc. MDEG License # (if applicable): _____

Physical Address: 9303 Stoneview Drive

City: Dallas State: TX Zip: 75237

Mailing Address (if different from physical address): Same as physical.

City: _____ State: _____ Zip: _____

Telephone: 469-983-8687 Website: agilitihealth.com

Licensing Company Email: _____

Section 2: Personal Information

First: Ricardo Middle: na Last: Alvarez

Alias(es, nicknames, name changes, etc.): Richard Alvarez

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Oldfield Dr.

City: Arlington State: TX Zip: 76016

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Levelland High School		08/1986 - 06/1989	
Address	**City**	**State**	**Zip**
1400 Hickory Street	Levelland	TX	79336
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Wayland Baptist University		08/2014 - 12/2017	
Address	**City**	**State**	**Zip**
801 N Quaker Ave	Lubbock	TX	79416
Diploma/Degree obtained, if any			
BAS / Management Information Systems			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2021- Present	[redacted] Oldfield Dr.	Arlington	TX	76016
02/2019 - 08/2021	[redacted] Valley View Lane	Irving	TX	75062
02/2008 - 08/2021	[redacted] 35th Street	Lubbock	TX	79424

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Agiliti			06/2016 - Present
Business Address	**City**	**State**	**Zip**
11095 Viking Dr.	Eden Prairie	MN	55344
Phone	**Title**		**Number of Employed Hours**
952-893-3200	Senior Manager		12,351
Description of Duties			
Operations and Logistics Manager			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/26/2022
Date

I, _____, certify that as the MDEG Administrator for

_____,

that I (initial that you have read and meet the following requirements):

1. _____ Have a high school diploma or its equivalent;
2. _____ Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. _____ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. _____ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____

Print Name (First, Last)

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Board Use Only	Date Received: 11-14-22

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D. C. 20549

FORM 10-K

(Mark One)

☒ Annual Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

For the fiscal year ended December 31, 2021

or

☐ Transition report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

For the transition period from to

Commission File Number: 001-40361

AGILITI, INC.

(Exact name of registrant as specified in its charter)

Delaware	**6625 West 78th Street, Suite 300**	**83-1608463**
(State or other jurisdiction of incorporation or organization)	**Minneapolis, Minnesota 55439-2604** (Address of principal executive offices, including zip code) **(952) 893-3200** (Registrant's telephone number, including area code)	(I.R.S. Employer Identification No.)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock, par value $0.0001	AGTI	The New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐	Accelerated filer ☐	Emerging growth company ☐
Non-accelerated filer ☒	Smaller reporting company ☐	

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financing accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant as of June 30, 2021, the last business day of the registrant's most recently completed second fiscal quarter, was approximately $694,928,895 based upon the closing price reported for such date on the New York Stock Exchange.

The number of shares of common stock, $0.0001 par value, outstanding as of February 28, 2022 was 131,121,028.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Definitive Proxy Statement relating to the Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K where indicated. Such Definitive Proxy Statement will be filed with the Securities and Exchange Commission within 120 days after the end of the registrant's fiscal year ended December 31, 2021.

AGILITI, INC.
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NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical fact included in this Form 10-K are forward-looking statements. Forward-looking statements give our current expectations and projections relating to our financial condition, results of operations, plans, objectives, future performance and business. You can identify forward-looking statements by the fact that they do not relate strictly to historical or current facts. These statements may include words such as "anticipate", "estimate", "expect", "project", "plan", "intend", "believe", "may", "will", "should", "can have", "likely" and other words and terms of similar meaning in connection with any discussion of the timing or nature of future operating or financial performance or other events. All forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those that we expected, including:

- effects from political and policy changes that could limit our growth opportunities;
- effects from the continued COVID-19 pandemic on our business and the economy;
- our potential inability to maintain existing contracts or contract terms with, or enter into new contracts with, our customers;
- cancellations by or disputes with customers;
- our potential failure to maintain our reputation, including by protecting intellectual property;
- effects of a global economic downturn on our customers and suppliers;
- a decrease in our customers' patient census or services;
- competitive practices by our competitors that could cause us to lose market share, reduce our prices or increase our expenditures;
- the bundling of products and services by our competitors, some of which we do not offer;
- consolidation in the healthcaro industry, which may lead to a reduction in the prices we charge;
- adverse developments with supplier relationships;
- the potential inability to change tbe manner in which healthcare providers traditionally procure medical equipment;
- our potential inability to attract and retain key personnel;
- our potential inability to make attractive acquisitions or successfully integrate acquire businesses;
- impairment charges for goodwill or other long-lived assets;
- an increase in expenses related to our pension plan;
- the fluctuation of our casb flow;
- credit risks relating to home care providers and nursing homes;
- potential claims related to the medical equipment that we outsource and service;
- the incurrence of costs that we cannot pass through to our customers;
- a failure of our management information systems;
- limitations inherent in all internal controls systems over financial reporting;
- social unrest;
- our failure to keep up with technological changes;
- our failure to coordinate the management of our equipment;
- challenges to our tax positions or changes in taxation laws;
- litigation that may be costly to defend;
- uncertainty surrounding healthcare reform initiatives;
- federal privacy laws that may subject us to more stringent penalties;

- our relationship with healthcare facilities and marketing practices that are subject to federal Anti-Kickback Statute and similar state laws;
- our contracts with the federal government that subject us to additional oversight;
- the impact of changes in third-party payor reimbursement for healthcare items and services on our customers' ability to pay for our services;
- the highly regulated environment our customers operate in; and
- potential recall or obsolescence of our large fleet of medical equipment.

We derive many of our forward-looking statements from our operating budgets and forecasts, which are based on many detailed assumptions. While we believe that our assumptions are reasonable, we caution that it is very difficult to predict the impact of known factors, and it is impossible for us to anticipate all factors that could affect our actual results. Important factors that could cause actual results to differ materially from our expectations, or cautionary statements, are disclosed under "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" in this Form 10-K and elsewhere in our filings with the SEC. All written and oral forward-looking statements attributable to us, or persons acting on our behalf, are expressly qualified in their entirety by these cautionary statements as well as other cautionary statements that are made from time to time in our other SEC filings and public communications. You should evaluate all forward-looking statements made in this Form 10-K in the context of these risks and uncertainties.

We caution you that the important factors referenced above may not contain all of the factors that are important to you. In addition, we cannot assure you that we will realize the results or developments we expect or anticipate or, even if substantially realized, that they will result in the consequences or affect us or our operations in the way we expect. The forward-looking statements included in this Form 10-K are made only as of the date hereof. We undertake no obligation to update or revise any forward-looking statement as a result of new information, future events or otherwise, except as otherwise required by law.

PART I

ITEM 1: Business

Unless otherwise specified, the terms "we", "our", "us" and the "Company" refer to Agiliti, Inc. and, where appropriate, its consolidated subsidiaries. The term "THL" refers to Thomas H. Lee Partners, L.P., our principal stockholder, and the term "THL Stockholder" refers to THL Agiliti LLC, an affiliate of Thomas H. Lee Partners, L.P.

Our Mission

Agiliti, Inc. is an essential service provider to the U.S. healthcare industry with solutions that help support a more efficient, safe and sustainable healthcare delivery system. We ensure healthcare providers have the critical medical equipment they need to care for patients—wherever and whenever it's needed—with a service model that helps lower costs, reduce waste and maintain the highest quality standard of medical device management in the industry. We are motivated by a belief that ***every interaction has the power to change a life***, which forms the cornerstone of how we approach our work and frames the lens through which we view our responsibility to make a difference for the customers, patients and communities we serve.

Overview

We believe we are one of the leading experts in the manufacturing, management, maintenance and mobilization of mission-critical, regulated, reusable medical devices. We offer healthcare providers a comprehensive suite of medical equipment management and service solutions that help reduce capital and operating expenses, optimize medical equipment utilization, reduce waste, enhance staff productivity and bolster patient safety.

We commenced operations in 1939, originally incorporated in Minnesota in 1954 and reincorporated in Delaware in 2001.

In our more than 80 years of experience ensuring healthcare providers have high-quality, expertly maintained equipment to serve their patients, we've established a nationwide operating footprint that supports our offering. This at-scale, local market service and logistics infrastructure positions us to reach customers across the entire healthcare continuum—from individual facilities to the largest and most complex healthcare systems. Our ability to rapidly mobilize, track, repair and redeploy equipment during times of peak need or emergent events has made us a service provider of choice for city, state and the federal government in the management of emergency equipment stockpiles.

Our diverse customer base includes more than 9,000 national, regional and local acute care hospitals, health systems and integrated delivery networks and alternate site providers (such as surgery centers, specialty hospitals, home care providers, long-term acute care hospitals and skilled nursing facilities). We serve the federal government as well as a number of city and state governments providing management and maintenance of emergency equipment stockpiles, and we are an outsourced service provider to medical device manufacturers supporting critical device remediation and repair services. We deliver our solutions through our nationwide network of more than 150 service centers and seven ISO 13485 Certified Centers of Excellence, among which we employ a team of more than 700 specialized biomed repair technicians, more than 4,000 field-based service operators who work onsite within customer facilities or in our local service centers, and over 200 field sales and account managers. Our fees are primarily paid directly by our customers rather than by direct reimbursement from third-party payors, such as private insurers, Medicare or Medicaid.

Industry Challenges

The U.S. healthcare industry continues to face transformative pressure that affects how provider organizations conduct business and serve their patients. Across the healthcare system, providers face compounding financial and operational challenges, including cost pressure from payors, nursing and clinical staff shortages, rising costs of drugs and supplies, increasing regulatory oversight, and advances in medical technology that generally result in higher prices for newer equipment and a higher cost of managing that equipment over its lifecycle. Given there is little that providers can do to change external dynamics, there is increased focus on areas within their enterprise that they can control. In our

experience, one area that most hospitals and health systems identify for operational and cost improvement is the management and maintenance of medical equipment.

Healthcare facilities have been shown to own large quantities of reusable capital equipment ranging from multi-million dollar highly technical devices (e.g. MRIs) to lower cost, high volume devices (e.g. infusion pumps) required for patient care, treatment and diagnosis. In our experience, providers often face challenges in managing their medical equipment inventory effectively. For example, hospitals typically utilize roughly 42% of their owned medical equipment inventory at any given time, yet caregivers report that they routinely lack access to readily available patient-ready equipment. Nurses report spending an average of 20 minutes per shift searching for equipment, and often less than 37% of their time on direct patient care. Operational silos that naturally occur among hospital departments create inadvertent breakdowns within equipment management workflows, from the administrators who order equipment, to the support staff who clean/reprocess and deliver the equipment, to the nurses and doctors who use the equipment.

Further, the repair and maintenance of this highly technical equipment continues to increase in complexity and cost. Over a period of 15 years from 1995 to 2010 there was a 62% increase in the number of medical devices per hospital bed and a 90% increase in costs related to maintaining this equipment (between 1995 and 2010). Given the increasingly complex nature of these devices and stringent regulatory mandates guiding their upkeep, specialized technical knowledge is required to repair and maintain them. Most healthcare facilities struggle to employ the in-house capabilities and resources needed to ensure timely, routine maintenance and rapid testing, repair and turnaround of their medical inventory which may impact time-to-therapy and patient safety, while driving up capital replacement costs on equipment that could have otherwise heen kept operational with proper maintenance.

Finally, the healthcare system experiences seasonality in patient volumes, resulting in peak-need demand for specialized medical equipment (e.g. ventilators, specialty beds, infusion pumps). Given the common breakdowns in managing and maintaining their inventory during times of normal operation, hospitals face additional burden on equipment availability during times of peak need and will procure supplemental equipment through additional acquisition channels to fill this gap.

These challenges drive up significant costs and time delays within individual hospital facilities, but when multiplied across several hospitals and alternate site facilities within an integrated delivery network ("IDN"), the losses increase significantly. An average 2,500 bed IDN has been shown to waste more than $11 million annually on inefficient equipment maintenance and unnecessary capital purchases, while clinicians lose valuable patient time and productivity hours managing equipment needs.

These dynamics, supported by the following trends, further support the essential nature of our work:

Focus on reducing costs and increasing operational efficiency. Hospitals and other healthcare facilities continue to experience substantial pressure to conserve capital, reduce operating expenses and become more operationally efficient. We expect these pressures to continue in the future and believe that we will always be on the right side of healthcare reform. Our comprehensive, end-to-end solutions offer customers a way to realize costs savings while enhancing operational improvements for medical equipment access and availability, thereby improving their organizational efficiency and financial viability.

Demand for better patient safety and outcomes. Hospitals across the U.S. are focused on improving patient safety and outcomes, which includes efforts to minimize hospital-acquired conditions (e.g. infections, patient falls and pressure injuries) and increase nursing time at the patient bedside. Hospitals turn to us to assist them in managing their equipment in ways that have been shown to to help them to minimize these incidents and ensure equipment is available when and where it is needed for patient care, thereby improving patient safety and time to therapy, and supporting optimal patient outcomes.

Caregiver retention and satisfaction. Hospitals continue to experience pressure and risk related to nursing and other caregiver retention and job satisfaction pressures. According to reports from the World Health Organization, the United States is expected to have a nurse shortage of 500,000 nurses by 2025. Adding non-patient care duties, such as searching for, cleaning and managing equipment, adds to nurse workload and contributes to clinician dissatisfaction and turnover.

We expect that with these internal pressures, hospitals will increasingly turn to our programs to outsource healthcare technology management duties and related management processes to allow nurses more time to spend on patient care, resulting in improved job satisfaction.

Increased capital and operating expense pressures and regulatory compliance. Hospitals continue to experience restricted capital and operating budgets, while the cost and complexity of medical equipment increases. Furthermore, the increasing complexity and sophistication of medical equipment brings with it more recordkeeping requirements and regulatory scrutiny in its use and maintenance. We expect that hospitals will increasingly look to us to support the management and maintenance of their capital equipment inventory to achieve capital and operating expense savings, operating efficiencies and regulatory compliance.

Our Value Proposition

As a critical outsource partner to more than 9,000 U.S. healthcare customers, including most leading providers nationwide, we've tailored our solution offering and service model to address the unique challenges and opportunities we witness among our customers related to the effective management of medical equipment.

Our services help eliminate significant capital and operating costs associated with the ownership and lifecycle management of mission-critical medical equipment. In addition to optimizing use of providers' owned equipment, we provide ready access and increase the on-patient utilization of supplemental medical equipment to address fluctuations in patient census and patient acuity. By partnering with Agiliti, providers have the benefits of:

Cost savings and lower total costs of equipment ownership

- Increased utilization of both customer-owned and supplemental equipment
- Lower overall total cost of equipment ownership by combining our solutions to solve challenges across the end-to-end equipment management process
- Optimized management and logistics of provider-owned equipment through tracking, monitoring, reprocessing, maintaining, and ensuring equipment is safety-tested and redeployed for use
- Reduced maintenance and repair costs through the use of our proprietary technology, flexible staffing models, parts pool, equipment capabilities and diverse skill mix of knowledgeable equipment technicians and our commitment to quality
- Benefits of specialized technician labor to augment clinical biomed staff, having been shown to help reduce service costs and provide required technical proficiency to address more complex equipment types
- Access to our extensive data and expertise on the cost, performance, features and functions of all major items of medical equipment
- Assistance with capital planning, vendor management and regulatory compliance

More time to spend with patients and confidence in the availability of patient-ready medical equipment

- Increased productivity and satisfaction among nursing staff achieved by eliminating certain non-clinical work tasks and saving an average 300-bed hospital over 28,000 caregiver hours annually, allowing more time to focus on patient care responsibilities
- Improved time-to-therapy for patients at risk for falls, skin breakdown and bariatric safety by expediting delivery of therapeutic equipment direct to the patient room
- Access to supplemental moveable medical equipment, surgical equipment and next generation technology without the expense of acquisition on a pay-per-procedure basis

Improved regulatory compliance, risk management and extended use life

- Optimal maintenance intervals and parts replacement to extend equipment use life, reduce waste and lower obsolescence risk
- Compliance with regulatory and recordkeeping requirements and adherence to manufacturers' specifications on the reprocessing and maintenance of medical equipment
- Equipment quality assurance through the use of our comprehensive quality management system ("QMS") based on the quality standards recognized worldwide for medical devices: 21 CFR 820 and ISO 13485:2016
- Risk mitigation and lower costs associated with product recalls or device modifications

Technical expertise and supplemental staffing to sustain optimal equipment workflow

- Reduced administrative and time burdens on clinical staff related to managing and locating available equipment and coordinating among multiple vendors
- Specialized technical and clinical specialists that directly interact with and work alongside customers to optimize equipment outsourcing solutions

Our Market Opportunities

We participate in a $14 billion U.S. medical equipment services market comprised of the services we offer through our onsite managed services, clinical engineering services and equipment solutions service lines. We believe that this market will grow at mid-single digits annually.

Per the Centers for Medicare and Medicaid Services ("CMS"), as of 2020, healthcare spending reached $4.1 trillion, or $12,530 per person and accounted for 19.7% of the U.S. GDP. Spending is expected to grow at an average annual rate of 5.4% from 2019-2028, due to secular tailwinds including an aging population, rising acuity, and prevalence of chronic conditions.

There is a fundamental shift in the needs of health systems, hospitals and alternate site providers to move from supplemental and peak need sourcing of medical equipment toward more comprehensive onsite inventory management and maintenance solutions. As healthcare facilities look to balance the challenge of providing better care at lower costs, they are more open to third party partnerships that outsource critical but non-core support functions. The move toward full outsourcing is not unlike trends in similar services at hospitals including food service, laundry, professional staffing and technology.

We believe there are several key macro trends that will drive increased demand for our products and services:

Favorable demographic trends. According to the U.S. Census Bureau, individuals aged 65 and older in the United States comprise the fastest growing segment of the population. This segment is expected to grow to approximately 81 million individuals by 2040. This represents a 44% increase in the 65-and-older segment of the population over the next 20 years. As a result, over time, the number of patients and the volume of hospital admissions are expected to grow. The aging population and increasing life expectancy are driving demand for healthcare services.

Increase in chronic disease and obesity. According to the Center for Disease Control and Prevention ("CDC"), six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes. These conditions often require specialty equipment to support therapeutic intervention in inpatient and outpatient care settings. In addition, obesity in the U.S. increased to 42.4% of the population between 2017-2018, up from 30.5% in 2000 (CDC). This population demands greater access to specialty bariatric equipment to support care and minimize the incidence of injury during a hospital stay.

Increased mergers & acquisitions. We have seen that hospitals and healthcare systems continue to expand their covered network and acquire alternate care delivery settings in order to care for patient populations in the most cost-

effective way. In our experience, providers are increasingly seeking partners that provide comprehensive services and that can quickly adapt to changing health system infrastructure and growth. Working with one vendor that can operate at a nationwide and system-wide scale is attractive to cities, states, and IDNs who operate, manage, and maintain equipment inventories across multiple locations.

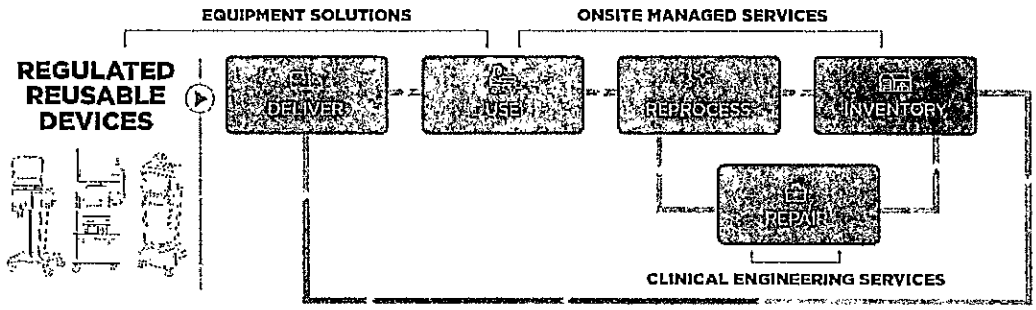
Centralizing shared services across the IDN. Health systems with duplicate services across multiple facilities in close proximity have an increased risk of unnecessary variation, greater costs, and suboptimal outcomes. Many health systems have centralized and consolidated non-clinical services as a shared service, including billing, reimbursement, supply chain, human resources, IT, etc. We have witnessed a growing trend among IDNs to centralize and consolidate equipment maintenance and logistics among member facilities. In our experience, because most health systems do not currently have the storage, technical or transportation resources for managing a shared equipment management function, they will seek third party support to optimize equipment utilization, redeploy equipment where needed and reduce overall equipment costs.

Increase in infection control risks. Infection control remains an essential priority for hospitals and health systems as a way to limit the spread of hospital-acquired infections. This has further escalated as a top priority due to the COVID-19 pandemic. Most focus in this area is around hand hygiene, the proper use of personal protective equipment (PPE) and the reprocessing and sterilization of critical and semi-critical medical devices (e.g. surgical instruments, endoscopes). Often overlooked is the reprocessing of non-critical medical devices, such as infusion pumps and ventilators, that are commonly touched by caregivers and patients. If not properly cleaned and sanitized between patient use, these devices can pose increased infection control risks. We expect an increase in demand of onsite equipment management programs to address proper reprocessing of these types of devices and help lower infection risks and allow clinicians to spend more time at the patient bedside and less time cleaning equipment.

Our Solutions

We provide a comprehensive offering for the manufacturing, management, maintenance and mobilization of critical medical devices, built on an integrated service platform. Our solutions help reduce the cost and complexity of acquiring, managing and maintaining medical equipment inventories. The integrated nature of our offerings within our end-to-end service framework ensures we maximize value to over 9,000 customers nationwide as we address more aspects of the equipment lifecycle continuum.

While customers may initially engage with us across one aspect of our service lines within this framework, we employ a variety of land-and-expand tactics to grow our relationships and customer share-of-wallet over time. These tactics include:



- ***Gateway solutions*** which offer an entry point to the economic buyer and include peak needs equipment, surgical lasers and equipment, specialty beds and surfaces and supplemental clinical engineering services;
- ***Vertical solutions*** which provide a deeper level of service with clinical offerings tailored to specific patient needs (e.g. bariatrics, wound management, falls management) and clinical engineering programs for broad equipment categories (general biomedical devices, diagnostic imaging equipment, surgical instruments);
- ***Comprehensive, connected solutions*** through onsite managed services and outsourced clinical engineering services that connect previously fragmented customer workflow processes to drive operational efficiencies, realize improved clinician and equipment productivity, lower total cost of ownership, ensure regulatory compliance, reduce waste, improve time to therapy and allow customers to effectively lower costs; and
- ***Comprehensive logistics, management and clinical engineering solutions*** that allow IDNs to manage equipment inventories across multiple locations, and supports city, state and federal government agencies in managing and maintaining equipment stockpiles.

We deploy our solution offering across three primary service lines:

On-Site Managed Services: Onsite Managed Services are comprehensive programs that assume full responsibility for the management, reprocessing and logistics of medical equipment at individual facilities and IDNs, with the added benefit of enhancing equipment utilization and freeing more clinician time for patient care. This solution monitors and adjusts equipment quantities and availability to address fluctuations in patient census and acuity. Our more than 1,600 onsite employees work 24/7 in customer facilities, augmenting clinical support by integrating proven equipment management processes, utilizing our proprietary management software and conducting daily rounds and unit-based training to ensure equipment is being used and managed properly, overall helping to optimize day-to-day operations and care outcomes. We assume full responsibility for ensuring equipment is available when and where it is needed, removing equipment when no longer in use, and decontaminating, testing and servicing equipment as needed between each patient use. Revenue attributable to such customers represented 29% of our total revenue for both the years ended December 31, 2021 and 2020.

Clinical Engineering Services: Clinical Engineering Services provides maintenance, repair and remediation solutions for all types of medical equipment, including general biomedical equipment, diagnostic imaging equipment and surgical equipment through supplemental and outsourced offerings. Our supplemental offering helps customers manage their equipment repair and maintenance backlog, assist with remediation and regulatory reporting and temporarily fill open biotechnical positions. With our outsourced offering, we assume full management, staffing and clinical engineering service responsibilities for individual or system-wide customer sites. The outsourced model deploys a dedicated, on-site team to coordinate the management of customer-owned equipment utilizing our proprietary information systems, third party vendors of services and parts, and a broad range of professional services for capital equipment planning and regulatory compliance. We leverage more than 700 technical resources from our over 150 local market service centers and seven Centers of Excellence to flex staff in and out of customer facilities on an as-needed basis, ensuring customers pay only for time spent directly servicing their equipment by an appropriately qualified technician. We use flex staffing for our supplemental clinical engineering solution and to augment support when additional technicians are needed to supplement our outsourced services during peak workload. We contract our Clinical Engineering Services with acute care and alternate site facilities across the U.S., as well as with the federal government and any medical device manufacturers that require a broad logistical footprint to support their large-scale service needs. Revenue attributable to such customers for the years ended December 31, 2021 and 2020 represented 37% and 33% of our total revenue, respectively.

Equipment Solutions: Equipment Solutions primarily provides supplemental, peak need and per-case rental of general biomedical, specialty, and surgical equipment to acute care hospitals and alternate site providers in the U.S., including some of the nation's premier healthcare institutions and integrated delivery networks. We contract for Equipment Solutions services directly with customers or through our contractual arrangements with hospital systems and alternate site providers. We consistently achieve high customer satisfaction ratings, as evidenced by our Net Promotor Score ("NPS") of 55 for the year ended December 31, 2021, by delivering patient-ready equipment within our contracted equipment delivery times and by providing technical support and educational in-servicing for equipment as-needed in clinical departments, including the emergency room, operating room, intensive care, rehabilitation and general patient care areas. We are committed to providing the highest quality of equipment to our customers, and we do so through the use of our comprehensive QMS which is based on the quality standards recognized worldwide for medical devices: 21 CFR 820 and ISO 13485:2016. This commitment ensures that customers have access to patient-ready equipment with the confidence of knowing it bas been prepared and maintained to the highest industry standard to deliver optimal patient safety and outcomes. Revenue attributable to such customers for the years ended December 31, 2021 and 2020 represented 34% and 38% of our total revenue, respectively.

Many of our customers have multiple contracts and have revenue reported in multiple service lines. Our contracts vary based upon service offering, including with respect to term (with most being multi-year contracts), pricing (daily, monthly and fixed fee arrangements) and termination (termination for convenience to termination for cause only). Many of our contracts contain customer commitment guarantees and annual price increases tied to the consumer price index. Standard contract terms include payment terms, limitation of liability, force majeure provisions and choice of law/venue.

Because we work closely with customers to provide a long-term, value-based solution versus a product-based, transactional approach, they are motivated to expand their relationships with us over time. With approximately 75% white space within our current customers, we have demonstrated an ability to grow revenue up to 5-6x with existing customers as they move toward our full suite of highly complementary services. From the year ended December 31, 2015 to the year ended December 31, 2021, our top 50 customers that experienced the largest growth in revenue over the same period increased in revenue from an aggregate of approximately $22.2 million to approximately $135.4 million (with increases at each customer ranging from $1.2 million to $7.1 million and an average increase of $2.3 million, and with consistent growth across our three primary service lines), primarily driven by our efforts to expand our share of wallet within our existing customer base.

Further, the infrastructure and capabilities required to provide connected, responsive equipment lifecycle management is typically cost-prohibitive, even for large IDNs. Our nationwide network of clinical engineers, storage and repair facilities, vehicles and analytics tools gives us scale to provide cost-effective services for individual facilities, systems, regional IDNs, governments and device manufacturers.

Competitive Strengths

We believe our business model presents an attractive value proposition to our customers and that our comprehensive medical device management solutions and ability to work in partnership with and across Original Equipment Manufacturers ("OEMs") as a device-agnostic service provider have contributed to our growth in recent years. Our unique framework for end-to-end medical equipment management, delivered through our nationwide service and logistics infrastructure, differentiates us in the marketplace and is without comparable peers. We believe our more than 80 years of experience, extensive employee base of trained technicians and our reputation for service excellence has earned us a leading position in our industry. We attribute our historical success to our:

Strong value proposition. With our focus and expertise in connected, end-to-end medical equipment management and service solutions, we offer a compelling customer value proposition. We believe that many of our customers have come to rely on our ability to respond quickly to their needs with reliable, high quality products and service expertise. We believe our ability to provide this level of service distinguishes us from our competitors. It also requires us to maintain inventories and infrastructure that we do not believe our competitors currently maintain. Our comprehensive solutions focus on helping customers:

- lower total cost of device ownership by reducing capital and operating costs related to owning and managing medical equipment;
- enhance operational productivity and staff satisfaction by ensuring equipment is available when and where needed; and
- maintain high standards of quality and regulatory compliance related to medical equipment use, maintenance and end-of-life disposal.

Large, nationwide infrastructure. We have a broad and specialized nationwide staff, facility, and vehicle service network coupled with focused and customized operations at the local level. Our extensive network of service centers and Centers of Excellence and our 24-hours-a-day, 365 days-a-year service capabilities enable us to compete effectively for large, national contracts as well as drive growth regionally and locally.

We employ a number of technical, clinical and surgical specialists that engage directly with our customers to drive improved cost, efficiency and clinical outcomes. These include over 700 biomedical repair technicians, more than 4,000 field-based service operators, and over 200 field sales and account managers. Our specialized teams, large equipment fleet, and quality assurance programs have been built over 80 years serving provider customers and represent a significant investment in infrastructure over time. This places us in a unique and hard-to-replicate position with the scale to serve the most complex acute care hospitals, such as teaching, research or specialty institutions, that demand access to current and preferred technologies to meet the complex needs of their patients.

Proprietary software and asset management tools. We have used our more than 80 years of experience and our extensive database of equipment management information to develop sophisticated software technology and management tools. These tools enable us to meet unique customer demands by supporting sophisticated onsite managed services that help drive cost efficiencies and equipment productivity for caregivers. We believe that our ongoing investment in new tools and technology will help continue to distinguish our offerings to the healthcare industry.

Commitment to quality. Class I and II medical devices are designed, manufactured, and distributed from our Sizewise manufacturing facilities. Each of the United States-based facilities that produce finished goods is registered with the FDA and follows strict quality guidelines in accordance with 21 CFR 820. The Hays, KS, Ellis, KS, and Corona, CA Sizewise manufacturing facilities are ISO 1385:2016 compliant, and the two Kansas facilities are certified by Intertek; the California facility is pending certification. A dedicated quality team oversees the Quality Management System (QMS) at these locations.

Agiliti also services and repairs medical devices manufactured by other OEMs. Third-party service providers like Agiliti are not required to register their sites with the FDA; therefore, there are no regulations that specifically apply to our maintenance of medical devices. We've made a commitment, however, to do the right thing for our customers and their patients by staffing a dedicated Quality team and implementing a QMS based on the quality standards recognized

worldwide for medical devices: 21 CFR 820 and ISO 13485:2016. This commitment to quality ensures that patient safety and risk management are at the center of every product decision, and that our equipment is serviced to the highest standards in the industry. Over 90 local market service centers, eight government service centers, and seven Centers of Excellence follow an ISO 13485:2016 ccertified QMS, and we have elected to hire outside independent accredited registrars to audit our quality system. British Standards Institute ("BSI") has certified over 90 of our local market service centers, eight government service centers, and five of our Centers of Excellence to ISO 13485:2016, the remaining two Centers of Excellence are certified by Deutscher Kraftfahrzeug-Überwachungs-Verein e.V. ("Dekra") and National Quality Assurance ("NQA"). We believe that ISO 13485:2016 provides the stringent guidelines specific to medical devices to ensure that our fleet of equipment, as well as the equipment we service, is maintained to the highest quality standards. Our commitment to quality extends to our exclusive use of OEM parts to repair FDA 510(k) registered medical devices that we own, whenever available. Implementing optimal maintenance intervals and parts replacement extends equipment use life, thereby reducing waste and lowering risk of obsolescence. We believe that our robust QMS policies set us apart in our industry from those who may use less stringent quality practices on the equipment they own or maintain.

Superior customer service. We believe we have a long-standing reputation among our customers for outstanding service and quality. This reputation is largely attributable to our strong customer service culture, which is continuously reinforced by management's commitment to, and significant investment in, hiring and training resources. We strive to seamlessly integrate our employees and solutions into the operations of our customers. We believe that our aggressive focus on the overall customer experience has helped us achieve high customer satisfaction ratings, as evidenced by our NPS of 55 for the year ended December 31, 2021.

Low direct third-party payor reimbursement risk. Many healthcare providers rely on direct payment from patients or reimbursement from third-party payors. Our fees are primarily paid directly by our customers, rather than by third-party payors, such as Medicare, Medicaid, managed care organizations or indemnity insurers. Accordingly, our exposure to uncollectible patient or reimbursement receivables or Medicare or Medicaid reimbursement changes is reduced, as evidenced by our bad debt expense of approximately 0.2%, 0.3%, and 0.2% of total revenue for the years ended December 31, 2021, 2020, and 2019, respectively.

Values driven culture centered on doing the right thing for our many stakeholders. Our team operates on a set of shared aspirations that reflect the manner in which we approach our work and serve the needs of our customers, team members, shareholders and local communities. We believe these aspirations that underpin onr culture, strategy and service model help contribute to a safer and more sustainable healthcare system and frame the cornerstone of our success:

WE ARE BUILDING THE PREMIER CLINICAL EQUIPMENT SERVICES COMPANY. We ensure clinicians have the equipment they need, when they need it, with the confidence it is maintained to the highest industry standards. We never waver from doing what is right for our customers, our team members, and our shareholders.

WE ARE ESSENTIAL TO CUSTOMERS. We are dependable, trusted advisors—steadfast in our commitments and ready to serve. We deliver a unique and valuable offering that helps customers improve their business and prioritize patient care.

WE ARE EMPOWERED AND ENGAGED. We lead by example, inspiring one another to be at our best, to be accountable, and to develop with purpose. We value our diversity, knowing different perspectives lead to better outcomes. We share a common drive to make a difference and take pride in being part of something bigger than ourselves.

WE ARE OPERATIONALLY EXCELLENT. We demonstrate a tireless commitment to quality, reliability, and continuous improvement. We demand of ourselves the highest degree of accuracy, efficiency and integrity in order to deliver exceptional service to our customers and their patients.

WE ARE CREATING A CATEGORY OF ONE. Together, we are building a highly differentiated service company that is the vendor of choice for customers and an employer of choice nationwide.

Highly engaged team. We believe a strong and sustainable company begins with an engaged and empowered team. We are committed to investing in our team's development and to fostering a culture of diversity, inclusion, trust and transparency. Approximately 41% of our total work force is comprised of minorities and approximately 29% of our team members are female. Since 2018, we have consistently had an annual internal promotion rate of approximately 29%, compared to the national average of 8.9%, as reported by ADP Research Institute. We offer competitive compensation and benefits programs, and we ensure our team members share in the success of our business with a companywide annual bonus program and an Employee Stock Purchase Plan. We strive to ensure Agiliti is a place where our people are proud to work, and we achieve that by listening to feedback and taking active steps to improve. In 2021, we achieved a 77 employee engagement score rating, which places us nearing the extraordinary company benchmark according to third-party engagement indices.

Proven management team. Our diverse and industry leading management team brings decades of executive-level healthcare expertise from across the sector and has successfully supervised the development of our competitive strategy, continually enhanced and expanded our service and product offerings, reinforced our nationwide operating footprint and furthered our reputation as an industry leader in our category.

Key Elements of our Growth Strategy

Retain and expand existing customer relationships. While our overall market opportunity is large, there is also significant expansion opportunity within our existing customers. We currently have 25% wallet share within our existing contracted customers and have demonstrated the ability to grow our wallet share among existing customers by expanding the services we provide to them over time. From the year ended December 31, 2015 to the year ended December 31, 2021, our top 50 customers that experienced the largest growth in revenue over the same period increased in revenue from an aggregate of approximately $22.2 million to approximately $135.4 million (with increases at each customer ranging from $1.2 million to $7.1 million and an average increase of $2.3 million, and with consistent growth across our three primary service lines), primarily driven by our efforts to expand our share of wallet within our existing customer base.

Grow our customer base among customers that outsource. We believe there is a significant opportunity to further grow our business by winning new customer contracts within the $5.85 billion that is contracted annually for medical equipment management services in the U.S. This is less than half of the total addressable market and, due to increasing pressures that providers are facing, we expect outsourcing to significantly accelerate. As a leader in our industry, we believe we are poised to take advantage of this continued shift.

Grow our serviceable market by contracting with those that insource today. Currently, we estimate that $14 billion is spent annually in the U.S. for medical equipment services and functionality, but less than half of the total market is currently being outsourced to an equipment management service, while the rest is done in-house in facilities. We believe that as we reach additional potential customers with demonstrated value both in improved patient care and reduced costs, we can grow our total addressable market by contracting with new clients that were not previously outsourcing device management services. Further, this market is also experiencing tailwinds that make the total addressable market, the total contracted market, and our own contracts with ongoing customers poised to continue to expand. These tailwinds include increasing overall provider volumes, increasing use and complexity of medical devices, increasing outsourcing by hospitals, and additional factors that we believe will continue to drive growth.

Invest in complementary offerings that enhance customer relationships. As the medical device field becomes increasingly complex and the number of devices used per patient on average increases over time, we are constantly evaluating additional services and methods of approaching service delivery that increase value for our clients. As an example, this has recently taken the form of expanding our work with federal, state, and local governments to help them maintain and mobilize strategic stockpiles of ventilators and other critical medical equipment.

Opportunistically pursue accretive M&A. Due to our high and sustained value creation for customers and significant white space with existing customer relationships, we believe that pursuing opportunistic M&A will drive increasing returns through embedded customer relationships. From 2015-2021, we have successfully integrated nine acquisitions and will continue to opportunistically pursue additional inorganic growth.

Recent Acquisitions

Northfield Acquisition

On October 28, 2020, we entered into a stock purchase agreement to acquire 100% of the issued and outstanding capital stock of Northfield Medical ("Nortbfield Medical") a nationwide provider of surgical equipment repair services for $475.0 million, subject to adjustments (the "Northfield Acquisition"). Northfield Medical provides service and repair of medical devices, specializing in the repair of endoscopes, surgical instruments and other operating room equipment. The acquisition closed on March 19, 2021.

Sizewise Acquisition

On September 14, 2021, we entered into a definitive agreement to acquire Sizewise Rentals, LLC ("Sizewise"), a privately held manufacturer and distributor of specialty patient handling equipment, in a stock purchase transaction valued at $230 million. (the "Sizewise Acquisition"). Sizewise is a leading manufacturer and provider of specialized bed frames, therapeutic surfaces and mobility equipment serving customers in the acute and post-acute care markets with products that address the needs of bariatric, geriatric, pediatric and standard patient populations. The Company completed the acquisition on October 1, 2021.

COVID-19 Update

COVID-19 has placed our customers, business, teams and communities in uncharted waters. We consider the impact of the pandemic on our business by evaluating the health of our operations, changes to our revenue outlook, and the degree to which perceptions of and need for Agiliti solutions have evolved during this unprecedented time. As demand for emergent acute care increases around the country and as the global pandemic highlights the importance of resilient supply chains and service networks, the importance of our services has been magnified. We are proud to have rapidly developed and deployed a response plan to ensure the safety of our team, while continuing to meet our customers' evolving needs for patient-ready medical equipment when and where it was needed; notably, doing so without service interruptions.

We believe our value proposition now resonates with an even broader audience of customers as providers, IDNs and governments prepare for potential future surges in demand for acute care and the required equipment necessary to care for patients.

Specifically, during the COVID-19 pandemic, we have:

- fully and rapidly deployed our fleet of medical devices and accessories across the U.S. to ensure they are reaching the maximum number of patients;
- leveraged our logistics, inventory management, and maintenance/repair infrastructure to work with medical device brokers and manufacturers to make thousands of additional critical medical devices available to healthcare facilities;
- deployed our local biomedical repair teams to augment teams at hospitals around the country to ensure their owned medical equipment remains fully operational and available for patient needs;
- redeployed teams from our over 150 local service centers to support surge medical capacity in parks, gymnasiums, and hotel rooms across the country;
- been awarded a new contract to leverage our unique scale and capabilities to manage the maintenance and field repair of the national strategic ventilator stockpile; we are likewise working with various state and municipal governments to manage and mobilize their centralized and local medical device stockpiles; and
- prioritized the care and safety of our employees who are essential to helping our customers meet patient care needs. We committed to avoid COVID-19 related layoffs or furloughs and bridge the income of our team members with variable net pay for the duration of the pandemic. As many of our team members entered high-exposure environments each day, we ensured all had the necessary PPE, guidelines, training and support from the highest levels of the company. We provided 100% coverage for COVID-19 testing and telemedicine, extended short-term medical leave and disability coverage related to COVID-19, and

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

NON-REFUNDABLE $1,000.00 FEE

Rev (04/19/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Agiliti Health, Inc.

Physical Address: 4702 Park 370 Boulevard, Unit A, B

City: Hazelwood State: MO Zip: 63042

Mailing Address (if different from physical address): Same as physical.

City: _____ State: _____ Zip: _____

Telephone: (314) 750-7235 Website: www.agilitihealth.com

Name of Designated Representative (DR): David Turnbaugh

Licensing Company Email: mcandrew@taftlaw.com DR Email: David.Turnbaugh@agilitihealth.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Agiliti HoldCo., Inc

Corporation Name: Agiliti Health, Inc.

Mailing Address: 11095 Viking Dr.

City: Eden Prairie State: mn Zip: 55344

Telephone: 952-893-3255 Email: dorothy.johnson@agilitihealth.com

Contact Person Name: Dorothy Johnson

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol: AGTI

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lee Neumann

Print Name of Authorized Person Submitting Application

Lee Neumann

Original signature of Authorized Person (copies or stamps not accepted)

10-17-2022

Date

Board Use Only	Date Received: 10-24-22	Amount: 1000.00 rc

State of Missouri
Division of Professional Registration
Third-Party Logistics Provider
Third Party Logistics Provider

VALID THROUGH OCTOBER 31, 2023
ORIGINAL CERTIFICATE/LICENSE NO. 2022038372
AGILITI HEALTH, INC.
DAVID TURNBAUGH, MIC
4702 PARK 370 BOULEVARD, UNIT A
HAZELWOOD MO 63042
USA

AGILITI HEALTH, INC.
DAVID TURNBAUGH, MIC
4702 PARK 370 BOULEVARD, UNIT A
HAZELWOOD MO 63042
USA



NEVADA STATE BOARD OF PHARMACY

SECTION 9

PUBLICLY TRADED

- **List of all Officers and Directors**

Directors		Officers	
Darren Friedman	Director	Tom Leonard	CEO
Diane Patrick	Director	Jim Pekarek	CFO
Gary Gottlieb	Director	Lee Neumann	Secretary
Josh Nelson	Director	Tom Boehning	President
John Workman	Chairman, BOD	Matthew McCabe	Treasurer
Megan Preiner	Director	Scott Christensen	Controller
Scott Sperling	Director		
Michael Bell	Director		

- **List of top four corporation shareholders and their percentage of ownership**
  - Agiliti HoldCo Inc., 100%

- **Certificate of Good Standing**
  - See attached

- **Copy of DEA certificate**
  - Agiliti does not handle any controlled substances

- **Copy of current SEC 10K or 8K**
  - See attached

- **A list containing lender or holder of indebtedness of the applicant**
  - On January 4, 2019 Agiliti Health, Inc. entered into a credit agreement with JPMorgan Chase Bank, N.A. as administrative agent, collateral agent, and letter of credit issuer, Agiliti Holdco, Inc., certain subsidiaries of Agiliti Health, Inc.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGILITI HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGILITI HEALTH, INC." WAS INCORPORATED ON THE TWELFTH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3445269 8300

SR# 20222049887

Authentication: 203448958

Date: 05-17-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/31/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Adam Salem, Account Executive	
The Hilb Group of New York LLC dba Rampart Insurance Services 1983 Marcus Avenue, Suite C130 Lake Success, NY 11042	PHONE (A/C, No, Ext): 516-538-7000	FAX (A/C, No): 516-390-3555
	E-MAIL ADDRESS: asalem@rampartinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Sompo America Insurance Company	11126
INSURED Agiliti Health, Inc. 11095 Viking Drive Eden Prairie, MN 55344	INSURER B : Endurance American Insurance Company	10641
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	[ ] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						GENERAL AGGREGATE	$
	OTHER:						PRODUCTS - COMP/OP AGG	$
								$
A	AUTOMOBILE LIABILITY	X	X	LAM30020268600	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
B	[X] ANY AUTO			LUM0007258601	06/01/2022	06/01/2023	BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		X	WCD40128C0 (AOS)	06/01/2022	06/01/2023	[X] PER STATUTE [ ] OTH-ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N]	N/A	X	WCN41297T0 (WI)	06/01/2022	06/01/2023	E.L. EACH ACCIDENT	$1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE
Ramsey, NJ

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

RSA

NEVADA

Employee list for each location **Pursuant to NRS 639.500 (2).**

4702 Park 370 Boulevard, Unit A, B Hazelwood MO 63042

Last	First	Title
Turnbaugh	Dave	Sr. Mgr.
Kniffen	Sam	TSM
Tigo	Mike	Ops Supe
Vankirk	Dan	Scheduler
Windau	Conner	IS
Voertman	James	BMET II
Schuttenberg	Danny	BMET II
Herbig (part-time)	James	BMET
Sursa (part-time)	Milo	BMET
DeLashmit	Jeff	BMET
Cox	Mark	BMET
Matviyiv	Yaroslav	BMET
Zichler	Steve	BMET
Terry	Dan	MET II
Jost	Drew	MET II
Motzkus	Jim	MET II
Hager	Neil	MET
Meier	Chris	MET
Gould	Ella	MET
Paglione	Dom	MET
King	John	MET
Duncan	Dawone	MET
Gibson	Jonathan	MET

Last	First	Title
Little	Kris	MET
Robinson	Tyrrel (TJ)	MET
Jones	Chris	WSR II
Peterson	David	WSR II
Harry	Dontrail	WSR
White	Al	WSR
Houston	Sidney	WSR
Dixon	Joey	WSR
Fluck	Spencer	WSR
Cotruta	Roman	WSR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Agiliti Health, Inc. MDEG License # (if applicable): _____

Physical Address: 4702 Park 370 Boulevard, Unit A

City: Hazelwood State: MO Zip: 63042

Mailing Address (if different from physical address): Same as physical

City: _____ State: _____ Zip: _____

Telephone: 314-750-7235 Website: www.agilitihealth.com

Licensing Company Email: _____

Section 2: Personal Information

First: David Middle: Eugene Last: Turnbaugh

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Chastain Court

City: O'Fallon State: MO Zip: 63368

Telephone: [redacted] Email: david.turnbaugh@agilitihealth.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
United States Naval Academy			07/85 - 05/89	
Address		City	State	Zip
121 Blake Rd		Annapolis	MD	21402
Diploma/Degree obtained, if any				
Yes, BS in General Science				

School Name			From - To (MM/YY – MM/YY)	
Bellwood-Antis High School			09/82 - 06/85	
Address		City	State	Zip
300 Martin Street		Bellwood	PA	16617
Diploma/Degree obtained, if any				
Yes, High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
N/A				
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/00 - 04/22	[redacted]Chastain Court	O'Fallon	MO	63368
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Agiliti Health		10/00 - 04/22	
Business Address	**City**	**State**	**Zip**
4702 Park 370 Blvd, Suite A	Hazelwood	MO	63042
Phone	**Title**	**Number of Employed Hours**	
(314) 750-7235	Sr. Manager	2080 / year	
Description of Duties			
Facilities manager / primary logistics contact / equipment scheduling oversight / infrastructure coordination			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			
N/A			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

DIETZ

Original Signature (electronic, copies or stamps not accepted)

4/22/22

Date

I, David Turnbaugh, **certify that as the MDEG Administrator for**

Agiliti Health, Inc.,

that I (initial that you have read and meet the following requirements):

1. Yes Have a high school diploma or its equivalent;
2. Yes Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. Yes Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. Yes Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Turnbaugh
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/22/22
Date

Board Use Only	Date Received: 11-14-22

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D. C. 20549

FORM 10-K

(Mark One)

☒ Annual Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

For the fiscal year ended December 31, 2021

or

☐ Transition report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

For the transition period from to

Commission File Number: 001-40361

AGILITI, INC.

(Exact name of registrant as specified in its charter)

Delaware	**6625 West 78th Street, Suite 300**	**83-1608463**
(State or other jurisdiction of incorporation or organization)	**Minneapolis, Minnesota 55439-2604** (Address of principal executive offices, including zip code) **(952) 893-3200** (Registrant's telephone number, including area code)	(I.R.S. Employer Identification No.)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock, par value $0.0001	AGTI	The New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐	Accelerated filer ☐	Emerging growth company ☐
Non-accelerated filer ☒	Smaller reporting company ☐	

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financing accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant as of June 30, 2021, the last business day of the registrant's most recently completed second fiscal quarter, was approximately $694,928,895 based upon the closing price reported for such date on the New York Stock Exchange.

The number of shares of common stock, $0.0001 par value, outstanding as of February 28, 2022 was 131,121,028.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Definitive Proxy Statement relating to the Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K where indicated. Such Definitive Proxy Statement will be filed with the Securities and Exchange Commission within 120 days after the end of the registrant's fiscal year ended December 31, 2021.

AGILITI, INC.
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NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical fact included in this Form 10-K are forward-looking statements. Forward-looking statements give our current expectations and projections relating to our financial condition, results of operations, plans, objectives, future performance and business. You can identify forward-looking statements by the fact that they do not relate strictly to historical or current facts. These statements may include words such as "anticipate", "estimate", "expect", "project", "plan", "intend", "believe", "may", "will", "should", "can have", "likely" and other words and terms of similar meaning in connection with any discussion of the timing or nature of future operating or financial performance or other events. All forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those that we expected, including:

- effects from political and policy changes that could limit our growth opportunities;
- effects from the continued COVID-19 pandemic on our business and the economy;
- our potential inability to maintain existing contracts or contract terms with, or enter into new contracts with, our customers;
- cancellations by or disputes with customers;
- our potential failure to maintain our reputation, including by protecting intellectual property;
- effects of a global economic downturn on our customers and suppliers;
- a decrease in our customers' patient census or services;
- competitive practices by our competitors that could cause us to lose market share, reduce our prices or increase our expenditures;
- the bundling of products and services by our competitors, some of which we do not offer;
- consolidation in the healthcare industry, which may lead to a reduction in the prices we charge;
- adverse developments with supplier relationships;
- the potential inability to change the manner in which healthcare providers traditionally procure medical equipment;
- our potential inability to attract and retain key personnel;
- our potential inability to make attractive acquisitions or successfully integrate acquire businesses;
- impairment charges for goodwill or other long-lived assets;
- an increase in expenses related to our pension plan;
- the fluctuation of our cash flow;
- credit risks relating to home care providers and nursing homes;
- potential claims related to the medical equipment that we outsource and service;
- the incurrence of costs that we cannot pass through to our customers;
- a failure of our management information systems;
- limitations inherent in all internal controls systems over financial reporting;
- social unrest;
- our failure to keep up with technological changes;
- our failure to coordinate the management of our equipment;
- challenges to our tax positions or changes in taxation laws;
- litigation that may be costly to defend;
- uncertainty surrounding healthcare reform initiatives;
- federal privacy laws that may subject us to more stringent penalties;

- our relationship with healthcare facilities and marketing practices that are subject to federal Anti-Kickback Statute and similar state laws;
- our contracts with the federal government that subject us to additional oversight;
- the impact of changes in third-party payor reimbursement for healthcare items and services on our customers' ability to pay for our services;
- the highly regulated environment our customers operate in; and
- potential recall or obsolescence of our large fleet of medical equipment.

We derive many of our forward-looking statements from our operating budgets and forecasts, which are based on many detailed assumptions. While we believe that our assumptions are reasonable, we caution that it is very difficult to predict the impact of known factors, and it is impossible for us to anticipate all factors that could affect our actual results. Important factors that could cause actual results to differ materially from our expectations, or cautionary statements, are disclosed under "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" in this Form 10-K and elsewhere in our filings with the SEC. All written and oral forward-looking statements attributable to us, or persons acting on our behalf, are expressly qualified in their entirety by these cautionary statements as well as other cautionary statements that are made from time to time in our other SEC filings and public communications. You should evaluate all forward-looking statements made in this Form 10-K in the context of these risks and uncertainties.

We caution you that the important factors referenced above may not contain all of the factors that are important to you. In addition, we cannot assure you that we will realize the results or developments we expect or anticipate or, even if substantially realized, that they will result in the consequences or affect us or our operations in the way we expect. The forward-looking statements included in this Form 10-K are made only as of the date hereof. We undertake no obligation to update or revise any forward-looking statement as a result of new information, future events or otherwise, except as otherwise required by law.

PART I

ITEM 1: Business

Unless otherwise specified, the terms "we", "our", "us" and the "Company" refer to Agiliti, Inc. and, where appropriate, its consolidated subsidiaries. The term "THL" refers to Thomas H. Lee Partners, L.P., our principal stockholder, and the term "THL Stockholder" refers to THL Agiliti LLC, an affiliate of Thomas H. Lee Partners, L.P.

Our Mission

Agiliti, Inc. is an essential service provider to the U.S. healthcare industry with solutions that help support a more efficient, safe and sustainable healthcare delivery system. We ensure healthcare providers have the critical medical equipment they need to care for patients—wherever and whenever it's needed—with a service model that helps lower costs, reduce waste and maintain the highest quality standard of medical device management in the industry. We are motivated by a belief that ***every interaction has the power to change a life***, which forms the cornerstone of how we approach our work and frames the lens through which we view our responsibility to make a difference for the customers, patients and communities we serve.

Overview

We believe we are one of the leading experts in the manufacturing, management, maintenance and mobilization of mission-critical, regulated, reusable medical devices. We offer healthcare providers a comprehensive suite of medical equipment management and service solutions that help reduce capital and operating expenses, optimize medical equipment utilization, reduce waste, enhance staff productivity and bolster patient safety.

We commenced operations in 1939, originally incorporated in Minnesota in 1954 and reincorporated in Delaware in 2001.

In our more than 80 years of experience ensuring healthcare providers have high-quality, expertly maintained equipment to serve their patients, we've established a nationwide operating footprint that supports our offering. This at-scale, local market service and logistics infrastructure positions us to reach customers across the entire healthcare continuum—from individual facilities to the largest and most complex healthcare systems. Our ability to rapidly mobilize, track, repair and redeploy equipment during times of peak need or emergent events has made us a service provider of choice for city, state and the federal government in the management of emergency equipment stockpiles.

Our diverse customer base includes more than 9,000 national, regional and local acute care hospitals, health systems and integrated delivery networks and alternate site providers (such as surgery centers, specialty hospitals, home care providers, long-term acute care hospitals and skilled nursing facilities). We serve the federal government as well as a number of city and state governments providing management and maintenance of emergency equipment stockpiles, and we are an outsourced service provider to medical device manufacturers supporting critical device remediation and repair services. We deliver our solutions through our nationwide network of more than 150 service centers and seven ISO 13485 Certified Centers of Excellence, among which we employ a team of more than 700 specialized biomed repair technicians, more than 4,000 field-based service operators who work onsite within customer facilities or in our local service centers, and over 200 field sales and account managers. Our fees are primarily paid directly by our customers rather than by direct reimbursement from third-party payors, such as private insurers, Medicare or Medicaid.

Industry Challenges

The U.S. healthcare industry continues to face transformative pressure that affects how provider organizations conduct business and serve their patients. Across the healthcare system, providers face compounding financial and operational challenges, including cost pressure from payors, nursing and clinical staff shortages, rising costs of drugs and supplies, increasing regulatory oversight, and advances in medical technology that generally result in higher prices for newer equipment and a higher cost of managing that equipment over its lifecycle. Given there is little that providers can do to change external dynamics, there is increased focus on areas within their enterprise that they can control. In our

experience, one area that most hospitals and health systems identify for operational and cost improvement is the management and maintenance of medical equipment.

Healthcare facilities have been shown to own large quantities of reusable capital equipment ranging from multi-million dollar highly technical devices (e.g. MRIs) to lower cost, high volume devices (e.g. infusion pumps) required for patient care, treatment and diagnosis. In our experience, providers often face challenges in managing their medical equipment inventory effectively. For example, bospitals typically utilize roughly 42% of their owned medical equipment inventory at any given time, yet caregivers report that they routinely lack access to readily available patient-ready equipment. Nurses report spending an average of 20 minutes per shift searching for equipment, and often less than 37% of their time on direct patient care. Operational silos that naturally occur among hospital departments create inadvertent breakdowns within equipment management workflows, from the administrators who order equipment, to the support staff who clean/reprocess and deliver the equipment, to the nurses and doctors who use the equipment.

Further, the repair and maintenance of this highly technical equipment continues to increase in complexity and cost. Over a period of 15 years from 1995 to 2010 there was a 62% increase in the number of medical devices per hospital bed and a 90% increase in costs related to maintaining this equipment (between 1995 and 2010). Given the increasingly complex nature of these devices and stringent regulatory mandates guiding their upkeep, specialized technical knowledge is required to repair and maintain them. Most healthcare facilities struggle to employ the in-house capabilities and resources needed to ensure timely, routine maintenance and rapid testing, repair and turnaround of their medical inventory which may impact time-to-therapy and patient safety, while driving up capital replacement costs on equipment that could have otherwise been kept operational with proper maintenance.

Finally, the healthcare system experiences seasonality in patient volumes, resulting in peak-need demand for specialized medical equipment (e.g. ventilators, specialty beds, infusion pumps). Given the common breakdowns in managing and maintaining their inventory during times of normal operation, hospitals face additional burden on equipment availability during times of peak need and will procure supplemental equipment through additional acquisition channels to fill this gap.

These challenges drive up significant costs and time delays within individual hospital facilities, but when multiplied across several hospitals and alternate site facilities within an integrated delivery network ("IDN"), the losses increase significantly. An average 2,500 bed IDN has been shown to waste more than $11 million annually on inefficient equipment maintenance and unnecessary capital purchases, while clinicians lose valuable patient time and productivity hours managing equipment needs.

These dynamics, supported by the following trends, further support the essential nature of our work:

Focus on reducing costs and increasing operational efficiency. Hospitals and other healthcare facilities continue to experience substantial pressure to conserve capital, reduce operating expenses and become more operationally efficient. We expect these pressures to continue in the future and believe that we will always be on the right side of healthcare reform. Our comprehensive, end-to-end solutions offer customers a way to realize costs savings while enhancing operational improvements for medical equipment access and availability, thereby improving their organizational efficiency and financial viability.

Demand for better patient safety and outcomes. Hospitals across the U.S. are focused on improving patient safety and outcomes, which includes efforts to minimize hospital-acquired conditions (e.g. infections, patient falls and pressure injuries) and increase nursing time at the patient bedside. Hospitals turn to us to assist them in managing their equipment in ways that have been shown to to help them to minimize these incidents and ensure equipment is available when and where it is needed for patient care, thereby improving patient safety and time to therapy, and supporting optimal patient outcomes.

Caregiver retention and satisfaction. Hospitals continue to experience pressure and risk related to nursing and other caregiver retention and job satisfaction pressures. According to reports from the World Health Organization, the United States is expected to have a nurse shortage of 500,000 nurses by 2025. Adding non-patient care duties, such as searching for, cleaning and managing equipment, adds to nurse workload and contributes to clinician dissatisfaction and turnover.

We expect that with these internal pressures, hospitals will increasingly turn to our programs to outsource healthcare technology management duties and related management processes to allow nurses more time to spend on patient care, resulting in improved job satisfaction.

Increased capital and operating expense pressures and regulatory compliance. Hospitals continue to experience restricted capital and operating budgets, while the cost and complexity of medical equipment increases. Furthermore, the increasing complexity and sophistication of medical equipment brings with it more recordkeeping requirements and regulatory scrutiny in its use and maintenance. We expect that hospitals will increasingly look to us to support the management and maintenance of their capital equipment inventory to achieve capital and operating expense savings, operating efficiencies and regulatory compliance.

Our Value Proposition

As a critical outsource partner to more than 9,000 U.S. healthcare customers, including most leading providers nationwide, we've tailored our solution offering and service model to address the unique challenges and opportunities we witness among our customers related to the effective management of medical equipment.

Our services help eliminate significant capital and operating costs associated with the ownership and lifecycle management of mission-critical medical equipment. In addition to optimizing use of providers' owned equipment, we provide ready access and increase the on-patient utilization of supplemental medical equipment to address fluctuations in patient census and patient acuity. By partnering with Agiliti, providers have the benefits of:

Cost savings and lower total costs of equipment ownership

- Increased utilization of both customer-owned and supplemental equipment
- Lower overall total cost of equipment ownership by combining our solutions to solve challenges across the end-to-end equipment management process
- Optimized management and logistics of provider-owned equipment through tracking, monitoring, reprocessing, maintaining, and ensuring equipment is safety-tested and redeployed for use
- Reduced maintenance and repair costs through the use of our proprietary technology, flexible staffing models, parts pool, equipment capabilities and diverse skill mix of knowledgeable equipment technicians and our commitment to quality
- Benefits of specialized technician labor to augment clinical biomed staff, having been shown to help reduce service costs and provide required technical proficiency to address more complex equipment types
- Access to our extensive data and expertise on the cost, performance, features and functions of all major items of medical equipment
- Assistance with capital planning, vendor management and regulatory compliance

More time to spend with patients and confidence in the availability of patient-ready medical equipment

- Increased productivity and satisfaction among nursing staff achieved by eliminating certain non-clinical work tasks and saving an average 300-bed hospital over 28,000 caregiver hours annually, allowing more time to focus on patient care responsibilities
- Improved time-to-therapy for patients at risk for falls, skin breakdown and bariatric safety by expediting delivery of therapeutic equipment direct to the patient room
- Access to supplemental moveable medical equipment, surgical equipment and next generation technology without the expense of acquisition on a pay-per-procedure basis

Improved regulatory compliance, risk management and extended use life

- Optimal maintenance intervals and parts replacement to extend equipment use life, reduce waste and lower obsolescence risk
- Compliance with regulatory and recordkeeping requirements and adherence to manufacturers' specifications on the reprocessing and maintenance of medical equipment
- Equipment quality assurance through the use of our comprehensive quality management system ("QMS") based on the quality standards recognized worldwide for medical devices: 21 CFR 820 and ISO 13485:2016
- Risk mitigation and lower costs associated with product recalls or device modifications

Technical expertise and supplemental staffing to sustain optimal equipment workflow

- Reduced administrative and time burdens on clinical staff related to managing and locating available equipment and coordinating among multiple vendors
- Specialized technical and clinical specialists that directly interact with and work alongside customers to optimize equipment outsourcing solutions

Our Market Opportunities

We participate in a $14 billion U.S. medical equipment services market comprised of the services we offer through our onsite managed services, clinical engineering services and equipment solutions service lines. We believe that this market will grow at mid-single digits annually.

Per the Centers for Medicare and Medicaid Services ("CMS"), as of 2020, healthcare spending reached $4.1 trillion, or $12,530 per person and accounted for 19.7% of the U.S. GDP. Spending is expected to grow at an average annual rate of 5.4% from 2019-2028, due to secular tailwinds including an aging population, rising acuity, and prevalence of chronic conditions.

There is a fundamental shift in the needs of health systems, hospitals and alternate site providers to move from supplemental and peak need sourcing of medical equipment toward more comprehensive onsite inventory management and maintenance solutions. As healthcare facilities look to balance the challenge of providing better care at lower costs, they are more open to third party partnerships that outsource critical but non-core support functions. The move toward full outsourcing is not unlike trends in similar services at hospitals including food service, laundry, professional staffing and technology.

We believe there are several key macro trends that will drive increased demand for our products and services:

Favorable demographic trends. According to the U.S. Census Bureau, individuals aged 65 and older in the United States comprise the fastest growing segment of the population. This segment is expected to grow to approximately 81 million individuals by 2040. This represents a 44% increase in the 65-and-older segment of the population over the next 20 years. As a result, over time, the number of patients and the volume of hospital admissions are expected to grow. The aging population and increasing life expectancy are driving demand for healthcare services.

Increase in chronic disease and obesity. According to the Center for Disease Control and Prevention ("CDC"), six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes. These conditions often require specialty equipment to support therapeutic intervention in inpatient and outpatient care settings. In addition, obesity in the U.S. increased to 42.4% of the population between 2017-2018, up from 30.5% in 2000 (CDC). This population demands greater access to specialty bariatric equipment to support care and minimize the incidence of injury during a hospital stay.

Increased mergers & acquisitions. We have seen that hospitals and healthcare systems continue to expand their covered network and acquire alternate care delivery settings in order to care for patient populations in the most cost-

effective way. In our experience, providers are increasingly seeking partners that provide comprehensive services and that can quickly adapt to changing health system infrastructure and growth. Working with one vendor that can operate at a nationwide and system-wide scale is attractive to cities, states, and IDNs who operate, manage, and maintain equipment inventories across multiple locations.

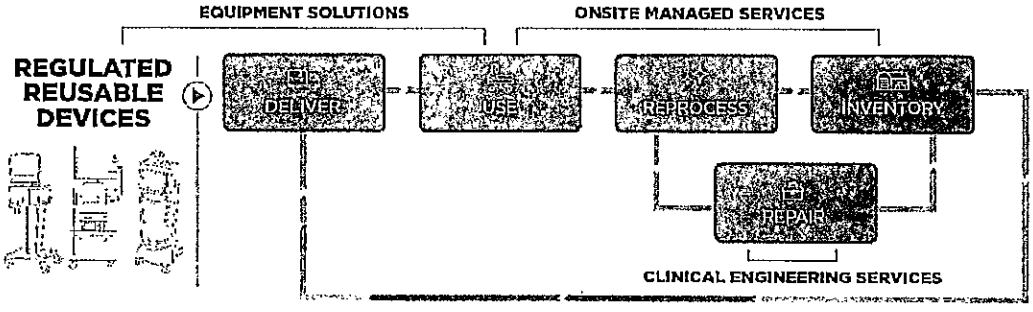
Centralizing shared services across the IDN. Health systems with duplicate services across multiple facilities in close proximity have an increased risk of unnecessary variation, greater costs, and suboptimal outcomes. Many health systems have centralized and consolidated non-clinical services as a shared service, iucluding billing, reimbursement, supply chain, human resources, IT, etc. We have witnessed a growing trend among IDNs to centralize and consolidate equipment maintenance and logistics among member facilities. In our experience, because most health systems do not currently have the storage, technical or transportation resources for managing a shared equipment management function, they will seek third party support to optimize equipment utilization, redeploy equipment where needed and reduce overall equipment costs.

Increase in infection control risks. Infection control remains an essential priority for hospitals and health systems as a way to limit the spread of hospital-acquired infections. This has further escalated as a top priority due to the COVID-19 pandemic. Most focus in this area is around hand hygiene, the proper use of personal protective equipment (PPE) and the reprocessing and sterilization of critical and semi-critical medical devices (e.g. surgical instruments, endoscopes). Often overlooked is the reprocessing of non-critical medical devices, such as infusion pumps and ventilators, that are commonly touched hy caregivers and patients. If not properly cleaned and sanitized between patient use, these devices can pose increased infection control risks. We expect an increase in demand of onsite equipment management programs to address proper reprocessing of these types of devices and help lower infection risks and allow clinicians to spend more time at the patient bedside and less time cleaning equipment.

Our Solutions

We provide a comprehensive offering for the manufacturing, management, maintenance and mobilization of critical medical devices, built on an integrated service platform. Our solutions help reduce the cost and complexity of acquiring, managing and maintaining medical equipment inventories. The integrated nature of our offerings within our end-to-end service framework ensures we maximize value to over 9,000 customers nationwide as we address more aspects of the equipment lifecycle continuum.

While customers may initially engage with us across one aspect of our service lines within this framework, we employ a variety of land-and-expand tactics to grow our relationships and customer share-of-wallet over time. These tactics include:



- ***Gateway solutions*** which offer an entry point to the economic buyer and include peak needs equipment, surgical lasers and equipment, specialty beds and surfaces and supplemental clinical engineering services;
- ***Vertical solutions*** which provide a deeper level of service with clinical offerings tailored to specific patient needs (e.g. bariatrics, wound management, falls management) and clinical engineering programs for broad equipment categories (general biomedical devices, diagnostic imaging equipment, surgical instruments);
- ***Comprehensive, connected solutions*** through onsite managed services and outsourced clinical engineering services that connect previously fragmented customer workflow processes to drive operational efficiencies, realize improved clinician and equipment productivity, lower total cost of ownership, ensure regulatory compliance, reduce waste, improve time to therapy and allow customers to effectively lower costs; and
- ***Comprehensive logistics, management and clinical engineering solutions*** that allow IDNs to manage equipment inventories across multiple locations, and supports city, state and federal government agencies in managing and maintaining equipment stockpiles.

We deploy our solution offering across three primary service lines:

On-Site Managed Services: Onsite Managed Services are comprehensive programs that assume full responsibility for the management, reprocessing and logistics of medical equipment at individual facilities and IDNs, with the added benefit of enhancing equipment utilization and freeing more clinician time for patient care. This solution monitors and adjusts equipment quantities and availability to address fluctuations in patient census and acuity. Our more than 1,600 onsite employees work 24/7 in customer facilities, augmenting clinical support by integrating proven equipment management processes, utilizing our proprietary management software and conducting daily rounds and unit-based training to ensure equipment is being used and managed properly, overall helping to optimize day-to-day operations and care outcomes. We assume full responsibility for ensuring equipment is available when and where it is needed, removing equipment when no longer in use, and decontaminating, testing and servicing equipment as needed between each patient use. Revenue attributable to such customers represented 29% of our total revenue for both the years ended December 31, 2021 and 2020.

Clinical Engineering Services: Clinical Engineering Services provides maintenance, repair and remediation solutions for all types of medical equipment, including general biomedical equipment, diagnostic imaging equipment and surgical equipment through supplemental and outsourced offerings. Our supplemental offering helps customers manage their equipment repair and maintenance backlog, assist with remediation and regulatory reporting and temporarily fill open biotechnical positions. With our outsourced offering, we assume full management, staffing and clinical engineering service responsibilities for individual or system-wide customer sites. The outsourced model deploys a dedicated, on-site team to coordinate the management of customer-owned equipment utilizing our proprietary information systems, third party vendors of services and parts, and a broad range of professional services for capital equipment planning and regulatory compliance. We leverage more than 700 technical resources from our over 150 local market service centers and seven Centers of Excellence to flex staff in and out of customer facilities on an as-needed basis, ensuring customers pay only for time spent directly servicing their equipment by an appropriately qualified technician. We use flex staffing for our supplemental clinical engineering solution and to augment support when additional technicians are needed to supplement our outsourced services during peak workload. We contract our Clinical Engineering Services with acute care and alternate site facilities across the U.S., as well as with the federal government and any medical device manufacturers that require a broad logistical footprint to support their large-scale service needs. Revenue attributable to such customers for the years ended December 31, 2021 and 2020 represented 37% and 33% of our total revenue, respectively.

Equipment Solutions: Equipment Solutions primarily provides supplemental, peak need and per-case rental of general biomedical, specialty, and surgical equipment to acute care hospitals and alternate site providers in the U.S., including some of the nation's premier healthcare institutions and integrated delivery networks. We contract for Equipment Solutions services directly with customers or through our contractual arrangements with bospital systems and alternate site providers. We consistently achieve high customer satisfaction ratings, as evidenced by our Net Promotor Score ("NPS") of 55 for the year ended December 31, 2021, by delivering patient-ready equipment within our contracted equipment delivery times and by providing technical support and educational in-servicing for equipment as-needed in clinical departments, including the emergency room, operating room, intensive care, rehabilitation and general patient care areas. We are committed to providing the highest quality of equipment to our customers, and we do so through the use of our comprehensive QMS which is based on the quality standards recognized worldwide for medical devices: 21 CFR 820 and ISO 13485:2016. This commitment ensures that customers have access to patient-ready equipment with the confidence of knowing it has been prepared and maintained to the highest industry standard to deliver optimal patient safety and outcomes. Revenue attributable to such customers for the years ended December 31, 2021 and 2020 represented 34% and 38% of our total revenue, respectively.

Many of our customers have multiple contracts and have revenue reported in multiple service lines. Our contracts vary based upon service offering, including with respect to term (with most being multi-year contracts), pricing (daily, monthly and fixed fee arrangements) and termination (termination for convenience to termination for cause only). Many of our contracts contain customer commitment guarantees and annual price increases tied to the consumer price index. Standard contract terms include payment terms, limitation of liability, force majeure provisions and choice of law/venue.

Because we work closely with customers to provide a long-term, value-based solution versus a product-based, transactional approach, they are motivated to expand their relationships with us over time. With approximately 75% white space within our current customers, we have demonstrated an ability to grow revenue up to 5-6x with existing customers as they move toward our full suite of highly complementary services. From the year ended December 31, 2015 to the year ended December 31, 2021, our top 50 customers that experienced the largest growth in revenue over the same period increased in revenue from an aggregate of approximately $22.2 million to approximately $135.4 million (with increases at each customer ranging from $1.2 million to $7.1 million and an average increase of $2.3 million, and with consistent growth across our three primary service lines), primarily driven by our efforts to expand our share of wallet within our existing customer base.

Further, the infrastructure and capabilities required to provide connected, responsive equipment lifecycle mauagement is typically cost-prohibitive, even for large IDNs. Our nationwide network of clinical engineers, storage and repair facilities, vehicles and analytics tools gives us scale to provide cost-effective services for individual facilities, systems, regional IDNs, governments and device manufacturers.

Competitive Strengths

We believe our business model presents an attractive value proposition to our customers and that our comprehensive medical device management solutions and ability to work in partnership with and across Original Equipment Manufacturers ("OEMs") as a device-agnostic service provider have contributed to our growth in recent years. Our unique framework for end-to-end medical equipment management, delivered through our nationwide service and logistics infrastructure, differentiates us in the marketplace and is without comparable peers. We believe our more than 80 years of experience, extensive employee base of trained technicians and our reputation for service excellence has earned us a leading position in our industry. We attribute our historical success to our:

Strong value proposition. With our focus and expertise in connected, end-to-end medical equipment management and service solutions, we offer a compelling customer value proposition. We believe that many of our customers have come to rely on our ability to respond quickly to their needs with reliable, high quality products and service expertise. We believe our ability to provide this level of service distinguishes us from our competitors. It also requires us to maintain inventories and infrastructure that we do not believe our competitors currently maintain. Our comprehensive solutions focus on helping customers:

- lower total cost of device ownership by reducing capital and operating costs related to owning and managing medical equipment;
- enhance operational productivity and staff satisfaction by ensuring equipment is available when and where needed; and
- maintain high standards of quality and regulatory compliance related to medical equipment use, maintenance and end-of-life disposal.

Large, nationwide infrastructure. We have a broad and specialized nationwide staff, facility, and vehicle service network coupled with focused and customized operations at the local level. Our extensive network of service centers and Centers of Excellence and our 24-hours-a-day, 365 days-a-year service capabilities enable us to compete effectively for large, national contracts as well as drive growth regionally and locally.

We employ a number of technical, clinical and surgical specialists that engage directly with our customers to drive improved cost, efficiency and clinical outcomes. These include over 700 biomedical repair technicians, more than 4,000 field-based service operators, and over 200 field sales and account managers. Our specialized teams, large equipment fleet, and quality assurance programs have been built over 80 years serving provider customers and represent a significant investment in infrastructure over time. This places us in a unique and hard-to-replicate position with the scale to serve the most complex acute care hospitals, such as teaching, research or specialty institutions, that demand access to current and preferred technologies to meet the complex needs of their patients.

Proprietary software and asset management tools. We have used our more than 80 years of experience and our extensive database of equipment management information to develop sophisticated software technology and management tools. These tools enable us to meet unique customer demands by supporting sophisticated onsite managed services that help drive cost efficiencies and equipment productivity for caregivers. We believe that our ongoing investment in new tools and technology will help continue to distinguish our offerings to the healthcare industry.

Commitment to quality. Class I and II medical devices are designed, manufactured, and distributed from our Sizewise manufacturing facilities. Each of the United States-based facilities that produce finished goods is registered with the FDA and follows strict quality guidelines in accordance with 21 CFR 820. The Hays, KS, Ellis, KS, and Corona, CA Sizewise manufacturing facilities are ISO 1385:2016 compliant, and the two Kansas facilities are certified by Intertek; the California facility is pending certification. A dedicated quality team oversees the Quality Management System (QMS) at these locations.

Agiliti also services and repairs medical devices manufactured by other OEMs. Third-party service providers like Agiliti are not required to register their sites with the FDA; therefore, there are no regulations that specifically apply to our maintenance of medical devices. We've made a commitment, however, to do the right thing for our customers and their patients by staffing a dedicated Quality team and implementing a QMS based on the quality standards recognized

worldwide for medical devices: 21 CFR 820 and ISO 13485:2016. This commitment to quality ensures that patient safety and risk management are at the center of every product decision, and that our equipment is serviced to the highest standards in the industry. Over 90 local market service centers, eight government service centers, and seven Centers of Excellence follow an ISO 13485:2016 ccertified QMS, and we have elected to hire outside independent accredited registrars to audit our quality system. British Standards Institute ("BSI") has certified over 90 of our local market service centers, eight government service centers, and five of our Centers of Excellence to ISO 13485:2016, the remaining two Centers of Excellence are certified by Deutscher Kraftfahrzeug-Überwachungs-Verein e.V. ("Dekra") and National Quality Assurance ("NQA"). We believe that ISO 13485:2016 provides the stringent guidelines specific to medical devices to ensure that our fleet of equipment, as well as the equipment we service, is maintained to the highest quality standards. Our commitment to quality extends to our exclusive use of OEM parts to repair FDA 510(k) registered medical devices that we own, whenever available. Implementing optimal maintenance intervals and parts replacement extends equipment use life, thereby reducing waste and lowering risk of obsolescence. We believe that our robust QMS policies set us apart in our industry from those who may use less stringent quality practices on the equipment they own or maintain.

Superior customer service. We believe we have a long-standing reputation among our customers for outstanding service and quality. This reputation is largely attributable to our strong customer service culture, which is continuously reinforced by management's commitment to, and significant investment in, hiring and training resources. We strive to seamlessly integrate our employees and solutions into the operations of our customers. We believe that our aggressive focus on the overall customer experience has helped us achieve high customer satisfaction ratings, as evidenced by our NPS of 55 for the year ended December 31, 2021.

Low direct third-party payor reimbursement risk. Many healthcare providers rely on direct payment from patients or reimbursement from third-party payors. Our fees are primarily paid directly hy our customers, rather than by third-party payors, such as Medicare, Medicaid, managed care organizations or indemnity insurers. Accordingly, our exposure to uncollectible patient or reimbursement receivables or Medicare or Medicaid reimbursement changes is reduced, as evidenced by our bad debt expense of approximately 0.2%, 0.3%, and 0.2% of total revenue for the years ended December 31, 2021, 2020, and 2019, respectively.

Values driven culture centered on doing the right thing for our many stakeholders. Our team operates on a set of shared aspirations that reflect the manner in which we approach our work and serve the needs of our customers, team members, shareholders and local communities. We believe these aspirations that underpin our culture, strategy and service model help contribute to a safer and more sustainable healthcare system and frame the cornerstone of our success:

WE ARE BUILDING THE PREMIER CLINICAL EQUIPMENT SERVICES COMPANY. We ensure clinicians have the equipment they need, when they need it, with the confidence it is maintained to the highest industry standards. We never waver from doing what is right for our customers, our team members, and our shareholders.

WE ARE ESSENTIAL TO CUSTOMERS. We are dependable, trusted advisors—steadfast in our commitments and ready to serve. We deliver a unique and valuable offering that helps customers improve their business and prioritize patient care.

WE ARE EMPOWERED AND ENGAGED. We lead by example, inspiring one another to be at our best, to be accountable, and to develop with purpose. We value our diversity, knowing different perspectives lead to better outcomes. We share a common drive to make a difference and take pride in being part of something bigger than ourselves.

WE ARE OPERATIONALLY EXCELLENT. We demonstrate a tireless commitment to quality, reliability, and continuous improvement. We demand of ourselves the highest degree of accuracy, efficiency and integrity in order to deliver exceptional service to our customers and their patients.

WE ARE CREATING A CATEGORY OF ONE. Together, we are building a highly differentiated service company that is the vendor of choice for customers and an employer of choice nationwide.

Highly engaged team. We believe a strong and sustainable company begins with an engaged and empowered team. We are committed to investing in our team's development and to fostering a culture of diversity, inclusion, trust and transparency. Approximately 41% of our total work force is comprised of minorities and approximately 29% of our team members are female. Since 2018, we have consistently had an annual internal promotion rate of approximately 29%, compared to the national average of 8.9%, as reported by ADP Research Institute. We offer competitive compensation and benefits programs, and we ensure our team members share in the success of our business with a companywide annual bonus program and an Employee Stock Purchase Plan. We strive to ensure Agiliti is a place where our people are proud to work, and we achieve that by listening to feedback and taking active steps to improve. In 2021, we achieved a 77 employee engagement score rating, which places us nearing the extraordinary company benchmark according to third-party engagement indices.

Proven management team. Our diverse and industry leading management team brings decades of executive-level healthcare expertise from across the sector and has successfully supervised the development of our competitive strategy, continually enhanced and expanded our service and product offerings, reinforced our nationwide operating footprint and furthered our reputation as an industry leader in our category.

Key Elements of our Growth Strategy

Retain and expand existing customer relationships. While our overall market opportunity is large, there is also significant expansion opportunity within our existing customers. We currently have 25% wallet share within our existing contracted customers and have demonstrated the ability to grow our wallet share among existing customers by expanding the services we provide to them over time. From the year ended December 31, 2015 to the year ended December 31, 2021, our top 50 customers that experienced the largest growth in revenue over the same period increased in revenue from an aggregate of approximately $22.2 million to approximately $135.4 million (with increases at each customer ranging from $1.2 million to $7.1 million and an average increase of $2.3 million, and with consistent growth across our three primary service lines), primarily driven by our efforts to expand our share of wallet within our existing customer base.

Grow our customer base among customers that outsource. We believe there is a significant opportunity to further grow our business by winning new customer contracts within the $5.85 billion that is contracted annually for medical equipment management services in the U.S. This is less than half of the total addressable market and, due to increasing pressures that providers are facing, we expect outsourcing to significantly accelerate. As a leader in our industry, we believe we are poised to take advantage of this continued shift.

Grow our serviceable market by contracting with those that insource today. Currently, we estimate that $14 billion is spent annually in the U.S. for medical equipment services and functionality, but less than half of the total market is currently being outsourced to an equipment management service, while the rest is done in-house in facilities. We believe that as we reach additional potential customers with demonstrated value both in improved patient care and reduced costs, we can grow our total addressable market by contracting with new clients that were not previously outsourcing device management services. Further, this market is also experiencing tailwinds that make the total addressable market, the total contracted market, and our own contracts with ongoing customers poised to continue to expand. These tailwinds include increasing overall provider volumes, increasing use and complexity of medical devices, increasing outsourcing by hospitals, and additional factors that we believe will continue to drive growth.

Invest in complementary offerings that enhance customer relationships. As the medical device field becomes increasingly complex and the number of devices used per patient on average increases over time, we are constantly evaluating additional services and methods of approaching service delivery that increase value for our clients. As an example, this has recently taken the form of expanding our work with federal, state, and local governments to help them maintain and mobilize strategic stockpiles of ventilators and other critical medical equipment.

Opportunistically pursue accretive M&A. Due to our high and sustained value creation for customers and significant white space with existing customer relationships, we believe that pursuing opportunistic M&A will drive increasing returns through embedded customer relationships. From 2015-2021, we have successfully integrated nine acquisitions and will continue to opportunistically pursue additional inorganic growth.

Recent Acquisitions

Northfield Acquisition

On October 28, 2020, we entered into a stock purchase agreement to acquire 100% of the issued and outstanding capital stock of Northfield Medical ("Northfield Medical") a nationwide provider of surgical equipment repair services for $475.0 million, subject to adjustments (the "Northfield Acquisition"). Northfield Medical provides service and repair of medical devices, specializing in the repair of endoscopes, surgical instruments and other operating room equipment. The acquisition closed on March 19, 2021.

Sizewise Acquisition

On September 14, 2021, we entered into a definitive agreement to acquire Sizewise Rentals, LLC ("Sizewise"), a privately held manufacturer and distributor of specialty patient handling equipment, in a stock purchase transaction valued at $230 million. (the "Sizewise Acquisition"). Sizewise is a leading manufacturer and provider of specialized bed frames, therapeutic surfaces and mobility equipment serving customers in the acute and post-acute care markets with products that address the needs of bariatric, geriatric, pediatric and standard patient populations. The Company completed the acquisition on Octoher 1, 2021.

COVID-19 Update

COVID-19 has placed our customers, business, teams and communities in uncharted waters. We consider the impact of the pandemic on our business by evaluating the health of our operations, changes to our revenue outlook, and the degree to which perceptions of and need for Agiliti solutions have evolved during this unprecedented time. As demand for emergent acute care increases around the country and as the global pandemic highlights the importance of resilient supply chains and service networks, the importance of our services has been magnified. We are proud to have rapidly developed and deployed a response plan to ensure the safety of our team, while continuing to meet our customers' evolving needs for patient-ready medical equipment when and where it was needed; notably, doing so without service interruptions.

We believe our value proposition now resonates with an even broader audience of customers as providers, IDNs and governments prepare for potential future surges in demand for acute care and the required equipment necessary to care for patients.

Specifically, during the COVID-19 pandemic, we have:

- fully and rapidly deployed our fleet of medical devices and accessories across the U.S. to ensure they are reaching the maximum number of patients;
- leveraged our logistics, inventory management, and maintenance/repair infrastructure to work with medical device brokers and manufacturers to make thousands of additional critical medical devices available to healthcare facilities;
- deployed our local biomedical repair teams to augment teams at hospitals around the country to ensure their owned medical equipment remains fully operational and available for patient needs;
- redeployed teams from our over 150 local service centers to support surge medical capacity in parks, gymnasiums, and hotel rooms across the country;
- been awarded a new contract to leverage our unique scale and capabilities to manage the maintenance and field repair of the national strategic ventilator stockpile; we are likewise working with various state and municipal governments to manage and mobilize their centralized and local medical device stockpiles; and
- prioritized the care and safety of our employees who are essential to helping our customers meet patient care needs. We committed to avoid COVID-19 related layoffs or furloughs and bridge the income of our team members with variable net pay for the duration of the pandemic. As many of our team members entered high-exposure environments each day, we ensured all had the necessary PPE, guidelines, training and support from the highest levels of the company. We provided 100% coverage for COVID-19 testing and telemedicine, extended short-term medical leave and disability coverage related to COVID-19, and

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

NON-REFUNDABLE $1,000.00 FEE

Rev (04/19/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Agiliti Health, Inc.

Physical Address: 5325 Seerley Rd., Ste. B

City: Indianapolis State: IN Zip: 46241

Mailing Address (if different from physical address): Same as physical.

City: _____ State: _____ Zip: _____

Telephone: 317-334-1828 Website: www.agilitihealth.com

Name of Designated Representative (DR): Melissa Romano

Licensing Company Email: mcandrew@taftlaw.com DR Email: melissa.romano@agilitihealth.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Agiliti HoldCo., Inc.

Corporation Name: Agiliti Health, Inc.

Mailing Address: 11095 Viking Dr.

City: Eden Prairie State: Mn Zip: 55344

Telephone: 952-893-3255 Email: Dorothy.Johnson@agilitihealth.com

Contact Person Name: Dorothy Johnson

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol: AGTI

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lee Neumann

Print Name of Authorized Person Submitting Application

Lee Neumann

Original signature of Authorized Person (copies or stamps not accepted)

10-17-2022

Date

Board Use Only	Date Received: 10-24-22	Amount: 1000.00 CC ✓

From: Covington, Darren
To: Strait, Ashley L.
Subject: RE: Wholesale Distribution of Prescription Devices [QBLLP-ACTIVE.FID39511858]
Date: Tuesday, November 13, 2018 6:05:32 AM

That is correct, so long as the devices contain no legend drugs and are only shipped wholesale.

Darren

From: Group 04
Sent: Thursday, November 08, 2018 10:07 AM
To: Covington, Darren <DCovington@pla.IN.gov>
Subject: FW: Wholesale Distribution of Prescription Devices [QBLLP-ACTIVE.FID39511858]

From: Strait, Ashley L. [mailto:Ashley.Strait@quarles.com]
Sent: Wednesday, November 07, 2018 10:38 PM
To: mshannon@pla.IN.gov
Cc: Group 04 <pla4@pla.IN.gov>
Subject: Wholesale Distribution of Prescription Devices [QBLLP-ACTIVE.FID39511858]

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Hello,

I have a quick question that I am hoping you can confirm. It is my understanding that this Board does not regulate the wholesale distribution of prescription devices. Can you please confirm this is still correct?

Thank you in advance!

Ashley

Ashley Strait / Attorney
Ashley.Strait@quarles.com / LinkedIn [linkedin.com] BIO vCard
Quarles & Brady LLP
Renaissance One, Two North Central Avenue / Phoenix, AZ 85004-2391
Office 602-229-5209 / quarles.com
Fax 602-420-5175
Assistant Cindy Ferchaud 602-229-5612

CONFIDENTIALITY NOTICE: This electronic mail transmission and any attachments are confidential and may be privileged. They should be read or retained only by the intended recipient. If you have received this transmission in error, please notify the sender immediately and delete the transmission from your system.

NEVADA STATE BOARD OF PHARMACY

SECTION 9

PUBLICLY TRADED

- **List of all Officers and Directors**

Directors		Officers	
Darren Friedman	Director	Tom Leonard	CEO
Diane Patrick	Director	Jim Pekarek	CFO
Gary Gottlieb	Director	Lee Neumann	Secretary
Josh Nelson	Director	Tom Boehning	President
John Workman	Chairman, BOD	Matthew McCabe	Treasurer
Megan Preiner	Director	Scott Christensen	Controller
Scott Sperling	Director		
Michael Bell	Director		

- **List of top four corporation shareholders and their percentage of ownership**
  - Agiliti HoldCo Inc., 100%

- **Certificate of Good Standing**
  - See attached

- **Copy of DEA certificate**
  - Agiliti does not handle any controlled substances

- **Copy of current SEC 10K or 8K**
  - See attached

- **A list containing lender or holder of indebtedness of the applicant**
  - On January 4, 2019 Agiliti Health, Inc. entered into a credit agreement with JPMorgan Chase Bank, N.A. as administrative agent, collateral agent, and letter of credit issuer, Agiliti Holdco, Inc., certain subsidiaries of Agiliti Health, Inc.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGILITI HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGILITI HEALTH, INC." WAS INCORPORATED ON THE TWELFTH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3445269 8300

5R# 20222049887

Authentication: 203448958

Date: 05-17-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/31/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Adam Salem, Account Executive	
The Hilb Group of New York LLC dba Rampart Insurance Services 1983 Marcus Avenue, Suite C130 Lake Success, NY 11042	PHONE (A/C, No, Ext): 516-538-7000	FAX (A/C, No): 516-390-3555
	E-MAIL ADDRESS: asalem@rampartinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Sompo America Insurance Company	11126
INSURED Agiliti Health, Inc. 11095 Viking Drive Eden Prairie, MN 55344	INSURER B : Endurance American Insurance Company	10641
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	[ ] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	[ ] OTHER:							$
A	AUTOMOBILE LIABILITY	X	X	LAM30020268600	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
B	[X] ANY AUTO			LUM0007258601	06/01/2022	06/01/2023	BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	WCD40128C0 (AOS)	06/01/2022	06/01/2023	[X] PER STATUTE [ ] OTH-ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH)	N/A	X	WCN41297T0 (WI)	06/01/2022	06/01/2023	E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER	CANCELLATION
EVIDENCE OF INSURANCE Ramsey, NJ	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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RSA

NEVADA

Employee list for each location **Pursuant to NRS 639.500 (2).**

5325 Seerley Rd Ste B, Indianapolis IN 46241

Name	Title
Melissa Romano	Logistics and Warehouse Operations-Senior Manager
Noah Howard	Technical Services manager
Andrea Madden	Technical Services Supervisor
Daniel Vowell	Operations Scheduler
Dylan Hatley	Inventory Specialist
Ben Newcomb	Operations Supervisor
Barbar Elzy	WSR I
Daniel Kelly	WSR I
Randal Germany	WSR I
Karla Ceron	WSR I
Zack Mead	WSR I
	WSR I
Mindy Davis	Warehouse Custodian
Kyle Born	BMET II
Tony Hill	BMET II
Randy Graham	BMET I
Aaron Kniceley	BMET I
Sahira Nayyar	BMET I
Francis Canono	BMET I
Oluwasegun (Sylver) Oloye	BMET I
Irvin Thaniel	MET II
Dane Mcdonald	MET II
Brad Stephens	MET I
Rudy Aguilar	MET I
Joshua Wright	MET I
Edna Green	MET I
Nik Reasoner	MET I

Melissa J. Romano

[redacted] Springview Dr. Avon, IN 46123 [redacted]

PROFESSIONAL SUMMARY

Versatile senior operations manager with over 24 years of experience in a fast-paced transportation and logistics industry. Strong track record in producing highly effective and successful teams through leadership and process implementation.

WORK EXPERIENCE

AGILITI HEALTH, Indianapolis, IN — Feb 2022 to Current
Senior Manager – Logistics and Warehouse Operations

- Recruit, train, and develop employees: provide cross and lateral training, emphasizing continuous improvement and teamwork
- Perform assessment evaluations to force rank team members and provide stretch assignments to those identified as high potential
- Responsible for the leadership, strategic planning, and operational management of a federal emergency response capability
- Build strategic relationships between other teams, departments, or organizations to achieve business goals
- Balance and monitor budget to achieve corporate business plan objectives: facility P&L
- Oversee account receivables collection activities and process for the division and provide updates, assistance, and support for team as necessary
- Monitor and update items to ensure regulatory compliance is being met according to Quality Standards (ISO)
- Make informed business decisions to generate additional revenue
- Utilize data and experience to make recommendations with the intent to enhance operational excellence
- Demonstrates the leadership to inspire others by modeling a positive commitment to the business, peers, other departments, direct reports, and clients
- Drive performance and understanding of periodic audits and review within the division to ensure proper practices are followed
- Lead and support continuous improvement initiatives

FEDEX EXPRESS, Indianapolis, IN — Oct 2020 to Feb 2022
Senior Manager Hub Operations – AGFS Outbound

- Hire and complete onboarding for both external and internal management candidates
- Direct and manage up to 10 managers
- Ensure management team members are aligned with and support the mission and goals of the organization
- Communicate goals of the broader functions and work with management to ensure that these cascade to hourly employees
- Balance and monitor budget to achieve corporate business plan objectives
- Monitor and update items to ensure regulatory compliance is being met (ISO, FAA, AOD, Dangerous Goods)
- Compare current organizational achievements vs goals pertaining to KPIs and SQIs and analyze what adjustments are needed to achieve standards
- Hire and provide guidance to new managers and existing managers
- Collaborate ideas with peers to achieve goals that may be missed or improve current processes
- Work with engineers regarding strategy development and execution planning
- Lead the Safety Quality Driven Management program for all night side shift organizations
- Review and implement necessary changes to the current safety procedures published according to injury and accident trends
- Travel to conduct regulatory compliance audits at other MSLs (Major Sort Locations) and smaller Ramp Operations

FEDEX EXPRESS, Indianapolis, IN — Aug 2019 to Oct 2020
Hub Operations Manager – AGFS Outbound — Dec 2007 to Feb 2018

- Supervise and direct up to 35 employees in multiple areas of the operation
- Staff and schedule operation appropriately to meet demands and achieve productivity goals

- Start new flights in the hub, plan slide layouts, hire and train employees, coordinate with engineering to provide excellent customer service
- Delegate tasks to empower teams and create growth
- Train and mentor new managers to ensure they are successful
- Balance workload to positively impact all operations within own organization and, also in other organizations
- Conduct audits of organizations for items pertaining to regulatory compliance, both CSM and AOD, and implement corrective actions as needed to address exceptions
- Follow people plan by conducting service checks, check rides, TLAs, Safety Observations, and Employee Recognition
- Achieve on time launch performance for various markets

FEDEX EXPRESS, Indianapolis, IN — Feb 2018 to Aug 2019
Hub Operations Manager – CSM/AOD/Payroll/Service Assurance

- Conduct AVP audits at other locations and communicate findings and recommendations to senior management and managing directors
- Network with outside location AVP teams consisting of Advisors and Senior Managers to benchmark off others' successes
- Read and comprehend policy to ensure regulatory compliance across multiple organizations
- Perform monthly CSM and quarterly AOD audits at the IND hub
- Create and implement new processes to improve the CSM and AOD audits, ensuring flight safety and regulatory compliance
- Communicate procedure changes or new procedures to management and upper management to maintain and improve process standards
- Conduct all management meetings and small group meetings to outline CSM and AOD expectations
- Establish effective relationships with large corporate customers, tracking and ensuring outstanding service levels to critical shippers

FEDEX EXPRESS, Salisbury, MD — April 2006 to Dec 2007
Station Operations Manager – DGO

- Plan, organize, and direct a.m. and p.m. station operations
- Create engineering plans based on volumes, routes, and belt speed for the AM sort
- Enforce Best Practices to ensure expectations are met while conducting check rides and TLAs
- Monitor and analyze daily operational performance and make necessary adjustments to eliminate problems and maximize opportunities
- Evaluate route effectiveness and implement changes when necessary; restructure routes
- Assist employees in the AIM program through coaching and delegation
- Participate in monthly and quarterly CSM audits
- Maintain and gain customer relationships; Customer Service Agreements
- Actively participate in the QDST and create safety incentive programs

FEDEX EXPRESS, Indianapolis, IN — Jan 2004 to April 2006
Hub Operations Manager – AGFS Manual Secondaries

- Supervise and direct up to 38 employees
- Ensure scheduling and staffing are appropriate to meet operational demands
- Monitor sort rates nightly to ensure sort performance and communicate with control regarding any issues
- Develop, create, and implement safety incentive programs for the Indy Hub night operation
- Active in the SFA QAT to improve the SFA scores and employee environment
- Coach and develop employees to enhance their FedEx career

EDUCATION

UNIVERSITY OF INDIANAPOLIS, Indianapolis, IN — Sept 2002 to Oct 2003
Organizational Leadership; completed 12 credit hours

IUPUI, Indianapolis, IN — Aug 1992 to Dec 1997
Undergraduate Studies; completed 46 credit hours

AVON HIGH SCHOOL, Avon, IN — Aug 1988 to May 1992
Diploma: Class of 1992

ADDITIONAL SKILLS

- Proficient in MS Office (Word, Excel, Powerpoint, Publisher)
- Experienced in all work-related PC skills
- Leadership and communication
- Problem solving and conflict resolution
- Organization and administration
- Customer focus and business sense

ACCOMPLISHMENTS

- ASQ QDM (Quality Driven Management) Expert Certified
- Over 90% Employee satisfaction rating for over 14 years
- 3 Time Recipient for Stock Option Grant for Performance and Leadership
- AGFS Central Region People First Manager
- AOD Audit Excellence Award

PROJECT INVOLVEMENT

- Transcend QDM -- create processes to monitor effectiveness in regulatory compliance areas
- AVP District Team – travel to conduct regulatory compliance audits at various locations
- WDL QDM – root cause analysis to identify service failures; corrective action implememtation
- Outbound Training Program – participated in a comprehensive program to ensure all new participants receive appropriate and correct training
- RESPONSE Initiative -- responsible for creating workflows for GSE (Ground Support Equipment) and Outbound operations during the implementation of an additional sort operation

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Agiliti Health, Inc. MDEG License # (if applicable) _____

Physical Address 5325 Seerley Rd., Ste. B

City Indianapolis State IN Zip 46241

Mailing Address (if different from physical address) Same as physical.

City _____ State _____ Zip _____

Telephone 317-334-1828 Website agilitihealth.com

Licensing Company Email _____

Section 2: Personal Information

First Melissa Middle Jenise Last Romano

Alias(es, nicknames, name changes, etc.) Melissa Trenum

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☑ F ☐ X

Mailing Address [redacted] Springview Dr

City Avon State IN Zip 46123

Telephone [redacted] Email melissa.romano@agilitihealth.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY - MM/YY)	
University of Indianapolis		09/02 - 10/03	
Address	City	State	Zip
1400 East Hanna Ave	Indianapolis	IN	46227
Diploma/Degree obtained, if any			
NA			

School Name		From - To (MM/YY - MM/YY)	
IUPUI		08/92 - 12/97	
Address	City	State	Zip
420 University Blvd	Indianapolis	IN	46202
Diploma/Degree obtained, if any			
NA			

School Name		From - To (MM/YY - MM/YY)	
Avon High School		8/88 - 05/92	
Address	City	State	Zip
7199 E US Hwy 36	Avon	IN	46123
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
07/12 - Current	[redacted]Springview Dr	Avon	IN	46123
12/07 - 07/12	[redacted]Gold Coin Dr	Avon	IN	46123

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Agiliti Health			From To: 02/22 - 11/22
Business Address: 5325 Seerley Rd, Ste B	City: Indianapolis	State: IN	Zip: 46241
Phone: 317.370.4380	Title: Senior Manager		Number of Employed Hours: 1560
Description of Duties: Oversee all aspects of logistics & warehouse operations, ensure all medical devices are current & ready for pt. use.			

Business Name			From To
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From To
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From To
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From To
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4-20-22
Date

I, Melissa Romano, certify that as the MDEG Administrator for Agiliti Health.

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Melissa Romano
Print Name (First, Last)

[signature]
Original Signature (electronic, copies or stamps not accepted)

4-20-22
Date

Board Use Only	Date Received 11-15-22

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D. C. 20549

FORM 10-K

(Mark One)

☒ Annual Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

For the fiscal year ended December 31, 2021

or

☐ Transition report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

For the transition period from to

Commission File Number: 001-40361

AGILITI, INC.

(Exact name of registrant as specified in its charter)

Delaware	**6625 West 78th Street, Suite 300**	**83-1608463**
(State or other jurisdiction of incorporation or organization)	**Minneapolis, Minnesota 55439-2604** (Address of principal executive offices, including zip code)	(I.R.S. Employer Identification No.)
	(952) 893-3200 (Registrant's telephone number, including area code)	

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock, par value $0.0001	AGTI	The New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐	Accelerated filer ☐	Emerging growth company ☐
Non-accelerated filer ☒	Smaller reporting company ☐	

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financing accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant as of June 30, 2021, the last business day of the registrant's most recently completed second fiscal quarter, was approximately $694,928,895 based upon the closing price reported for such date on the New York Stock Exchange.

The number of shares of common stock, $0.0001 par value, outstanding as of February 28, 2022 was 131,121,028.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Definitive Proxy Statement relating to the Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K where indicated. Such Definitive Proxy Statement will be filed with the Securities and Exchange Commission within 120 days after the end of the registrant's fiscal year ended December 31, 2021.

AGILITI, INC.
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NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical fact included in this Form 10-K are forward-looking statements. Forward-looking statements give our current expectations and projections relating to our financial condition, results of operations, plans, objectives, future performance and business. You can identify forward-looking statements by the fact that they do not relate strictly to historical or current facts. These statements may include words such as "anticipate", "estimate", "expect", "project", "plan", "intend", "believe", "may", "will", "should", "can have", "likely" and other words and terms of similar meaning in connection with any discussion of the timing or nature of future operating or financial performance or other events. All forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those that we expected, including:

- effects from political and policy changes that could limit our growth opportunities;
- effects from the continued COVID-19 pandemic on our business and the economy;
- our potential inability to maintain existing contracts or contract terms with, or enter into new contracts with, our customers;
- cancellations by or disputes with customers;
- our potential failure to maintain our reputation, including by protecting intellectual property;
- effects of a global economic downturn on our customers and suppliers;
- a decrease in our customers' patient census or services;
- competitive practices by our competitors that could cause us to lose market share, reduce our prices or increase our expenditures;
- the bundling of products and services by our competitors, some of which we do not offer;
- consolidation in the healthcare industry, which may lead to a reduction in the prices we charge;
- adverse developments with supplier relationships;
- the potential inability to change the manner in which healthcare providers traditionally procure medical equipment;
- our potential inability to attract and retain key personnel;
- our potential inability to make attractive acquisitions or successfully integrate acquire businesses;
- impairment charges for goodwill or other long-lived assets;
- an increase in expenses related to our pension plan;
- the fluctuation of our cash flow;
- credit risks relating to home care providers and nursing homes;
- potential claims related to the medical equipment that we outsource and service;
- the incurrence of costs that we cannot pass through to our customers;
- a failure of our management information systems;
- limitations inherent in all internal controls systems over financial reporting;
- social unrest;
- our failure to keep up with technological changes;
- our failure to coordinate the management of our equipment;
- challenges to our tax positions or changes in taxation laws;
- litigation that may be costly to defend;
- uncertainty surrounding healthcare reform initiatives;
- federal privacy laws that may subject us to more stringent penalties;

- our relationship with healthcare facilities and marketing practices that are subject to federal Anti-Kickback Statute and similar state laws;
- our contracts with the federal government that subject us to additional oversight;
- the impact of changes in third-party payor reimbursement for healthcare items and services on our customers' ability to pay for our services;
- the highly regulated environment our customers operate in; and
- potential recall or obsolescence of our large fleet of medical equipment.

We derive many of our forward-looking statements from our operating budgets and forecasts, which are based on many detailed assumptions. While we believe that our assumptions are reasonable, we caution that it is very difficult to predict the impact of known factors, and it is impossible for us to anticipate all factors that could affect our actual results. Important factors that could cause actual results to differ materially from our expectations, or cautionary statements, are disclosed under "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" in this Form 10-K and elsewhere in our filings with the SEC. All written and oral forward-looking statements attributable to us, or persons acting on our behalf, are expressly qualified in their entirety by these cautionary statements as well as other cautionary statements that are made from time to time in our other SEC filings and public communications. You should evaluate all forward-looking statements made in this Form 10-K in the context of these risks and uncertainties.

We caution you that the important factors referenced above may not contain all of the factors that are important to you. In addition, we cannot assure you that we will realize the results or developments we expect or anticipate or, even if substantially realized, that they will result in the consequences or affect us or our operations in the way we expect. The forward-looking statements included in this Form 10-K are made only as of the date hereof. We undertake no obligation to update or revise any forward-looking statement as a result of new information, future events or otherwise, except as otherwise required by law.

PART I

ITEM 1: Business

Unless otherwise specified, the terms "we", "our", "us" and the "Company" refer to Agiliti, Inc. and, where appropriate, its consolidated subsidiaries. The term "THL" refers to Thomas H. Lee Partners, L.P., our principal stockholder, and the term "THL Stockholder" refers to THL Agiliti LLC, an affiliate of Thomas H. Lee Partners, L.P.

Our Mission

Agiliti, Inc. is an essential service provider to the U.S. healthcare industry with solutions that help support a more efficient, safe and sustainable healthcare delivery system. We ensure healthcare providers have the critical medical equipment they need to care for patients—wherever and whenever it's needed—with a service model that helps lower costs, reduce waste and maintain the highest quality standard of medical device management in the industry. We are motivated by a belief that ***every interaction has the power to change a life***, which forms the cornerstone of how we approach our work and frames the lens through which we view our responsibility to make a difference for the customers, patients and communities we serve.

Overview

We believe we are one of the leading experts in the manufacturing, management, maintenance and mobilization of mission-critical, regulated, reusable medical devices. We offer healthcare providers a comprehensive suite of medical equipment management and service solutions that help reduce capital and operating expenses, optimize medical equipment utilization, reduce waste, enhance staff productivity and bolster patient safety.

We commenced operations in 1939, originally incorporated in Minnesota in 1954 and reincorporated in Delaware in 2001.

In our more than 80 years of experience ensuring healthcare providers have high-quality, expertly maintained equipment to serve their patients, we've established a nationwide operating footprint that supports our offering. This at-scale, local market service and logistics infrastructure positions us to reach customers across the entire healthcare continuum—from individual facilities to the largest and most complex healthcare systems. Our ability to rapidly mobilize, track, repair and redeploy equipment during times of peak need or emergent events has made us a service provider of choice for city, state and the federal government in the management of emergency equipment stockpiles.

Our diverse customer base includes more than 9,000 national, regional and local acute care hospitals, health systems and integrated delivery networks and alternate site providers (such as surgery centers, specialty hospitals, home care providers, long-term acute care hospitals and skilled nursing facilities). We serve the federal government as well as a number of city and state governments providing management and maintenance of emergency equipment stockpiles, and we are an outsourced service provider to medical device manufacturers supporting critical device remediation and repair services. We deliver our solutions through our nationwide network of more than 150 service centers and seven ISO 13485 Certified Centers of Excellence, among which we employ a team of more than 700 specialized biomed repair technicians, more than 4,000 field-based service operators who work onsite within customer facilities or in our local service centers, and over 200 field sales and account managers. Our fees are primarily paid directly by our customers rather than by direct reimbursement from third-party payors, such as private insurers, Medicare or Medicaid.

Industry Challenges

The U.S. healthcare industry continues to face transformative pressure that affects how provider organizations conduct business and serve their patients. Across the healthcare system, providers face compounding financial and operational challenges, including cost pressure from payors, nursing and clinical staff shortages, rising costs of drugs and supplies, increasing regulatory oversight, and advances in medical technology that generally result in higher prices for newer equipment and a higher cost of managing that equipment over its lifecycle. Given there is little that providers can do to change external dynamics, there is increased focus on areas within their enterprise that they can control. In our

experience, one area that most hospitals and health systems identify for operational and cost improvement is the management and maintenance of medical equipment.

Healthcare facilities have been shown to own large quantities of reusable capital equipment ranging from multi-million dollar highly technical devices (e.g. MRIs) to lower cost, high volume devices (e.g. infusion pumps) required for patient care, treatment and diagnosis. In our experience, providers often face challenges in managing their medical equipment inventory effectively. For example, hospitals typically utilize roughly 42% of their owned medical equipment inventory at any given time, yet caregivers report that they routinely lack access to readily available patient-ready equipment. Nurses report spending an average of 20 minutes per shift searching for equipment, and often less than 37% of their time on direct patient care. Operational silos that naturally occur among hospital departments create inadvertent breakdowns within equipment management workflows, from the administrators who order equipment, to the support staff who clean/reprocess and deliver the equipment, to the nurses and doctors who use the equipment.

Further, the repair and maintenance of this highly technical equipment continues to increase in complexity and cost. Over a period of 15 years from 1995 to 2010 there was a 62% increase in the number of medical devices per hospital bed and a 90% increase in costs related to maintaining this equipment (between 1995 and 2010). Given the increasingly complex nature of these devices and stringent regulatory mandates guiding their upkeep, specialized technical knowledge is required to repair and maintain them. Most healthcare facilities struggle to employ the in-house capabilities and resources needed to ensure timely, routine maintenance and rapid testing, repair and turnaround of their medical inventory which may impact time-to-therapy and patient safety, while driving up capital replacement costs on equipment that could have otherwise been kept operational with proper maintenance.

Finally, the healthcare system experiences seasonality in patient volumes, resulting in peak-need demand for specialized medical equipment (e.g. ventilators, specialty beds, infusion pumps). Given the common breakdowns in managing and maintaining their inventory during times of normal operation, hospitals face additional burden on equipment availability during times of peak need and will procure supplemental equipment through additional acquisition channels to fill this gap.

These challenges drive up significant costs and time delays within individual hospital facilities, but when multiplied across several hospitals and alternate site facilities within an integrated delivery network ("IDN"), the losses increase significantly. An average 2,500 bed IDN has been shown to waste more than $11 million annually on inefficient equipment maintenance and unnecessary capital purchases, while clinicians lose valuable patient time and productivity hours managing equipment needs.

These dynamics, supported by the following trends, further support the essential nature of our work:

Focus on reducing costs and increasing operational efficiency. Hospitals and other healthcare facilities continue to experience substantial pressure to conserve capital, reduce operating expenses and become more operationally efficient. We expect these pressures to continue in the future and believe that we will always be on the right side of healthcare reform. Our comprehensive, end-to-end solutions offer customers a way to realize costs savings while enhancing operational improvements for medical equipment access and availability, thereby improving their organizational efficiency and financial viability.

Demand for better patient safety and outcomes. Hospitals across the U.S. are focused on improving patient safety and outcomes, which includes efforts to minimize hospital-acquired conditions (e.g. infections, patient falls and pressure injuries) and increase nursing time at the patient bedside. Hospitals turn to us to assist them in managing their equipment in ways that have been shown to to help them to minimize these incidents and ensure equipment is available when and where it is needed for patient care, thereby improving patient safety and time to therapy, and supporting optimal patient outcomes.

Caregiver retention and satisfaction. Hospitals continue to experience pressure and risk related to nursing and other caregiver retention and job satisfaction pressures. According to reports from the World Health Organization, the United States is expected to have a nurse shortage of 500,000 nurses by 2025. Adding non-patient care duties, such as searching for, cleaning and managing equipment, adds to nurse workload and contributes to clinician dissatisfaction and turnover.

We expect that with these internal pressures, hospitals will increasingly turn to our programs to outsource healthcare technology management duties and related management processes to allow nurses more time to spend on patient care, resulting in improved job satisfaction.

Increased capital and operating expense pressures and regulatory compliance. Hospitals continue to experience restricted capital and operating budgets, while the cost and complexity of medical equipment increases. Furthermore, the increasing complexity and sophistication of medical equipment brings with it more recordkeeping requirements and regulatory scrutiny in its use and maintenance. We expect that hospitals will increasingly look to us to support the management and maintenance of their capital equipment inventory to achieve capital and operating expense savings, operating efficiencies and regulatory compliance.

Our Value Proposition

As a critical outsource partner to more than 9,000 U.S. healthcare customers, including most leading providers nationwide, we've tailored our solution offering and service model to address the unique challenges and opportunities we witness among our customers related to the effective management of medical equipment.

Our services help eliminate significant capital and operating costs associated with the ownership and lifecycle management of mission-critical medical equipment. In addition to optimizing use of providers' owned equipment, we provide ready access and increase the on-patient utilization of supplemental medical equipment to address fluctuations in patient census and patient acuity. By partnering with Agiliti, providers have the benefits of:

Cost savings and lower total costs of equipment ownership

- Increased utilization of both customer-owned and supplemental equipment
- Lower overall total cost of equipment ownership by combining our solutions to solve challenges across the end-to-end equipment management process
- Optimized management and logistics of provider-owned equipment through tracking, monitoring, reprocessing, maintaining, and ensuring equipment is safety-tested and redeployed for use
- Reduced maintenance and repair costs through the use of our proprietary technology, flexible staffing models, parts pool, equipment capabilities and diverse skill mix of knowledgeable equipment technicians and our commitment to quality
- Benefits of specialized technician labor to augment clinical biomed staff, having been shown to help reduce service costs and provide required technical proficiency to address more complex equipment types
- Access to our extensive data and expertise on the cost, performance, features and functions of all major items of medical equipment
- Assistance with capital planning, vendor management and regulatory compliance

More time to spend with patients and confidence in the availability of patient-ready medical equipment

- Increased productivity and satisfaction among nursing staff achieved by eliminating certain non-clinical work tasks and saving an average 300-bed hospital over 28,000 caregiver hours annually, allowing more time to focus on patient care responsibilities
- Improved time-to-therapy for patients at risk for falls, skin breakdown and bariatric safety by expediting delivery of therapeutic equipment direct to the patient room
- Access to supplemental moveable medical equipment, surgical equipment and next generation technology without the expense of acquisition on a pay-per-procedure basis

Improved regulatory compliance, risk management and extended use life

- Optimal maintenance intervals and parts replacement to extend equipment use life, reduce waste and lower obsolescence risk
- Compliance with regulatory and recordkeeping requirements and adherence to manufacturers' specifications on the reprocessing and maintenance of medical equipment
- Equipment quality assurance through the use of our comprehensive quality management system ("QMS") based on the quality standards recognized worldwide for medical devices: 21 CFR 820 and ISO 13485:2016
- Risk mitigation and lower costs associated with product recalls or device modifications

Technical expertise and supplemental staffing to sustain optimal equipment workflow

- Reduced administrative and time burdens on clinical staff related to managing and locating available equipment and coordinating among multiple vendors
- Specialized technical and clinical specialists that directly interact with and work alongside customers to optimize equipment outsourcing solutions

Our Market Opportunities

We participate in a $14 billion U.S. medical equipment services market comprised of the services we offer through our onsite managed services, clinical engineering services and equipment solutions service lines. We believe that this market will grow at mid-single digits annually.

Per the Centers for Medicare and Medicaid Services ("CMS"), as of 2020, healthcare spending reached $4.1 trillion, or $12,530 per person and accounted for 19.7% of the U.S. GDP. Spending is expected to grow at an average annual rate of 5.4% from 2019-2028, due to secular tailwinds including an aging population, rising acuity, and prevalence of chronic conditions.

There is a fundamental shift in the needs of health systems, hospitals and alternate site providers to move from supplemental and peak need sourcing of medical equipment toward more comprehensive onsite inventory management and maintenance solutions. As healthcare facilities look to balance the challenge of providing better care at lower costs, they are more open to third party partnerships that outsource critical but non-core support functions. The move toward full outsourcing is not unlike trends in similar services at hospitals including food service, laundry, professional staffing and technology.

We believe there are several key macro trends that will drive increased demand for our products and services:

Favorable demographic trends. According to the U.S. Census Bureau, individuals aged 65 and older in the United States comprise the fastest growing segment of the population. This segment is expected to grow to approximately 81 million individuals by 2040. This represents a 44% increase in the 65-and-older segment of the population over the next 20 years. As a result, over time, the number of patients and the volume of hospital admissions are expected to grow. The aging population and increasing life expectancy are driving demand for healthcare services.

Increase in chronic disease and obesity. According to the Center for Disease Control and Prevention ("CDC"), six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes. These conditions often require specialty equipment to support therapeutic intervention in inpatient and outpatient care settings. In addition, obesity in the U.S. increased to 42.4% of the population between 2017-2018, up from 30.5% in 2000 (CDC). This population demands greater access to specialty bariatric equipment to support care and minimize the incidence of injury during a hospital stay.

Increased mergers & acquisitions. We have seen that hospitals and healthcare systems continue to expand their covered network and acquire alternate care delivery settings in order to care for patient populations in the most cost-

effective way. In our experience, providers are increasingly seeking partners that provide comprehensive services and that can quickly adapt to changing health system infrastructure and growth. Working with one vendor that can operate at a nationwide and system-wide scale is attractive to cities, states, and IDNs who operate, manage, and maintain equipment inventories across multiple locations.

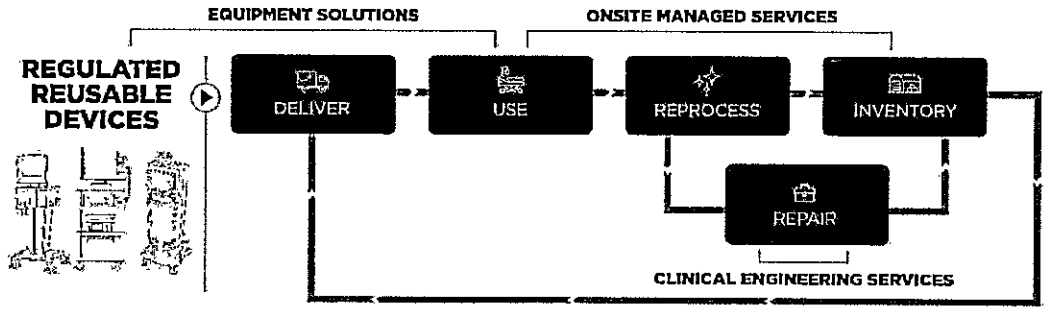
Centralizing shared services across the IDN. Health systems with duplicate services across multiple facilities in close proximity have an increased risk of unnecessary variation, greater costs, and suboptimal outcomes. Many health systems have centralized and consolidated non-clinical services as a shared service, including billing, reimbursement, supply chain, human resources, IT, etc. We have witnessed a growing trend among IDNs to centralize and consolidate equipment maintenance and logistics among member facilities. In our experience, because most health systems do not currently have the storage, technical or transportation resources for managing a shared equipment management function, they will seek third party support to optimize equipment utilization, redeploy equipment where needed and reduce overall equipment costs.

Increase in infection control risks. Infection control remains an essential priority for hospitals and health systems as a way to limit the spread of hospital-acquired infections. This has further escalated as a top priority due to the COVID-19 pandemic. Most focus in this area is around hand hygiene, the proper use of personal protective equipment (PPE) and the reprocessing and sterilization of critical and semi-critical medical devices (e.g. surgical instruments, endoscopes). Often overlooked is the reprocessing of non-critical medical devices, such as infusion pumps and ventilators, that are commonly touched by caregivers and patients. If not properly cleaned and sanitized between patient use, these devices can pose increased infection control risks. We expect an increase in demand of onsite equipment management programs to address proper reprocessing of these types of devices and help lower infection risks and allow clinicians to spend more time at the patient bedside and less time cleaning equipment.

Our Solutions

We provide a comprehensive offering for the manufacturing, management, maintenance and mobilization of critical medical devices, built on an integrated service platform. Our solutions help reduce the cost and complexity of acquiring, managing and maintaining medical equipment inventories. The integrated nature of our offerings within our end-to-end service framework ensures we maximize value to over 9,000 customers nationwide as we address more aspects of the equipment lifecycle continuum.

While customers may initially engage with us across one aspect of our service lines within this framework, we employ a variety of land-and-expand tactics to grow our relationships and customer share-of-wallet over time. These tactics include:



- ***Gateway solutions*** which offer an entry point to the economic buyer and include peak needs equipment, surgical lasers and equipment, specialty beds and surfaces and supplemental clinical engineering services;
- ***Vertical solutions*** which provide a deeper level of service with clinical offerings tailored to specific patient needs (e.g. bariatrics, wound management, falls management) and clinical engineering programs for broad equipment categories (general biomedical devices, diagnostic imaging equipment, surgical instruments);
- ***Comprehensive, connected solutions*** through onsite managed services and outsourced clinical engineering services that connect previously fragmented customer workflow processes to drive operational efficiencies, realize improved clinician and equipment productivity, lower total cost of ownership, ensure regulatory compliance, reduce waste, improve time to therapy and allow customers to effectively lower costs; and
- ***Comprehensive logistics, management and clinical engineering solutions*** that allow IDNs to manage equipment inventories across multiple locations, and supports city, state and federal government agencies in managing and maintaining equipment stockpiles.

We deploy our solution offering across three primary service lines:

On-Site Managed Services: Onsite Managed Services are comprehensive programs that assume full responsibility for the management, reprocessing and logistics of medical equipment at individual facilities and IDNs, with the added benefit of enhancing equipment utilization and freeing more clinician time for patient care. This solution monitors and adjusts equipment quantities and availability to address fluctuations in patient census and acuity. Our more than 1,600 onsite employees work 24/7 in customer facilities, augmenting clinical support by integrating proven equipment management processes, utilizing our proprietary management software and conducting daily rounds and unit-based training to ensure equipment is being used and managed properly, overall helping to optimize day-to-day operations and care outcomes. We assume full responsibility for ensuring equipment is available when and where it is needed, removing equipment when no longer in use, and decontaminating, testing and servicing equipment as needed between each patient use. Revenue attributable to such customers represented 29% of our total revenue for both the years ended December 31, 2021 and 2020.

Clinical Engineering Services: Clinical Engineering Services provides maintenance, repair and remediation solutions for all types of medical equipment, including general biomedical equipment, diagnostic imaging equipment and surgical equipment through supplemental and outsourced offerings. Our supplemental offering helps customers manage their equipment repair and maintenance backlog, assist with remediation and regulatory reporting and temporarily fill open biotechnical positions. With our outsourced offering, we assume full management, staffing and clinical engineering service responsibilities for individual or system-wide customer sites. The outsourced model deploys a dedicated, on-site team to coordinate the management of customer-owned equipment utilizing our proprietary information systems, third party vendors of services and parts, and a broad range of professional services for capital equipment planning and regulatory compliance. We leverage more than 700 technical resources from our over 150 local market service centers and seven Centers of Excellence to flex staff in and out of customer facilities on an as-needed basis, ensuring customers pay only for time spent directly servicing their equipment by an appropriately qualified technician. We use flex staffing for our supplemental clinical engineering solution and to augment support when additional technicians are needed to supplement our outsourced services during peak workload. We contract our Clinical Engineering Services with acute care and alternate site facilities across the U.S., as well as with the federal government and any medical device manufacturers that require a broad logistical footprint to support their large-scale service needs. Revenue attributable to such customers for the years ended December 31, 2021 and 2020 represented 37% and 33% of our total revenue, respectively.

Equipment Solutions: Equipment Solutions primarily provides supplemental, peak need and per-case rental of general biomedical, specialty, and surgical equipment to acute care hospitals and alternate site providers in the U.S., including some of the nation's premier healthcare institutions and integrated delivery networks. We contract for Equipment Solutions services directly with customers or through our contractual arrangements with hospital systems and alternate site providers. We consistently achieve high customer satisfaction ratings, as evidenced by our Net Promotor Score ("NPS") of 55 for the year ended December 31, 2021, by delivering patient-ready equipment within our contracted equipment delivery times and by providing technical support and educational in-servicing for equipment as-needed in clinical departments, including the emergency room, operating room, intensive care, rehabilitation and general patient care areas. We are committed to providing the highest quality of equipment to our customers, and we do so through the use of our comprehensive QMS which is based on the quality standards recognized worldwide for medical devices: 21 CFR 820 and ISO 13485:2016. This commitment ensures that customers have access to patient-ready equipment with the confidence of knowing it has been prepared and maintained to the highest industry standard to deliver optimal patient safety and outcomes. Revenue attributable to such customers for the years ended December 31, 2021 and 2020 represented 34% and 38% of our total revenue, respectively.

Many of our customers have multiple contracts and have revenue reported in multiple service lines. Our contracts vary based upon service offering, including with respect to term (with most being multi-year contracts), pricing (daily, monthly and fixed fee arrangements) and termination (termination for convenience to termination for cause only). Many of our contracts contain customer commitment guarantees and annual price increases tied to the consumer price index. Standard contract terms include payment terms, limitation of liability, force majeure provisions and choice of law/venue.

Because we work closely with customers to provide a long-term, value-based solution versus a product-based, transactional approach, they are motivated to expand their relationships with us over time. With approximately 75% white space within our current customers, we have demonstrated an ability to grow revenue up to 5-6x with existing customers as they move toward our full suite of highly complementary services. From the year ended December 31, 2015 to the year ended December 31, 2021, our top 50 customers that experienced the largest growth in revenue over the same period increased in revenue from an aggregate of approximately $22.2 million to approximately $135.4 million (with increases at each customer ranging from $1.2 million to $7.1 million and an average increase of $2.3 million, and with consistent growth across our three primary service lines), primarily driven by our efforts to expand our share of wallet within our existing customer base.

Further, the infrastructure and capabilities required to provide connected, responsive equipment lifecycle management is typically cost-prohibitive, even for large IDNs. Our nationwide network of clinical engineers, storage and repair facilities, vehicles and analytics tools gives us scale to provide cost-effective services for individual facilities, systems, regional IDNs, governments and device manufacturers.

Competitive Strengths

We believe our business model presents an attractive value proposition to our customers and that our comprehensive medical device management solutions and ability to work in partnership with and across Original Equipment Manufacturers ("OEMs") as a device-agnostic service provider have contributed to our growth in recent years. Our unique framework for end-to-end medical equipment management, delivered through our nationwide service and logistics infrastructure, differentiates us in the marketplace and is without comparable peers. We believe our more than 80 years of experience, extensive employee base of trained technicians and our reputation for service excellence has earned us a leading position in our industry. We attribute our historical success to our:

Strong value proposition. With our focus and expertise in connected, end-to-end medical equipment management and service solutions, we offer a compelling customer value proposition. We believe that many of our customers have come to rely on our ability to respond quickly to their needs with reliable, high quality products and service expertise. We believe our ability to provide this level of service distinguishes us from our competitors. It also requires us to maintain inventories and infrastructure that we do not believe our competitors currently maintain. Our comprehensive solutions focus on helping customers:

- lower total cost of device ownership by reducing capital and operating costs related to owning and managing medical equipment;
- enhance operational productivity and staff satisfaction by ensuring equipment is available when and where needed; and
- maintain high standards of quality and regulatory compliance related to medical equipment use, maintenance and end-of-life disposal.

Large, nationwide infrastructure. We have a broad and specialized nationwide staff, facility, and vehicle service network coupled with focused and customized operations at the local level. Our extensive network of service centers and Centers of Excellence and our 24-hours-a-day, 365 days-a-year service capabilities enable us to compete effectively for large, national contracts as well as drive growth regionally and locally.

We employ a number of technical, clinical and surgical specialists that engage directly with our customers to drive improved cost, efficiency and clinical outcomes. These include over 700 biomedical repair technicians, more than 4,000 field-based service operators, and over 200 field sales and account managers. Our specialized teams, large equipment fleet, and quality assurance programs have been built over 80 years serving provider customers and represent a significant investment in infrastructure over time. This places us in a unique and hard-to-replicate position with the scale to serve the most complex acute care hospitals, such as teaching, research or specialty institutions, that demand access to current and preferred technologies to meet the complex needs of their patients.

Proprietary software and asset management tools. We have used our more than 80 years of experience and our extensive database of equipment management information to develop sophisticated software technology and management tools. These tools enable us to meet unique customer demands by supporting sophisticated onsite managed services that help drive cost efficiencies and equipment productivity for caregivers. We believe that our ongoing investment in new tools and technology will help continue to distinguish our offerings to the healthcare industry.

Commitment to quality. Class I and II medical devices are designed, manufactured, and distributed from our Sizewise manufacturing facilities. Each of the United States-based facilities that produce finished goods is registered with the FDA and follows strict quality guidelines in accordance with 21 CFR 820. The Hays, KS, Ellis, KS, and Corona, CA Sizewise manufacturing facilities are ISO 1385:2016 compliant, and the two Kansas facilities are certified by Intertek; the California facility is pending certification. A dedicated quality team oversees the Quality Management System (QMS) at these locations.

Agiliti also services and repairs medical devices manufactured by other OEMs. Third-party service providers like Agiliti are not required to register their sites with the FDA; therefore, there are no regulations that specifically apply to our maintenance of medical devices. We've made a commitment, however, to do the right thing for our customers and their patients by staffing a dedicated Quality team and implementing a QMS based on the quality standards recognized

worldwide for medical devices: 21 CFR 820 and ISO 13485:2016. This commitment to quality ensures that patient safety and risk management are at the center of every product decision, and that our equipment is serviced to the highest standards in the industry. Over 90 local market service centers, eight government service centers, and seven Centers of Excellence follow an ISO 13485:2016 ccertified QMS, and we have elected to hire outside independent accredited registrars to audit our quality system. British Standards Institute ("BSI") has certified over 90 of our local market service centers, eight government service centers, and five of our Centers of Excellence to ISO 13485:2016, the remaining two Centers of Excellence are certified by Deutscher Kraftfahrzeug-Überwachungs-Verein e.V. ("Dekra") and National Quality Assurance ("NQA"). We believe that ISO 13485:2016 provides the stringent guidelines specific to medical devices to ensure that our fleet of equipment, as well as the equipment we service, is maintained to the highest quality standards. Our commitment to quality extends to our exclusive use of OEM parts to repair FDA 510(k) registered medical devices that we own, whenever available. Implementing optimal maintenance intervals and parts replacement extends equipment use life, thereby reducing waste and lowering risk of obsolescence. We believe that our robust QMS policies set us apart in our industry from those who may use less stringent quality practices on the equipment they own or maintain.

Superior customer service. We believe we have a long-standing reputation among our customers for outstanding service and quality. This reputation is largely attributable to our strong customer service culture, which is continuously reinforced by management's commitment to, and significant investment in, hiring and training resources. We strive to seamlessly integrate our employees and solutions into the operations of our customers. We believe that our aggressive focus on the overall customer experience has helped us achieve high customer satisfaction ratings, as evidenced by our NPS of 55 for the year ended December 31, 2021.

Low direct third-party payor reimbursement risk. Many healthcare providers rely on direct payment from patients or reimbursement from third-party payors. Our fees are primarily paid directly by our customers, rather than by third-party payors, such as Medicare, Medicaid, managed care organizations or indemnity insurers. Accordingly, our exposure to uncollectible patient or reimbursement receivables or Medicare or Medicaid reimbursement changes is reduced, as evidenced by our bad debt expense of approximately 0.2%, 0.3%, and 0.2% of total revenue for the years ended December 31, 2021, 2020, and 2019, respectively.

Values driven culture centered on doing the right thing for our many stakeholders. Our team operates on a set of shared aspirations that reflect the manner in which we approach our work and serve the needs of our customers, team members, shareholders and local communities. We believe these aspirations that underpin our culture, strategy and service model help contribute to a safer and more sustainable healthcare system and frame the cornerstone of our success:

WE ARE BUILDING THE PREMIER CLINICAL EQUIPMENT SERVICES COMPANY. We ensure clinicians have the equipment they need, when they need it, with the confidence it is maintained to the highest industry standards. We never waver from doing what is right for our customers, our team members, and our shareholders.

WE ARE ESSENTIAL TO CUSTOMERS. We are dependable, trusted advisors—steadfast in our commitments and ready to serve. We deliver a unique and valuable offering that helps customers improve their business and prioritize patient care.

WE ARE EMPOWERED AND ENGAGED. We lead by example, inspiring one another to be at our best, to be accountable, and to develop with purpose. We value our diversity, knowing different perspectives lead to better outcomes. We share a common drive to make a difference and take pride in being part of something bigger than ourselves.

WE ARE OPERATIONALLY EXCELLENT. We demonstrate a tireless commitment to quality, reliability, and continuous improvement. We demand of ourselves the highest degree of accuracy, efficiency and integrity in order to deliver exceptional service to our customers and their patients.

WE ARE CREATING A CATEGORY OF ONE. Together, we are building a highly differentiated service company that is the vendor of choice for customers and an employer of choice nationwide.

Highly engaged team. We believe a strong and sustainable company begins with an engaged and empowered team. We are committed to investing in our team's development and to fostering a culture of diversity, inclusion, trust and transparency. Approximately 41% of our total work force is comprised of minorities and approximately 29% of our team members are female. Since 2018, we have consistently had an annual internal promotion rate of approximately 29%, compared to the national average of 8.9%, as reported by ADP Research Institute. We offer competitive compensation and benefits programs, and we ensure our team members share in the success of our business with a companywide annual bonus program and an Employee Stock Purchase Plan. We strive to ensure Agiliti is a place where our people are proud to work, and we achieve that by listening to feedback and taking active steps to improve. In 2021, we achieved a 77 employee engagement score rating, which places us nearing the extraordinary company benchmark according to third-party engagement indices.

Proven management team. Our diverse and industry leading management team brings decades of executive-level healthcare expertise from across the sector and has successfully supervised the development of our competitive strategy, continually enhanced and expanded our service and product offerings, reinforced our nationwide operating footprint and furthered our reputation as an industry leader in our category.

Key Elements of our Growth Strategy

Retain and expand existing customer relationships. While our overall market opportunity is large, there is also significant expansion opportunity within our existing customers. We currently have 25% wallet share within our existing contracted customers and have demonstrated the ability to grow our wallet share among existing customers by expanding the services we provide to them over time. From the year ended December 31, 2015 to the year ended December 31, 2021, our top 50 customers that experienced the largest growth in revenue over the same period increased in revenue from an aggregate of approximately $22.2 million to approximately $135.4 million (with increases at each customer ranging from $1.2 million to $7.1 million and an average increase of $2.3 million, and with consistent growth across our three primary service lines), primarily driven by our efforts to expand our share of wallet within our existing customer base.

Grow our customer base among customers that outsource. We believe there is a significant opportunity to further grow our business by winning new customer contracts within the $5.85 billion that is contracted annually for medical equipment management services in the U.S. This is less than half of the total addressable market and, due to increasing pressures that providers are facing, we expect outsourcing to significantly accelerate. As a leader in our industry, we believe we are poised to take advantage of this continued shift.

Grow our serviceable market by contracting with those that insource today. Currently, we estimate that $14 billion is spent annually in the U.S. for medical equipment services and functionality, but less than half of the total market is currently being outsourced to an equipment management service, while the rest is done in-house in facilities. We believe that as we reach additional potential customers with demonstrated value both in improved patient care and reduced costs, we can grow our total addressable market by contracting with new clients that were not previously outsourcing device management services. Further, this market is also experiencing tailwinds that make the total addressable market, the total contracted market, and our own contracts with ongoing customers poised to continue to expand. These tailwinds include increasing overall provider volumes, increasing use and complexity of medical devices, increasing outsourcing by hospitals, and additional factors that we believe will continue to drive growth.

Invest in complementary offerings that enhance customer relationships. As the medical device field becomes increasingly complex and the number of devices used per patient on average increases over time, we are constantly evaluating additional services and methods of approaching service delivery that increase value for our clients. As an example, this has recently taken the form of expanding our work with federal, state, and local governments to help them maintain and mobilize strategic stockpiles of ventilators and other critical medical equipment.

Opportunistically pursue accretive M&A. Due to our high and sustained value creation for customers and significant white space with existing customer relationships, we believe that pursuing opportunistic M&A will drive increasing returns through embedded customer relationships. From 2015-2021, we have successfully integrated nine acquisitions and will continue to opportunistically pursue additional inorganic growth.

Recent Acquisitions

Northfield Acquisition

On October 28, 2020, we entered into a stock purchase agreement to acquire 100% of the issued and outstanding capital stock of Northfield Medical ("Northfield Medical") a nationwide provider of surgical equipment repair services for $475.0 million, subject to adjustments (the "Northfield Acquisition"). Northfield Medical provides service and repair of medical devices, specializing in the repair of endoscopes, surgical instruments and other operating room equipment. The acquisition closed on March 19, 2021.

Sizewise Acquisition

On September 14, 2021, we entered into a definitive agreement to acquire Sizewise Rentals, LLC ("Sizewise"), a privately held manufacturer and distributor of specialty patient handling equipment, in a stock purchase transaction valued at $230 million. (the "Sizewise Acquisition"). Sizewise is a leading manufacturer and provider of specialized bed frames, therapeutic surfaces and mobility equipment serving customers in the acute and post-acute care markets with products that address the needs of bariatric, geriatric, pediatric and standard patient populations. The Company completed the acquisition on October 1, 2021.

COVID-19 Update

COVID-19 has placed our customers, business, teams and communities in uncharted waters. We consider the impact of the pandemic on our business by evaluating the health of our operations, changes to our revenue outlook, and the degree to which perceptions of and need for Agiliti solutions have evolved during this unprecedented time. As demand for emergent acute care increases around the country and as the global pandemic highlights the importance of resilient supply chains and service networks, the importance of our services has been magnified. We are proud to have rapidly developed and deployed a response plan to ensure the safety of our team, while continuing to meet our customers' evolving needs for patient-ready medical equipment when and where it was needed; notably, doing so without service interruptions.

We believe our value proposition now resonates with an even broader audience of customers as providers, IDNs and governments prepare for potential future surges in demand for acute care and the required equipment necessary to care for patients.

Specifically, during the COVID-19 pandemic, we have:

- fully and rapidly deployed our fleet of medical devices and accessories across the U.S. to ensure they are reaching the maximum number of patients;
- leveraged our logistics, inventory management, and maintenance/repair infrastructure to work with medical device brokers and manufacturers to make thousands of additional critical medical devices available to healthcare facilities;
- deployed our local biomedical repair teams to augment teams at hospitals around the country to ensure their owned medical equipment remains fully operational and available for patient needs;
- redeployed teams from our over 150 local service centers to support surge medical capacity in parks, gymnasiums, and hotel rooms across the country;
- heen awarded a new contract to leverage our unique scale and capabilities to manage the maintenance and field repair of the national strategic ventilator stockpile; we are likewise working with various state and municipal governments to manage and mobilize their centralized and local medical device stockpiles; and
- prioritized the care and safety of our employees who are essential to helping our customers meet patient care needs. We committed to avoid COVID-19 related layoffs or furloughs and bridge the income of our team members with variable net pay for the duration of the pandemic. As many of our team members entered high-exposure environments each day, we ensured all had the necessary PPE, guidelines, training and support from the highest levels of the company. We provided 100% coverage for COVID-19 testing and telemedicine, extended short-term medical leave and disability coverage related to COVID-19, and

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

NON-REFUNDABLE $1,000.00 FEE

Rev (04/19/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Agiliti Health, Inc.

Physical Address: 1790 Crossroads Drive

City: Odenton State: MD Zip: 21113

Mailing Address (if different from physical address): Same as physical.

City: _____ State: _____ Zip: _____

Telephone: (410) 456-2108 Website: www.agilitihealth.com

Name of Designated Representative (DR): Tommy Bees

Licensing Company Email: mcandrew@taftlaw.com DR Email: Tommy.Bees@agilitihealth.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Agiliti HoldCo., Inc.

Corporation Name: Agiliti Health, Inc.

Mailing Address: 11095 Viking Dr.

City: Eden Prairie State: MN Zip: 55344

Telephone: 952-893-3255 Email: dorothy.johnson@agilitihealth.com

Contact Person Name: Dorothy Johnson

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol: AGTI

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lee Neumann

Print Name of Authorized Person Submitting Application

Lee Neumann

Original signature of Authorized Person (copies or stamps not accepted)

10-17-2022

Date

Board Use Only	Date Received: 10-24-22	Amount: 1000.00 CC

Maria Herrera

From: Jwyanza Reed -MDH- <jwyanza.reed@maryland.gov>
Sent: Wednesday, October 19, 2022 3:55 PM
To: Dorothy Johnson; Deena Speights-Napata -MDH-
Subject: Re: Maryland Board of Pharmacy - letter of exemption

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. If you believe an email is a phishing attempt, click on the small envelope icon in the upper right corner of the email and select the "phishing" option.

Good Evening Dorothy Johnson:

During the Maryland Board of Pharmacy's October 19, 2022 Board meeting, the following response was approved:

> Yes, the Board can provide an official notification.
>
> The Board does not issue a 3PL permit. Additionally, the Board does not require that a 3PL obtain a wholesale distributor's permit in lieu of a 3PL permit.

Please be advised that this response was prepared with the knowledge of only the facts presented. Any person who wishes to republish or reproduce, in whole or in part, any material issued by the Board should contact the Board for prior consent. This response is not intended to be legal advice. Although references to current laws and regulations may be included in this response, keep in mind that laws may change annually and regulations may be changed at any time. Further, the information provided is based on state pharmacy laws and regulations. Federal rules and state requirements that are not included under the Maryland Pharmacy Practice Act, however, may also apply. To ensure that all current applicable laws have been considered, you may want to consult with your own legal counsel. Board responses to inquiries are intended for guidance purposes only. As these positions do not necessarily reflect a discussion of all material considerations required to reach the conclusions stated, they are not intended to be rules, regulations, or official statements of the Board. Accordingly, due to their highly informal nature, these responses are not considered binding upon the Board and should not be relied on as definitive.

On Wed, Oct 12, 2022 at 4:01 PM Jwyanza Reed -MDH- <jwyanza.reed@maryland.gov> wrote:
Good Afternoon Dorothy Johnson:

Please find a letter of exemption attached to this email. Your question will also be discussed during the next Board meeting on October 19, 2022.

NEVADA STATE BOARD OF PHARMACY

SECTION 9

PUBLICLY TRADED

- **List of all Officers and Directors**

Directors		Officers	
Darren Friedman	Director	Tom Leonard	CEO
Diane Patrick	Director	Jim Pekarek	CFO
Gary Gottlieb	Director	Lee Neumann	Secretary
Josh Nelson	Director	Tom Boehning	President
John Workman	Chairman, BOD	Matthew McCabe	Treasurer
Megan Preiner	Director	Scott Christensen	Controller
Scott Sperling	Director		
Michael Bell	Director		

- **List of top four corporation shareholders and their percentage of ownership**
  - Agiliti HoldCo Inc., 100%

- **Certificate of Good Standing**
  - See attached

- **Copy of DEA certificate**
  - Agiliti does not handle any controlled substances

- **Copy of current SEC 10K or 8K**
  - See attached

- **A list containing lender or holder of indebtedness of the applicant**
  - On January 4, 2019 Agiliti Health, Inc. entered into a credit agreement with JPMorgan Chase Bank, N.A. as administrative agent, collateral agent, and letter of credit issuer, Agiliti Holdco, Inc., certain subsidiaries of Agiliti Health, Inc.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGILITI HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGILITI HEALTH, INC." WAS INCORPORATED ON THE TWELFTH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3445269 8300

SR# 20222049887

Authentication: 203448958

Date: 05-17-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Client#: 66823 AGILI

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/31/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Adam Salem, Account Executive	
The Hilb Group of New York LLC dba Rampart Insurance Services 1983 Marcus Avenue, Suite C130 Lake Success, NY 11042	PHONE (A/C, No, Ext): 516-538-7000	FAX (A/C, No): 516-390-3555
	E-MAIL ADDRESS: asalem@rampartinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Sompo America Insurance Company	11126
INSURED Agiliti Health, Inc. 11095 Viking Drive Eden Prairie, MN 55344	INSURER B : Endurance American Insurance Company	10641
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	[ ] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
A	AUTOMOBILE LIABILITY	X	X	LAM30020268600	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
B	[X] ANY AUTO			LUM0007258601	06/01/2022	06/01/2023	BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	WCD40128C0 (AOS)	06/01/2022	06/01/2023	[X] PER STATUTE [ ] OTH-ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH)	N/A	X	WCN41297T0 (WI)	06/01/2022	06/01/2023	E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EVIDENCE OF INSURANCE

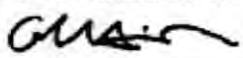
CERTIFICATE HOLDER

EVIDENCE OF INSURANCE
Ramsey, NJ

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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RSA

NEVADA

Employee list for each location **Pursuant to NRS 639.500 (2).**

1790 Crossroads Drive Odenton MD 21113

Employee Name	Job Title
Tommy Bees	SOM
Joe Sturm	TSS
Lindsey Ward	BMET II
Matt Donnick	MET
Samuel Moore	WSR
Sam Nicholson	MET
Nicole Lindi	MET
Daniel Agyei	MET
Aaron Andrews	Scheduler
Carlos Alvarado	MET
Stephanie Holtz	MET
Troyer Burns	BMET I
Mark Kegley	MET II
Roberto Rena	BMET I
Erik Weiksner	TSM (CEM)
Malik Barnes	MET
Owens Norman	MET
Malik Lindsey	WSR
Kamau Dorsey	WSR
Fredrick Spencer	BMET II
Lyric Bonds	BMET
Vladimir Bruno	WSR
Arthur Wheaton	MET
Paul Tse	MET
Alex Strawitch	IS
James Farrell	WSR
Destyne Anderson	WSR
Suzanne Hill	OSD
Wesley Rettig	MET
Ashley McGowens	MET
Dane Belonia	WSR II
Eric Joseph	MET
Marcus Leaks	MET
Wandelyn Norman	WSR

Thomas A. Bees

[redacted]Cottage Grove Drive
Pasadena, Maryland 21122
[redacted]
tommy.bees@agilitihealth.com

Objective: To further develop my leadership skills and growth at Agiliti.

Work History:

September 2020 to present

Operations Senior Manger Warehousing & Logistics Manager: Brian Mast/Ryan Harris

Agiliti

Duties include logistics movement of government stockpile of equipment. Inventory of all equipment owned by the government and to ensure its accuracy in the management system. Manage a staff of 30 plus employees. Over see all operations and movement of equipment through out the entire warehouse, 110,000 sqft. Maintain a budget of $20M a year and ensure a CGM% of 45 or larger.

October 2013 to September 2020

Operations Manager District Manager: Joe/Schneider/ David Mattingly/James Hannah

Agiliti/UHS

Duties include managing a $9M a year office and P&L performance. Controlling inventories and managing to all SLA's. Partnerships with sales team to drive new business opportunities. SME for division on VWP, the standardization of our district offices. Maintain good relationships with all customers. Stand in for DOD when not available.

May 2008 through October 2013

Operations Supervisor District Manager: Kevin Reim/Michael Bandzwolek Eric Scott/Dennis Archambault/Tony Silva

Universal Hospital Services, Inc.
6671 Santa Barbara Road
Suite C
Elkridge, MD 21075

Duties Include: Hiring new employees. Tracking and verifying all inventories. Operations compliance for office set up. Filling in for Operations Manager while out for any reason. Running day to day operations. Coordinating with all customers for all equipment needs. Managing 3 shifts of employees. Handle logistics for the office. Develop and educate the district personnel in their development.

August 2005 through May 2008
Customer Service Coordinator Manager: Andrew Suge, Kevin Reim
Universal Hospital Services, Inc.
9111 Guilford Road
Columbia, MD 21046
Office: 1-800-841-0485
Duties Included: Tracking and verifying all inventories. Operations compliance for office set up. Running day to day operations. Coordinating with all customers for all equipment needs. Managing 3 shifts of employees. Handle logistics for the office. Processing all equipment in the office. Deliveries and pickups from accounts. Eagle award winner 2007 for operations excellence.

November 2004 through August 2005
Customer Service Technician 1 Manager: Steve Polaris, Andrew Suge
Universal Hospital Services, Inc.
9111 Guilford Road
Columbia, MD 21046
Office: 1-800-841-0485
Duties Included: Processing all equipment in the office. Deliveries and pickups from accounts.

July 1996 through January 2003
Merchandiser, Space Management
Daymon Associates, Inc. – Retail
Duties Included: All under account with Super Fresh. Managing other personnel and setting up all sections for Baltimore Super Fresh stores. Inventory.

June 1994 through September 1995
Sales Representative
Chesapeake/Randall Co. (now McCready Marketing)
Duties Included: Sales Representative in the Baltimore/Washington area. Inventory.

1991 through June 1994
Waiter, Cook, Cashier, Bartender
Olive Garden Restaurant
Duties Included: Management responsibilities – inventory, ordering and employee scheduling

1986 – 1991
Super Fresh Food Store

Education: High school diploma, Associates Degree in Business Management

References: Furnished Upon Request

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Agiliti Health Inc. MDEG License # (if applicable) _____

Physical Address 1790 Crossroads Drive

City Odenton State MD Zip 21113

Mailing Address (if different from physical address) Same as physical

City _____ State _____ Zip _____

Telephone 410.456.2108 Website www.agilitihealth.com

Licensing Company Email _____

Section 2: Personal Information

First Thomas Middle Andrew Last Bees

Alias(es, nicknames, name changes, etc.) n/a

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Cottage Grove Dr

City Pasadena State MD Zip 21122

Telephone [redacted] Email tommy.bees@agilitihealth.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Anne Arundel Community College		8/15 to 5/20	
Address: 101 College Pkwy	City: Arundel	State: MD	Zip: 21012
Diploma/Degree obtained, if any: AA Business Management			

School Name		From - To (MM/YY – MM/YY)	
Catonsville Community College		8/88 to 5/90	
Address: 800 S Rolling Rd	City: Catonsville	State: MD	Zip: 21228
Diploma/Degree obtained, if any: N/A			

School Name		From - To (MM/YY – MM/YY)	
Cardinal Gibbons HS		9/24 to 6/88	
Address: 3225 Wilkins Ave	City: Baltimore	State: MD	Zip: 21229
Diploma/Degree obtained, if any: High School			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/05 to Present	[redacted] Cottage Grove Dr	Pasadena	MD	21122
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Agiliti Health, Inc.			11/04 to Present	
Business Address		City	State	Zip
11095 Viking Drive, Ste 300		Eden Prairie	MN	55344
Phone	Title		Number of Employed Hours	
952.893.3200	Operations Senior Manager			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, THOMAS BEES, **certify that as the MDEG Administrator for** AGILITI HEALTH, INC.,

that I (initial that you have read and meet the following requirements):

1. TB Have a high school diploma or its equivalent;
2. TB Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. TB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. TB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

THOMAS BEES
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-11-2022
Date

Board Use Only	Date Received: 11-16-22

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D. C. 20549

FORM 10-K

(Mark One)

☒ Annual Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

For the fiscal year ended December 31, 2021

or

☐ Transition report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

For the transition period from to

Commission File Number: 001-40361

AGILITI, INC.

(Exact name of registrant as specified in its charter)

Delaware	**6625 West 78th Street, Suite 300**	**83-1608463**
(State or other jurisdiction of incorporation or organization)	**Minneapolis, Minnesota 55439-2604** (Address of principal executive offices, including zip code) **(952) 893-3200** (Registrant's telephone number, including area code)	(I.R.S. Employer Identification No.)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock, par value $0.0001	AGTI	The New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐	Accelerated filer ☐	Emerging growth company ☐
Non-accelerated filer ☒	Smaller reporting company ☐	

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financing accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant as of June 30, 2021, the last business day of the registrant's most recently completed second fiscal quarter, was approximately $694,928,895 based upon the closing price reported for such date on the New York Stock Exchange.

The number of shares of common stock, $0.0001 par value, outstanding as of February 28, 2022 was 131,121,028.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Definitive Proxy Statement relating to the Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K where indicated. Such Definitive Proxy Statement will be filed with the Securities and Exchange Commission within 120 days after the end of the registrant's fiscal year ended December 31, 2021.

AGILITI, INC.
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NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical fact included in this Form 10-K are forward-looking statements. Forward-looking statements give our current expectations and projections relating to our financial condition, results of operations, plans, objectives, future performance and business. You can identify forward-looking statements by the fact that they do not relate strictly to historical or current facts. These statements may include words such as "anticipate", "estimate", "expect", "project", "plan", "intend", "believe", "may", "will", "should", "can have", "likely" and other words and terms of similar meaning in connection with any discussion of the timing or nature of future operating or financial performance or other events. All forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those that we expected, including:

- effects from political and policy changes that could limit our growth opportunities;
- effects from the continued COVID-19 pandemic on our business and the economy;
- our potential inability to maintain existing contracts or contract terms with, or enter into new contracts with, our customers;
- cancellations by or disputes with customers;
- our potential failure to maintain our reputation, including by protecting intellectual property;
- effects of a global economic downturn on our customers and suppliers;
- a decrease in our customers' patient census or services;
- competitive practices by our competitors that could cause us to lose market share, reduce our prices or increase our expenditures;
- the bundling of products and services by our competitors, some of which we do not offer;
- consolidation in the healthcare industry, which may lead to a reduction in the prices we charge;
- adverse developments with supplier relationships;
- the potential inability to change the manner in which healthcare providers traditionally procure medical equipment;
- our potential inability to attract and retain key personnel;
- our potential inability to make attractive acquisitions or successfully integrate acquire businesses;
- impairment charges for goodwill or other long-lived assets;
- an increase iu expenses related to our pension plan;
- the fluctuation of our cash flow;
- credit risks relating to home care providers and nursing homes;
- potential claims related to the medical equipment that we outsource and service;
- the incurrence of costs that we cannot pass through to our customers;
- a failure of our management information systems;
- limitations inherent in all internal controls systems over financial reporting;
- social unrest;
- our failure to keep up with technological changes;
- our failure to coordinate the management of our equipment;
- challenges to our tax positions or changes in taxation laws;
- litigation that may be costly to defend;
- uncertainty surrounding healthcare reform initiatives;
- federal privacy laws that may subject us to more stringent penalties;

- our relationship with healthcare facilities and marketing practices that are subject to federal Anti-Kickback Statute and similar state laws;
- our contracts with the federal government that subject us to additional oversight;
- the impact of changes in third-party payor reimbursement for healthcare items and services on our customers' ability to pay for our services;
- the highly regulated environment our customers operate in; and
- potential recall or obsolescence of our large fleet of medical equipment.

We derive many of our forward-looking statements from our operating budgets and forecasts, which are based on many detailed assumptions. While we believe that our assumptions are reasonable, we caution that it is very difficult to predict the impact of known factors, and it is impossible for us to anticipate all factors that could affect our actual results. Important factors that could cause actual results to differ materially from our expectations, or cautionary statements, are disclosed under "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" in this Form 10-K and elsewhere in our filings with the SEC. All written and oral forward-looking statements attributable to us, or persons acting on our behalf, are expressly qualified in their entirety by these cautionary statements as well as other cautionary statements that are made from time to time in our other SEC filings and public communications. You should evaluate all forward-looking statements made in this Form 10-K in the context of these risks and uncertainties.

We caution you that the important factors referenced above may not contain all of the factors that are important to you. In addition, we cannot assure you that we will realize the results or developments we expect or anticipate or, even if substantially realized, that they will result in the consequences or affect us or our operations in the way we expect. The forward-looking statements included in this Form 10-K are made only as of the date hereof. We undertake no obligation to update or revise any forward-looking statement as a result of new information, future events or otherwise, except as otherwise required by law.

PART I

ITEM 1: Business

Unless otherwise specified, the terms "we", "our", "us" and the "Company" refer to Agiliti, Inc. and, where appropriate, its consolidated subsidiaries. The term "THL" refers to Thomas H. Lee Partners, L.P., our principal stockholder, and the term "THL Stockholder" refers to THL Agiliti LLC, an affiliate of Thomas H. Lee Partners, L.P.

Our Mission

Agiliti, Inc. is an essential service provider to the U.S. healthcare industry with solutions that help support a more efficient, safe and sustainable healthcare delivery system. We ensure healthcare providers have the critical medical equipment they need to care for patients—wherever and whenever it's needed—with a service model that helps lower costs, reduce waste and maintain the highest quality standard of medical device management in the industry. We are motivated by a belief that ***every interaction has the power to change a life***, which forms the cornerstone of how we approach our work and frames the lens through which we view our responsibility to make a difference for the customers, patients and communities we serve.

Overview

We believe we are one of the leading experts in the manufacturing, management, maintenance and mobilization of mission-critical, regulated, reusable medical devices. We offer healthcare providers a comprehensive suite of medical equipment management and service solutions that help reduce capital and operating expenses, optimize medical equipment utilization, reduce waste, enhance staff productivity and bolster patient safety.

We commenced operations in 1939, originally incorporated in Minnesota in 1954 and reincorporated in Delaware in 2001.

In our more than 80 years of experience ensuring healthcare providers have high-quality, expertly maintained equipment to serve their patients, we've established a nationwide operating footprint that supports our offering. This at-scale, local market service and logistics infrastructure positions us to reach customers across the entire healthcare continuum—from individual facilities to the largest and most complex healthcare systems. Our ability to rapidly mobilize, track, repair and redeploy equipment during times of peak need or emergent events has made us a service provider of choice for city, state and the federal government in the management of emergency equipment stockpiles.

Our diverse customer base includes more than 9,000 national, regional and local acute care hospitals, health systems and integrated delivery networks and alternate site providers (such as surgery centers, specialty hospitals, home care providers, long-term acute care hospitals and skilled nursing facilities). We serve the federal government as well as a number of city and state governments providing management and maintenance of emergency equipment stockpiles, and we are an outsourced service provider to medical device manufacturers supporting critical device remediation and repair services. We deliver our solutions through our nationwide network of more than 150 service centers and seven ISO 13485 Certified Centers of Excellence, among which we employ a team of more than 700 specialized biomed repair technicians, more than 4,000 field-based service operators who work onsite within customer facilities or in our local service centers, and over 200 field sales and account managers. Our fees are primarily paid directly by our customers rather than by direct reimbursement from third-party payors, such as private insurers, Medicare or Medicaid.

Industry Challenges

The U.S. healthcare industry continues to face transformative pressure that affects how provider organizations conduct business and serve their patients. Across the healthcare system, providers face compounding financial and operational challenges, including cost pressure from payors, nursing and clinical staff shortages, rising costs of drugs and supplies, increasing regulatory oversight, and advances in medical technology that generally result in higher prices for newer equipment and a higher cost of managing that equipment over its lifecycle. Given there is little that providers can do to change external dynamics, there is increased focus on areas within their enterprise that they can control. In our

experience, one area that most hospitals and health systems identify for operational and cost improvement is the management and maintenance of medical equipment.

Healthcare facilities have been shown to own large quantities of reusable capital equipment ranging from multi-million dollar highly technical devices (e.g. MRIs) to lower cost, high volume devices (e.g. infusion pumps) required for patient care, treatment and diagnosis. In our experience, providers often face challenges in managing their medical equipment inventory effectively. For example, hospitals typically utilize roughly 42% of their owned medical equipment inventory at any given time, yet caregivers report that they routinely lack access to readily available patient-ready equipment. Nurses report spending an average of 20 minutes per shift searching for equipment, and often less than 37% of their time on direct patient care. Operational silos that naturally occur among hospital departments create inadvertent breakdowns within equipment management workflows, from the administrators who order equipment, to the support staff who clean/reprocess and deliver the equipment, to the nurses and doctors who use the equipment.

Further, the repair and maintenance of this highly technical equipment continues to increase in complexity and cost. Over a period of 15 years from 1995 to 2010 there was a 62% increase in the number of medical devices per hospital bed and a 90% increase in costs related to maintaining this equipment (between 1995 and 2010). Given the increasingly complex nature of these devices and stringent regulatory mandates guiding their upkeep, specialized technical knowledge is required to repair and maintain them. Most healthcare facilities struggle to employ the in-house capabilities and resources needed to ensure timely, routine maintenance and rapid testing, repair and turnaround of their medical inventory which may impact time-to-therapy and patient safety, while driving up capital replacement costs on equipment that could have otherwise been kept operational with proper maintenance.

Finally, the healthcare system experiences seasonality in patient volumes, resulting in peak-need demand for specialized medical equipment (e.g. ventilators, specialty beds, infusion pumps). Given the common breakdowns in managing and maintaining their inventory during times of normal operation, hospitals face additional burden on equipment availability during times of peak need and will procure supplemental equipment through additional acquisition channels to fill this gap.

These challenges drive up significant costs and time delays within individual hospital facilities, but when multiplied across several hospitals and alternate site facilities within an integrated delivery network ("IDN"), the losses increase significantly. An average 2,500 bed IDN has been shown to waste more than $11 million annually on inefficient equipment maintenance and unnecessary capital purchases, while clinicians lose valuable patient time and productivity hours managing equipment needs.

These dynamics, supported by the following trends, further support the essential nature of our work:

Focus on reducing costs and increasing operational efficiency. Hospitals and other healthcare facilities continue to experience substantial pressure to conserve capital, reduce operating expenses and become more operationally efficient. We expect these pressures to continue in the future and believe that we will always be on the right side of healthcare reform. Our comprehensive, end-to-end solutions offer customers a way to realize costs savings while enhancing operational improvements for medical equipment access and availability, thereby improving their organizational efficiency and financial viability.

Demand for better patient safety and outcomes. Hospitals across the U.S. are focused on improving patient safety and outcomes, which includes efforts to minimize hospital-acquired conditions (e.g. infections, patient falls and pressure injuries) and increase nursing time at the patient bedside. Hospitals turn to us to assist them in managing their equipment in ways that have been shown to to help them to minimize these incidents and ensure equipment is available when and where it is needed for patient care, thereby improving patient safety and time to therapy, and supporting optimal patient outcomes.

Caregiver retention and satisfaction. Hospitals continue to experience pressure and risk related to nursing and other caregiver retention and job satisfaction pressures. According to reports from the World Health Organization, the United States is expected to have a nurse shortage of 500,000 nurses by 2025. Adding non-patient care duties, such as searching for, cleaning and managing equipment, adds to nurse workload and contributes to clinician dissatisfaction and turnover.

We expect that with these internal pressures, hospitals will increasingly turn to our programs to outsource healthcare technology management duties and related management processes to allow nurses more time to spend on patient care, resulting in improved job satisfaction.

Increased capital and operating expense pressures and regulatory compliance. Hospitals continue to experience restricted capital and operating budgets, while the cost and complexity of medical equipment increases. Furthermore, the increasing complexity and sophistication of medical equipment brings with it more recordkeeping requirements and regulatory scrutiny in its use and maintenance. We expect that hospitals will increasingly look to us to support the management and maintenance of their capital equipment inventory to achieve capital and operating expense savings, operating efficiencies and regulatory compliance.

Our Value Proposition

As a critical outsource partner to more than 9,000 U.S. healthcare customers, including most leading providers nationwide, we've tailored our solution offering and service model to address the unique challenges and opportunities we witness among our customers related to the effective management of medical equipment.

Our services help eliminate significant capital and operating costs associated with the ownership and lifecycle management of mission-critical medical equipment. In addition to optimizing use of providers' owned equipment, we provide ready access and increase the on-patient utilization of supplemental medical equipment to address fluctuations in patient census and patient acuity. By partnering with Agiliti, providers have the benefits of:

Cost savings and lower total costs of equipment ownership

- Increased utilization of both customer-owned and supplemental equipment
- Lower overall total cost of equipment ownership by combining our solutions to solve challenges across the end-to-end equipment management process
- Optimized management and logistics of provider-owned equipment through tracking, monitoring, reprocessing, maintaining, and ensuring equipment is safety-tested and redeployed for use
- Reduced maintenance and repair costs through the use of our proprietary technology, flexible staffing models, parts pool, equipment capabilities and diverse skill mix of knowledgeable equipment technicians and our commitment to quality
- Benefits of specialized technician labor to augment clinical biomed staff, having been shown to help reduce service costs and provide required technical proficiency to address more complex equipment types
- Access to our extensive data and expertise on the cost, performance, features and functions of all major items of medical equipment
- Assistance with capital planning, vendor management and regulatory compliance

More time to spend with patients and confidence in the availability of patient-ready medical equipment

- Increased productivity and satisfaction among nursing staff achieved by eliminating certain non-clinical work tasks and saving an average 300-bed hospital over 28,000 caregiver hours annually, allowing more time to focus on patient care responsibilities
- Improved time-to-therapy for patients at risk for falls, skin breakdown and bariatric safety by expediting delivery of therapeutic equipment direct to the patient room
- Access to supplemental moveable medical equipment, surgical equipment and next generation technology without the expense of acquisition on a pay-per-procedure basis

Improved regulatory compliance, risk management and extended use life

- Optimal maintenance intervals and parts replacement to extend equipment use life, reduce waste and lower obsolescence risk
- Compliance with regulatory and recordkeeping requirements and adherence to manufacturers' specifications on the reprocessing and maintenance of medical equipment
- Equipment quality assurance through the use of our comprehensive quality management system ("QMS") based on the quality standards recognized worldwide for medical devices: 21 CFR 820 and ISO 13485:2016
- Risk mitigation and lower costs associated with product recalls or device modifications

Technical expertise and supplemental staffing to sustain optimal equipment workflow

- Reduced administrative and time burdens on clinical staff related to managing and locating available equipment and coordinating among multiple vendors
- Specialized technical and clinical specialists that directly interact with and work alongside customers to optimize equipment outsourcing solutions

Our Market Opportunities

We participate in a $14 billion U.S. medical equipment services market comprised of the services we offer through our onsite managed services, clinical engineering services and equipment solutions service lines. We believe that this market will grow at mid-single digits annually.

Per the Centers for Medicare and Medicaid Services ("CMS"), as of 2020, healthcare spending reached $4.1 trillion, or $12,530 per person and accounted for 19.7% of the U.S. GDP. Spending is expected to grow at an average annual rate of 5.4% from 2019-2028, due to secular tailwinds including an aging population, rising acuity, and prevalence of chronic conditions.

There is a fundamental shift in the needs of health systems, hospitals and alternate site providers to move from supplemental and peak need sourcing of medical equipment toward more comprehensive onsite inventory management and maintenance solutions. As healthcare facilities look to balance the challenge of providing better care at lower costs, they are more open to third party partnerships that outsource critical but non-core support functions. The move toward full outsourcing is not unlike trends in similar services at hospitals including food service, laundry, professional staffing and technology.

We believe there are several key macro trends that will drive increased demand for our products and services:

Favorable demographic trends. According to the U.S. Census Bureau, individuals aged 65 and older in the United States comprise the fastest growing segment of the population. This segment is expected to grow to approximately 81 million individuals by 2040. This represents a 44% increase in the 65-and-older segment of the population over the next 20 years. As a result, over time, the number of patients and the volume of hospital admissions are expected to grow. The aging population and increasing life expectancy are driving demand for healthcare services.

Increase in chronic disease and obesity. According to the Center for Disease Control and Prevention ("CDC"), six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes. These conditions often require specialty equipment to support therapeutic intervention in inpatient and outpatient care settings. In addition, obesity in the U.S. increased to 42.4% of the population between 2017-2018, up from 30.5% in 2000 (CDC). This population demands greater access to specialty bariatric equipment to support care and minimize the incidence of injury during a hospital stay.

Increased mergers & acquisitions. We have seen that hospitals and healthcare systems continue to expand their covered network and acquire alternate care delivery settings in order to care for patient populations in the most cost-

effective way. In our experience, providers are increasingly seeking partners that provide comprehensive services and that can quickly adapt to changing health system infrastructure and growth. Working with one vendor that can operate at a nationwide and system-wide scale is attractive to cities, states, and IDNs who operate, manage, and maintain equipment inventories across multiple locations.

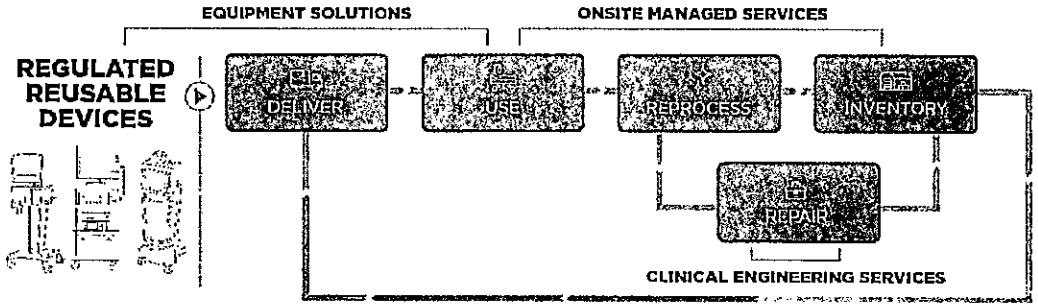
Centralizing shared services across the IDN. Health systems with duplicate services across multiple facilities in close proximity have an increased risk of unnecessary variation, greater costs, and suboptimal outcomes. Many health systems have centralized and consolidated non-clinical services as a shared service, including billing, reimbursement, supply chain, human resources, IT, etc. We have witnessed a growing trend among IDNs to centralize and consolidate equipment maintenance and logistics among member facilities. In our experience, because most health systems do not currently have the storage, technical or transportation resources for managing a shared equipment management function, they will seek third party support to optimize equipment utilization, redeploy equipment where needed and reduce overall equipment costs.

Increase in infection control risks. Infection control remains an essential priority for hospitals and health systems as a way to limit the spread of hospital-acquired infections. This has further escalated as a top priority due to the COVID-19 pandemic. Most focus in this area is around hand hygiene, the proper use of personal protective equipment (PPE) and the reprocessing and sterilization of critical and semi-critical medical devices (e.g. surgical instruments, endoscopes). Often overlooked is the reprocessing of non-critical medical devices, such as infusion pumps and ventilators, that are commonly touched by caregivers and patients. If not properly cleaned and sanitized between patient use, these devices can pose increased infection control risks. We expect an increase in demand of onsite equipment management programs to address proper reprocessing of these types of devices and help lower infection risks and allow clinicians to spend more time at the patient bedside and less time cleaning equipment.

Our Solutions

We provide a comprehensive offering for the manufacturing, management, maintenance and mobilization of critical medical devices, built on an integrated service platform. Our solutions help reduce the cost and complexity of acquiring, managing and maintaining medical equipment inventories. The integrated nature of our offerings within our end-to-end service framework ensures we maximize value to over 9,000 customers nationwide as we address more aspects of the equipment lifecycle continuum.

While customers may initially engage with us across one aspect of our service lines within this framework, we employ a variety of land-and-expand tactics to grow our relationships and customer share-of-wallet over time. These tactics include:



- ***Gateway solutions*** which offer an entry point to the economic buyer and include peak needs equipment, surgical lasers and equipment, specialty beds and surfaces and supplemental clinical engineering services;
- ***Vertical solutions*** which provide a deeper level of service with clinical offerings tailored to specific patient needs (e.g. bariatrics, wound management, falls management) and clinical engineering programs for broad equipment categories (general biomedical devices, diagnostic imaging equipment, surgical instruments);
- ***Comprehensive, connected solutions*** through onsite managed services and outsourced clinical engineering services that connect previously fragmented customer workflow processes to drive operational efficiencies, realize improved clinician and equipment productivity, lower total cost of ownership, ensure regulatory compliance, reduce waste, improve time to therapy and allow customers to effectively lower costs; and
- ***Comprehensive logistics, management and clinical engineering solutions*** that allow IDNs to manage equipment inventories across multiple locations, and supports city, state and federal government agencies in managing and maintaining equipment stockpiles.

We deploy our solution offering across three primary service lines:

On-Site Managed Services: Onsite Managed Services are comprehensive programs that assume full responsibility for the management, reprocessing and logistics of medical equipment at individual facilities and IDNs, with the added benefit of enhancing equipment utilization and freeing more clinician time for patient care. This solution monitors and adjusts equipment quantities and availability to address fluctuations in patient census and acuity. Our more than 1,600 onsite employees work 24/7 in customer facilities, augmenting clinical support by integrating proven equipment management processes, utilizing our proprietary management software and conducting daily rounds and unit-based training to ensure equipment is being used and managed properly, overall helping to optimize day-to-day operations and care outcomes. We assume full responsibility for ensuring equipment is available when and where it is needed, removing equipment when no longer in use, and decontaminating, testing and servicing equipment as needed between each patient use. Revenue attributable to such customers represented 29% of our total revenue for both the years ended December 31, 2021 and 2020.

Clinical Engineering Services: Clinical Engineering Services provides maintenance, repair and remediation solutions for all types of medical equipment, including general biomedical equipment, diagnostic imaging equipment and surgical equipment through supplemental and outsourced offerings. Our supplemental offering helps customers manage their equipment repair and maintenance backlog, assist with remediation and regulatory reporting and temporarily fill open biotechnical positions. With our outsourced offering, we assume full management, staffing and clinical engineering service responsibilities for individual or system-wide customer sites. The outsourced model deploys a dedicated, on-site team to coordinate the management of customer-owned equipment utilizing our proprietary information systems, third party vendors of services and parts, and a broad range of professional services for capital equipment planning and regulatory compliance. We leverage more than 700 technical resources from our over 150 local market service centers and seven Centers of Excellence to flex staff in and out of customer facilities on an as-needed basis, ensuring customers pay only for time spent directly servicing their equipment by an appropriately qualified technician. We use flex staffing for our supplemental clinical engineering solution and to augment support when additional technicians are needed to supplement our outsourced services during peak workload. We contract our Clinical Engineering Services with acute care and alternate site facilities across the U.S., as well as with the federal government and any medical device manufacturers that require a broad logistical footprint to support their large-scale service needs. Revenue attributable to such customers for the years ended December 31, 2021 and 2020 represented 37% and 33% of our total revenue, respectively.

Equipment Solutions: Equipment Solutions primarily provides supplemental, peak need and per-case rental of general biomedical, specialty, and surgical equipment to acute care hospitals and alternate site providers in the U.S., including some of the nation's premier healthcare institutions and integrated delivery networks. We contract for Equipment Solutions services directly with customers or through our contractual arrangements with hospital systems and alternate site providers. We consistently achieve high customer satisfaction ratings, as evidenced by our Net Promotor Score ("NPS") of 55 for the year ended December 31, 2021, by delivering patient-ready equipment within our contracted equipment delivery times and by providing technical support and educational in-servicing for equipment as-needed in clinical departments, including the emergency room, operating room, intensive care, rehabilitation and general patient care areas. We are committed to providing the highest quality of equipment to our customers, and we do so through the use of our comprehensive QMS which is based on the quality standards recognized worldwide for medical devices: 21 CFR 820 and ISO 13485:2016. This commitment ensures that customers have access to patient-ready equipment with the confidence of knowing it has been prepared and maintained to the highest industry standard to deliver optimal patient safety and outcomes. Revenue attributable to such customers for the years ended December 31, 2021 and 2020 represented 34% and 38% of our total revenue, respectively.

Many of our customers have multiple contracts and have revenue reported in multiple service lines. Our contracts vary based upon service offering, including with respect to term (with most being multi-year contracts), pricing (daily, monthly and fixed fee arrangements) and termination (termination for convenience to termination for cause only). Many of our contracts contain customer commitment guarantees and annual price increases tied to the consumer price index. Standard contract terms include payment terms, limitation of liability, force majeure provisions and choice of law/venue.

Because we work closely with customers to provide a long-term, value-based solution versus a product-based, transactional approach, they are motivated to expand their relationships with us over time. With approximately 75% white space within our current customers, we have demonstrated an ability to grow revenue up to 5-6x with existing customers as they move toward our full suite of highly complementary services. From the year ended December 31, 2015 to the year ended December 31, 2021, our top 50 customers that experienced the largest growth in revenue over the same period increased in revenue from an aggregate of approximately $22.2 million to approximately $135.4 million (with increases at each customer ranging from $1.2 million to $7.1 million and an average increase of $2.3 million, and with consistent growth across our three primary service lines), primarily driven by our efforts to expand our share of wallet within our existing customer base.

Further, the infrastructure and capabilities required to provide connected, responsive equipment lifecycle management is typically cost-prohibitive, even for large IDNs. Our nationwide network of clinical engineers, storage and repair facilities, vehicles and analytics tools gives us scale to provide cost-effective services for individual facilities, systems, regional IDNs, governments and device manufacturers.

Competitive Strengths

We believe our business model presents an attractive value proposition to our customers and that our comprehensive medical device management solutions and ability to work in partnership with and across Original Equipment Manufacturers ("OEMs") as a device-agnostic service provider have contributed to our growth in recent years. Our unique framework for end-to-end medical equipment management, delivered through our nationwide service and logistics infrastructure, differentiates us in the marketplace and is without comparable peers. We believe our more than 80 years of experience, extensive employee base of trained technicians and our reputation for service excellence has earned us a leading position in our industry. We attribute our historical success to our:

Strong value proposition. With our focus and expertise in connected, end-to-end medical equipment management and service solutions, we offer a compelling customer value proposition. We believe that many of our customers have come to rely on our ability to respond quickly to their needs with reliable, high quality products and service expertise. We believe our ability to provide this level of service distinguishes us from our competitors. It also requires us to maintain inventories and infrastructure that we do not believe our competitors currently maintain. Our comprehensive solutions focus on helping customers:

- lower total cost of device ownership by reducing capital and operating costs related to owning and managing medical equipment;
- enhance operational productivity and staff satisfaction by ensuring equipment is available when and where needed; and
- maintain high standards of quality and regulatory compliance related to medical equipment use, maintenance and end-of-life disposal.

Large, nationwide infrastructure. We have a broad and specialized nationwide staff, facility, and vehicle service network coupled with focused and customized operations at the local level. Our extensive network of service centers and Centers of Excellence and our 24-hours-a-day, 365 days-a-year service capabilities enable us to compete effectively for large, national contracts as well as drive growth regionally and locally.

We employ a number of technical, clinical and surgical specialists that engage directly with our customers to drive improved cost, efficiency and clinical outcomes. These include over 700 biomedical repair technicians, more than 4,000 field-based service operators, and over 200 field sales and account managers. Our specialized teams, large equipment fleet, and quality assurance programs have been built over 80 years serving provider customers and represent a significant investment in infrastructure over time. This places us in a unique and hard-to-replicate position with the scale to serve the most complex acute care hospitals, such as teaching, research or specialty institutions, that demand access to current and preferred technologies to meet the complex needs of their patients.

Proprietary software and asset management tools. We have used our more than 80 years of experience and our extensive database of equipment management information to develop sophisticated software technology and management tools. These tools enable us to meet unique customer demands by supporting sophisticated onsite managed services that help drive cost efficiencies and equipment productivity for caregivers. We believe that our ongoing investment in new tools and technology will help continue to distinguish our offerings to the healthcare industry.

Commitment to quality. Class I and II medical devices are designed, manufactured, and distributed from our Sizewise manufacturing facilities. Each of the United States-based facilities that produce finished goods is registered with the FDA and follows strict quality guidelines in accordance with 21 CFR 820. The Hays, KS, Ellis, KS, and Corona, CA Sizewise manufacturing facilities are ISO 1385:2016 compliant, and the two Kansas facilities are certified by Intertek; the California facility is pending certification. A dedicated quality team oversees the Quality Management System (QMS) at these locations.

Agiliti also services and repairs medical devices manufactured by other OEMs. Third-party service providers like Agiliti are not required to register their sites with the FDA; therefore, there are no regulations that specifically apply to our maintenance of medical devices. We've made a commitment, however, to do the right thing for our customers and their patients by staffing a dedicated Quality team and implementing a QMS based on the quality standards recognized

worldwide for medical devices: 21 CFR 820 and ISO 13485:2016. This commitment to quality ensures that patient safety and risk management are at the center of every product decision, and that our equipment is serviced to the highest standards in the industry. Over 90 local market service centers, eight government service centers, and seven Centers of Excellence follow an ISO 13485:2016 ccertified QMS, and we have elected to hire outside independent accredited registrars to audit our quality system. British Standards Institute ("BSI") has certified over 90 of our local market service centers, eight government service centers, and five of our Centers of Excellence to ISO 13485:2016, the remaining two Centers of Excellence are certified by Deutscher Kraftfahrzeug-Überwachungs-Verein e.V. ("Dekra") and National Quality Assurance ("NQA"). We believe that ISO 13485:2016 provides the stringent guidelines specific to medical devices to ensure that our fleet of equipment, as well as the equipment we service, is maintained to the highest quality standards. Our commitment to quality extends to our exclusive use of OEM parts to repair FDA 510(k) registered medical devices that we own, whenever available. Implementing optimal maintenance intervals and parts replacement extends equipment use life, thereby reducing waste and lowering risk of obsolescence. We believe that our robust QMS policies set us apart in our industry from those who may use less stringent quality practices on the equipment they own or maintain.

Superior customer service. We believe we have a long-standing reputation among our customers for outstanding service and quality. This reputation is largely attributable to our strong customer service culture, which is continuously reinforced by management's commitment to, and significant investment in, hiring and training resources. We strive to seamlessly integrate our employees and solutions into the operations of our customers. We believe that our aggressive focus on the overall customer experience has helped us achieve high customer satisfaction ratings, as evidenced by our NPS of 55 for the year ended December 31, 2021.

Low direct third-party payor reimbursement risk. Many healthcare providers rely on direct payment from patients or reimbursement from third-party payors. Our fees are primarily paid directly hy our customers, rather than by third-party payors, such as Medicare, Medicaid, managed care organizations or indemnity insurers. Accordingly, our exposure to uncollectible patient or reimbursement receivables or Medicare or Medicaid reimbursement changes is reduced, as evidenced by our bad debt expense of approximately 0.2%, 0.3%, and 0.2% of total revenue for the years ended December 31, 2021, 2020, and 2019, respectively.

Values driven culture centered on doing the right thing for our many stakeholders. Our team operates on a set of shared aspirations that reflect the manner in which we approach our work and serve the needs of our customers, team members, shareholders and local communities. We believe these aspirations that underpin our culture, strategy and service model help contribute to a safer and more sustainable healthcare system and frame the cornerstone of our success:

WE ARE BUILDING THE PREMIER CLINICAL EQUIPMENT SERVICES COMPANY. We ensure clinicians have the equipment they need, when they need it, with the confidence it is maintained to the highest industry standards. We never waver from doing what is right for our customers, our team members, and our shareholders.

WE ARE ESSENTIAL TO CUSTOMERS. We are dependable, trusted advisors—steadfast in our commitments and ready to serve. We deliver a unique and valuable offering that helps customers improve their business and prioritize patient care.

WE ARE EMPOWERED AND ENGAGED. We lead by example, inspiring one another to be at our best, to be accountable, and to develop with purpose. We value our diversity, knowing different perspectives lead to better outcomes. We share a common drive to make a difference and take pride in being part of something bigger than ourselves.

WE ARE OPERATIONALLY EXCELLENT. We demonstrate a tireless commitment to quality, reliability, and continuous improvement. We demand of ourselves the highest degree of accuracy, efficiency and integrity in order to deliver exceptional service to our customers and their patients.

WE ARE CREATING A CATEGORY OF ONE. Together, we are building a highly differentiated service company that is the vendor of choice for customers and an employer of choice nationwide.

Highly engaged team. We believe a strong and sustainable company begins with an engaged and empowered team. We are committed to investing in our team's development and to fostering a culture of diversity, inclusion, trust and transparency. Approximately 41% of our total work force is comprised of minorities and approximately 29% of our team members are female. Since 2018, we have consistently had an annual internal promotion rate of approximately 29%, compared to the national average of 8.9%, as reported by ADP Research Institute. We offer competitive compensation and benefits programs, and we ensure our team members share in the success of our business with a companywide annual bonus program and an Employee Stock Purchase Plan. We strive to ensure Agiliti is a place where our people are proud to work, and we achieve that by listening to feedback and taking active steps to improve. In 2021, we achieved a 77 employee engagement score rating, which places us nearing the extraordinary company benchmark according to third-party engagement indices.

Proven management team. Our diverse and industry leading management team brings decades of executive-level healthcare expertise from across the sector and has successfully supervised the development of our competitive strategy, continually enhanced and expanded our service and product offerings, reinforced our nationwide operating footprint and furthered our reputation as an industry leader in our category.

Key Elements of our Growth Strategy

Retain and expand existing customer relationships. While our overall market opportunity is large, there is also significant expansion opportunity within our existing customers. We currently have 25% wallet share within our existing contracted customers and have demonstrated the ability to grow our wallet share among existing customers by expanding the services we provide to them over time. From the year ended December 31, 2015 to the year ended December 31, 2021, our top 50 customers that experienced the largest growth in revenue over the same period increased in revenue from an aggregate of approximately $22.2 million to approximately $135.4 million (with increases at each customer ranging from $1.2 million to $7.1 million and an average increase of $2.3 million, and with consistent growth across our three primary service lines), primarily driven by our efforts to expand our share of wallet within our existing customer base.

Grow our customer base among customers that outsource. We believe there is a significant opportunity to further grow our business by winning new customer contracts within the $5.85 billion that is contracted annually for medical equipment management services in the U.S. This is less than half of the total addressable market and, due to increasing pressures that providers are facing, we expect outsourcing to significantly accelerate. As a leader in our industry, we believe we are poised to take advantage of this continued shift.

Grow our serviceable market by contracting with those that insource today. Currently, we estimate that $14 billion is spent annually in the U.S. for medical equipment services and functionality, but less than half of the total market is currently being outsourced to an equipment management service, while the rest is done in-house in facilities. We believe that as we reach additional potential customers with demonstrated value both in improved patient care and reduced costs, we can grow our total addressable market by contracting with new clients that were not previously outsourcing device management services. Further, this market is also experiencing tailwinds that make the total addressable market, the total contracted market, and our own contracts with ongoing customers poised to continue to expand. These tailwinds include increasing overall provider volumes, increasing use and complexity of medical devices, increasing outsourcing by hospitals, and additional factors that we believe will continue to drive growth.

Invest in complementary offerings that enhance customer relationships. As the medical device field becomes increasingly complex and the number of devices used per patient on average increases over time, we are constantly evaluating additional services and methods of approaching service delivery that increase value for our clients. As an example, this has recently taken the form of expanding our work with federal, state, and local governments to help them maintain and mobilize strategic stockpiles of ventilators and other critical medical equipment.

Opportunistically pursue accretive M&A. Due to our high and sustained value creation for customers and significant white space with existing customer relationships, we believe that pursuing opportunistic M&A will drive increasing returns through embedded customer relationships. From 2015-2021, we have successfully integrated nine acquisitions and will continue to opportunistically pursue additional inorganic growth.

Recent Acquisitions

Northfield Acquisition

On October 28, 2020, we entered into a stock purchase agreement to acquire 100% of the issued and outstanding capital stock of Northfield Medical ("Northfield Medical") a nationwide provider of surgical equipment repair services for $475.0 million, subject to adjustments (the "Northfield Acquisition"). Northfield Medical provides service and repair of medical devices, specializing in the repair of endoscopes, surgical instruments and other operating room equipment. The acquisition closed on March 19, 2021.

Sizewise Acquisition

On September 14, 2021, we entered into a definitive agreement to acquire Sizewise Rentals, LLC ("Sizewise"), a privately held manufacturer and distributor of specialty patient handling equipment, in a stock purchase transaction valued at $230 million. (the "Sizewise Acquisition"). Sizewise is a leading manufacturer and provider of specialized bed frames, therapeutic surfaces and mobility equipment serving customers in the acute and post-acute care markets with products that address the needs of bariatric, geriatric, pediatric and standard patient populations. The Company completed the acquisition on October 1, 2021.

COVID-19 Update

COVID-19 has placed our customers, business, teams and communities in uncharted waters. We consider the impact of the pandemic on our business by evaluating the health of our operations, changes to our revenue outlook, and the degree to which perceptions of and need for Agiliti solutions have evolved during this unprecedented time. As demand for emergent acute care increases around the country and as the global pandemic highlights the importance of resilient supply chains and service networks, the importance of our services has been magnified. We are proud to have rapidly developed and deployed a response plan to ensure the safety of our team, while continuing to meet our customers' evolving needs for patient-ready medical equipment when and where it was needed; notably, doing so without service interruptions.

We believe our value proposition now resonates with an even broader audience of customers as providers, IDNs and governments prepare for potential future surges in demand for acute care and the required equipment necessary to care for patients.

Specifically, during the COVID-19 pandemic, we have:

- fully and rapidly deployed our fleet of medical devices and accessories across the U.S. to ensure they are reaching the maximum number of patients;
- leveraged our logistics, inventory management, and maintenance/repair infrastructure to work with medical device brokers and manufacturers to make thousands of additional critical medical devices available to healthcare facilities;
- deployed our local biomedical repair teams to augment teams at hospitals around the country to ensure their owned medical equipment remains fully operational and available for patient needs;
- redeployed teams from our over 150 local service centers to support surge medical capacity in parks, gymnasiums, and hotel rooms across the country;
- been awarded a new contract to leverage our unique scale and capabilities to manage the maintenance and field repair of the national strategic ventilator stockpile; we are likewise working with various state and municipal governments to manage and mobilize their centralized and local medical device stockpiles; and
- prioritized the care and safety of our employees who are essential to helping our customers meet patient care needs. We committed to avoid COVID-19 related layoffs or furloughs and bridge the income of our team members with variable net pay for the duration of the pandemic. As many of our team members entered high-exposure environments each day, we ensured all had the necessary PPE, guidelines, training and support from the highest levels of the company. We provided 100% coverage for COVID-19 testing and telemedicine, extended short-term medical leave and disability coverage related to COVID-19, and

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

NON-REFUNDABLE $1,000.00 FEE

Rev (04/19/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Agiliti Health, Inc.

Physical Address: 501 Arlington Boulevard, Logan Township

City: Swedesboro State: NJ Zip: 08085

Mailing Address (if different from physical address): Same as physical.

City: _____ State: _____ Zip: _____

Telephone: (856) 810-7414 Website: www.agilitihealth.com

Name of Designated Representative (DR): Dan Capri

Licensing Company Email: mcandrew@taftlaw.com DR Email: Dan.Capri@agilitihealth.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Agiliti HoldCo., Inc.

Corporation Name: Agiliti Health, Inc.

Mailing Address: 11095 Viking Dr.

City: Eden Prairie State: MN Zip: 55344

Telephone: 952-893-3255 Email: Dorothy.Johnson@agilitihealth.com

Contact Person Name: Dorothy Johnson

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol: AGTI

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lee Neumann

Print Name of Authorized Person Submitting Application

Lee Neumann

Original signature of Authorized Person (copies or stamps not accepted)

10-17-2022

Date

Board Use Only	Date Received: 10-24-22	Amount: 1000.00cc

State of New Jersey
DEPARTMENT OF HEALTH
CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE
PO BOX 369
TRENTON, N.J. 08625-0369

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

www.nj.gov/health

JUDITH M. PERSICHILLI, RN, BSN, MA
Commissioner

September 20, 2022

Re: Third Party Logistics Providers

Per H.R. 3204, DQSA, Uniform National Policy, Sec. 585 (b)(2) New Jersey does not regulate third-party logistics providers as wholesale distributors. To qualify for a wholesale drug or medical device registration, a facility must conduct regulated wholesale distribution or manufacturing activity as defined in N.J.A.C. 8:21-3A.3, therefore New Jersey does not issue or require registration of third party logistics providers.

Sincerely,
Eric B. Lieberman, Esq.
Project Coordinator, Wholesale Drug Project
Public Health and Food Protection Program

NEVADA STATE BOARD OF PHARMACY

SECTION 9

PUBLICLY TRADED

- **List of all Officers and Directors**

Directors		Officers	
Darren Friedman	Director	Tom Leonard	CEO
Diane Patrick	Director	Jim Pekarek	CFO
Gary Gottlieb	Director	Lee Neumann	Secretary
Josh Nelson	Director	Tom Boehning	President
John Workman	Chairman, BOD	Matthew McCabe	Treasurer
Megan Preiner	Director	Scott Christensen	Controller
Scott Sperling	Director		
Michael Bell	Director		

- **List of top four corporation shareholders and their percentage of ownership**
  - Agiliti HoldCo Inc., 100%

- **Certificate of Good Standing**
  - See attached

- **Copy of DEA certificate**
  - Agiliti does not handle any controlled substances

- **Copy of current SEC 10K or 8K**
  - See attached

- **A list containing lender or holder of indebtedness of the applicant**
  - On January 4, 2019 Agiliti Health, Inc. entered into a credit agreement with JPMorgan Chase Bank, N.A. as administrative agent, collateral agent, and letter of credit issuer, Agiliti Holdco, Inc., certain subsidiaries of Agiliti Health, Inc.

Delaware

The First State

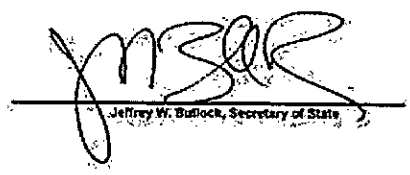
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGILITI HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGILITI HEALTH, INC." WAS INCORPORATED ON THE TWELFTH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





3445269 8300

SR# 20222049887

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203448958

Date: 05-17-22

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/31/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Hilb Group of New York LLC dba Rampart Insurance Services 1983 Marcus Avenue, Suite C130 Lake Success, NY 11042	CONTACT NAME: Adam Salem, Account Executive PHONE (A/C, No, Ext): 516-538-7000 FAX (A/C, No): 516-390-3555 E-MAIL ADDRESS: asalem@rampartinsurance.com
INSURED Agiliti Health, Inc. 11095 Viking Drive Eden Prairie, MN 55344	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Sompo America Insurance Company 11126 INSURER B : Endurance American Insurance Company 10641 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
A	AUTOMOBILE LIABILITY	X	X	LAM30020268600	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
B	X ANY AUTO			LUM0007258601	06/01/2022	06/01/2023	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	WCD40128C0 (AOS)	06/01/2022	06/01/2023	X PER STATUTE / OTH-ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	WCN41297T0 (WI)	06/01/2022	06/01/2023	E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EVIDENCE OF INSURANCE

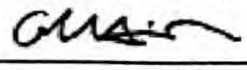
CERTIFICATE HOLDER

EVIDENCE OF INSURANCE
Ramsey, NJ

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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The ACORD name and logo are registered marks of ACORD

RSA

NEVADA

Employee list for each location **Pursuant to NRS 639.500 (2).**

501 Arlington Boulevard Logan Township Swedesboro NJ 08085

Agiliti Team Member	Role
John Cangelosi	Sr. Ops Manager
Dan Capri	Technical Service Manager
Taufik Syamsuddin	Operations Scheduler
Cristie Dawicki	Customer Account Rep
Craig Dodge	Medical Equipment Tech
Kenneth Henry-James	Biomed Medical Equipment Tech
Brian Leyden	Biomed Medical Equipment Tech
Richard Wooten	Clinical Engineering Supervisor
Marko Kruska	Medical Equipment Tech
Albaro Rosario	Medical Equipment Tech
Tony Miller	Biomed Medical Equipment Tech
YaQueenah Davis	Warehouse Service Coordinator
Jose Rodriguez	Warehouse Service Rep
Kirstie Seeney	Warehouse Service Rep
Boby Klot	Warehouse Service Rep
John Daly	Biomed Medical Equipment Tech
Blad Torres	Medical Equipment Tech
Jeriah Griswold	Medical Equipment Tech
Temetrius Evans	Medical Equipment Tech
Joseph Trout	Medical Equipment Tech
Charlie Chey	Medical Equipment Tech
Marcus Metcalf	Warehouse Service Rep
Lucas Greenwood	Medical Equipment Tech

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

NAC 639.694

1. **Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:**
   a. Be a natural person;
   b. Have a high school diploma or its equivalent;
   c. Have:
      i. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
      ii. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
   d. Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
   e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.
4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

NAC 639.6946

1. Except as otherwise provided in NAC 639.6945, a medical products provider shall:
   a. Provide services for all medical products sold, leased or otherwise provided by the medical products provider, including, without limitation, set up, repair and maintenance.
   b. Employ an administrator and other employees sufficient to provide the services described in paragraph (a).

NAC 639.6957

1. A medical products wholesaler shall:
   a. Employ a facility administrator and other employees sufficient to operate, set up, repair, maintain and service all medical products sold, leased or otherwise provided by the medical products wholesaler.

Please mail this completed application and all other required documents with your MDEG and/or Wholesaler Application to the address indicated above.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Agiliti Health, Inc. MDEG License # (if applicable) _____

Physical Address 501 Arlington Blvd Long Twshp

City Swedesboro State NJ Zip 08085

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 856-979-5367 Website www.agilitihealth.com

Licensing Company Email _____

Section 2: Personal Information

First Daniel Middle Anthony Last Capri

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Marissa Court

City Williamstown State NJ Zip 08094

Telephone [redacted] Email dan.capri@agilitihealth.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Camden County College		8/2000 to 5/2003	
Address	**City**	**State**	**Zip**
200 College Drive	Blackwood	NJ	08012
Diploma/Degree obtained, if any			
Associates in Applied Science			
School Name		**From - To (MM/YY – MM/YY)**	
Edgewood Regional Hight School		09/1996 to 06/2000	
Address	**City**	**State**	**Zip**
10 Cooper Folly Road	Atco	NJ	08004
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/2010 to current	[redacted] Marissa Court	Williamstown	NJ	08094
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Agiliti Health, Inc.		12/2003 to current	
Business Address	**City**	**State**	**Zip**
11095 Viking Drive Ste 300	Eden Prairie	MN	55344
Phone	**Title**	**Number of Employed Hours**	
952-893-3200	Tecnhical Service Manager		
Description of Duties			
Please see attached resume			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.S005) or wholesalers (NAC 639.593S) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Agiliti Health, Inc.			10/2020 to present
Business Address	**City**	**State**	**Zip**
501 Arlington Boulevard Logan Twshp Swedesboro NJ 08085			
Phone	**Title**	**Number of Employed Hours**	
856.810.7414	Technial Service Manager	40 hrs per week	

Description of Duties
The Technical Service Manager role w/in the organization is one which is primarily involved in all aspects of the organizations health and safety, reporting and monitoring teams and individual performances as well as overseeing the application of all company standards policies procedures and behavor. Duties include overseeing that medical equipment is appropriately received, repaired and maintained in a timely and cost-effective manner by personnel who are appropriately trained and certified.

Business Name			From - To (MM/YY – MM/YY)
Agiliti Health, Inc. fka: Universal Hospital Services Inc			4/2015 to 10/2020
Business Address	**City**	**State**	**Zip**
8000 Commerce Parkway, Mount Laurel NJ 08054			
Phone	**Title**	**Number of Employed Hours**	
856-813-3006	Technical Service Supervisor	40 hrs per week	

Description of Duties
The Technical Service Supervisor provides overall strategic direction, leadership & technical services management for biomedical and field service technicians w/in an assigned geographic area. The Supervisor ensures that medical equipment is appropriately received, repaired and maintained in a timely and cost-effective manner by personnel who are appropriately trained and certified, ensures that customer records and billing are accurate and complete and participates in revenue growth activity.

Business Name			From - To (MM/YY – MM/YY)
Universal Hospital Services Inc.			7/2010 to 4/2015
Business Address	**City**	**State**	**Zip**
Robert Wood Johnson University Hospital Hamilton NJ			
Phone	**Title**	**Number of Employed Hours**	
732-828-3000	Site Manager 360 Business/Director of Clinical Eng	40 hrs per week	

Description of Duties
Manage multiple implementations by executing on timelines and customer expectations ensuring contractual obligations are met. Ensure best practices are followed and continuously improve the implementation process by making recommendations and initating positive changes. Maintain consistent messaging through the implementation including professional communication. Guide implementation team leaders throughout the implementation by delegating tasks and coordinating training as needed.

Business Name			From - To (MM/YY – MM/YY)
Universal Hospital Services Inc.			2/2010 to 7/2010
Business Address	**City**	**State**	**Zip**
8000 Commerce Parkway, Mount Laurel NJ 08054			
Phone	**Title**	**Number of Employed Hours**	
856-813-3006	Customer Service Supervisor	40 hrs per week	

Description of Duties
The Customer Service Supervisor provides overall strategic direction, leadership & technical services management for field service technicians w/in an assigned geographic area. The Supervisor ensures that medical equipment is appropriately received, repaired and maintained in a timely and cost-effective manner by personnel who are appropriately trained and certified, ensures that customer records and billing are accurate and complete and participates in revenue growth activity.

Business Name			From - To (MM/YY – MM/YY)
Universal Hospital Services Inc.,			8/2009 to 2/2010
Business Address	**City**	**State**	**Zip**
Hershey Medical Center, Hershey PA			
Phone	**Title**	**Number of Employed Hours**	
	Interm Hospital Operations Manager	40 hrs per week	

Description of Duties
The hospital operations manager is responsible for the leadership on all daily operations w/in the hospital. They are responsible for delivering on the established metrics w/in the contracted agreement as we ass assisting the team building of the Asset360's FTE's.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Daniel Capri, **certify that as the MDEG Administrator for**

501 Arlington Blvd Logan Township, Swedesboro NJ 08085,

that I (initial that you have read and meet the following requirements):

1. DAC Have a high school diploma or its equivalent;
2. DAC Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. DAC Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. DAC Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Capri
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/29/2022
Date

Board Use Only	Date Received: 11-14-22

DANIEL CAPRI

[redacted] Marissa Court, Williamstown, NJ 08094 · [redacted]
dan.capri@agilitihealth.com

EXPERIENCE

AGILITI – 18 YEARS, WAS FORMERALLY UNIVERSAL HOSPITAL SERVICES

10/2020 – PRESENT
TECHNICAL SERVICE MANAGER, AGILITI
GOVERNMENT DSNS SITE – LOGAN TOWNSHIP, NJ

4/2015 – 10/2020
TECHNICAL SERVICE SUPERVISOR, AGILITI
COMMERCIAL SITES – MOUNT LAUREL, NJ & HARRISBURG, PA

7/2010 – 4/2015
SITE MANAGER 360 BUSINESS/DIRECTOR OF CLINICAL ENGINEERING, AGILITI
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL-HAMILTON – HAMILTON, NJ

2/2010 – 7/2010
CUSTOMER SERVICE SUPERVISOR, AGILITI
COMMERCIAL SITE – MOUNT LAUREL, NJ

8/2009 – 2/2010
INTERM HOSPITAL OPERATIONS MANAGER, AGILITI
HERSHEY MEDICAL CENTER

4/2005 – 8/2009
BIOMEDICAL EQUIPMENT TECHNICIAN II, AGILITI
COMMERCIAL SITE – MARLTON, NJ

12/2003 – 4/2005
CUSTOMER SERIVCE REPRESENATIVE I, AGILITI
COMMERCIAL SITE – MOUNT LAUREL, NJ

EDUCATION

5/2003
ASSOCIATES IN APPLIED SCIENCE, CAMDEN COUNTY COLLEGE
COMPUTER INFORMATION SYSTEMS (2000-2003)
ELECTRICAL-ELECTRONIC ENGINEERING (200S-2007)

6/2000
HIGH SCHOOL DIPLOMA, EDGEWOOD REGIONAL HIGH SCHOOL

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D. C. 20549

FORM 10-K

(Mark One)

☒ Annual Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

For the fiscal year ended December 31, 2021

or

☐ Transition report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

For the transition period from to

Commission File Number: 001-40361

AGILITI, INC.

(Exact name of registrant as specified in its charter)

Delaware	6625 West 78th Street, Suite 300	83-1608463
(State or other jurisdiction of incorporation or organization)	Minneapolis, Minnesota 55439-2604 (Address of principal executive offices, including zip code) (952) 893-3200 (Registrant's telephone number, including area code)	(I.R.S. Employer Identification No.)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.0001	AGTI	The New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐	Accelerated filer ☐	Emerging growth company ☐
Non-accelerated filer ☒	Smaller reporting company ☐	

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financing accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant as of June 30, 2021, the last business day of the registrant's most recently completed second fiscal quarter, was approximately $694,928,895 based upon the closing price reported for such date on the New York Stock Exchange.

The number of shares of common stock, $0.0001 par value, outstanding as of February 28, 2022 was 131,121,028.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Definitive Proxy Statement relating to the Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K where indicated. Such Definitive Proxy Statement will be filed with the Securities and Exchange Commission within 120 days after the end of the registrant's fiscal year ended December 31, 2021.

AGILITI, INC.
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NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical fact included in this Form 10-K are forward-looking statements. Forward-looking statements give our current expectations and projections relating to our financial condition, results of operations, plans, objectives, future performance and business. You can identify forward-looking statements by the fact that they do not relate strictly to historical or current facts. These statements may include words such as "anticipate", "estimate", "expect", "project", "plan", "intend", "believe", "may", "will", "should", "can have", "likely" and other words and terms of similar meaning in connection with any discussion of the timing or nature of future operating or financial performance or other events. All forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those that we expected, including:

- effects from political and policy changes that could limit our growth opportunities;
- effects from the continued COVID-19 pandemic on our business and the economy;
- our potential inability to maintain existing contracts or contract terms with, or enter into new contracts with, our customers;
- cancellations by or disputes with customers;
- our potential failure to maintain our reputation, including by protecting intellectual property;
- effects of a global economic downturn on our customers and suppliers;
- a decrease in our customers' patient census or services;
- competitive practices by our competitors that could cause us to lose market share, reduce our prices or increase our expenditures;
- the bundling of products and services by our competitors, some of which we do not offer;
- consolidation in the healthcare industry, which may lead to a reduction in the prices we charge;
- adverse developments with supplier relationships;
- the potential inability to change the manner in which healthcare providers traditionally procure medical equipment;
- our potential inability to attract and retain key personnel;
- our potential inability to make attractive acquisitions or successfully integrate acquire businesses;
- impairment charges for goodwill or other long-lived assets;
- an increase in expenses related to our pension plan;
- the fluctuation of our cash flow;
- credit risks relating to home care providers and nursing homes;
- potential claims related to the medical equipment that we outsource and service;
- the incurrence of costs that we cannot pass through to our customers;
- a failure of our management information systems;
- limitations inherent in all internal controls systems over financial reporting;
- social unrest;
- our failure to keep up with technological changes;
- our failure to coordinate the management of our equipment;
- challenges to our tax positions or changes in taxation laws;
- litigation that may be costly to defend;
- uncertainty surrounding healthcare reform initiatives;
- federal privacy laws that may subject us to more stringent penalties;

- our relationship with healthcare facilities and marketing practices that are subject to federal Anti-Kickback Statute and similar state laws;
- our contracts with the federal government that subject us to additional oversight;
- the impact of changes in third-party payor reimbursement for healthcare items and services on our customers' ability to pay for our services;
- the highly regulated environment our customers operate in; and
- potential recall or obsolescence of our large fleet of medical equipment.

We derive many of our forward-looking statements from our operating budgets and forecasts, which are based on many detailed assumptions. While we believe that our assumptions are reasonable, we caution that it is very difficult to predict the impact of known factors, and it is impossible for us to anticipate all factors that could affect our actual results. Important factors that could cause actual results to differ materially from our expectations, or cautionary statements, are disclosed under "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" in this Form 10-K and elsewhere in our filings with the SEC. All written and oral forward-looking statements attributable to us, or persons acting on our behalf, are expressly qualified in their entirety by these cautionary statements as well as other cautionary statements that are made from time to time in our other SEC filings and public communications. You should evaluate all forward-looking statements made in this Form 10-K in the context of these risks and uncertainties.

We caution you that the important factors referenced above may not contain all of the factors that are important to you. In addition, we cannot assure you that we will realize the results or developments we expect or anticipate or, even if substantially realized, that they will result in the consequences or affect us or our operations in the way we expect. The forward-looking statements included in this Form 10-K are made only as of the date hereof. We undertake no obligation to update or revise any forward-looking statement as a result of new information, future events or otherwise, except as otherwise required by law.

PART I

ITEM 1: Business

Unless otherwise specified, the terms "we", "our", "us" and the "Company" refer to Agiliti, Inc. and, where appropriate, its consolidated subsidiaries. The term "THL" refers to Thomas H. Lee Partners, L.P., our principal stockholder, and the term "THL Stockholder" refers to THL Agiliti LLC, an affiliate of Thomas H. Lee Partners, L.P.

Our Mission

Agiliti, Inc. is an essential service provider to the U.S. healthcare industry with solutions that help support a more efficient, safe and sustainable healthcare delivery system. We ensure healthcare providers have the critical medical equipment they need to care for patients—wherever and whenever it's needed—with a service model that helps lower costs, reduce waste and maintain the highest quality standard of medical device management in the industry. We are motivated by a belief that ***every interaction has the power to change a life***, which forms the cornerstone of how we approach our work and frames the lens through which we view our responsibility to make a difference for the customers, patients and communities we serve.

Overview

We believe we are one of the leading experts in the manufacturing, management, maintenance and mobilization of mission-critical, regulated, reusable medical devices. We offer healthcare providers a comprehensive suite of medical equipment management and service solutions that help reduce capital and operating expenses, optimize medical equipment utilization, reduce waste, enhance staff productivity and bolster patient safety.

We commenced operations in 1939, originally incorporated in Minnesota in 1954 and reincorporated in Delaware in 2001.

In our more than 80 years of experience ensuring healthcare providers have high-quality, expertly maintained equipment to serve their patients, we've established a nationwide operating footprint that supports our offering. This at-scale, local market service and logistics infrastructure positions us to reach customers across the entire healthcare continuum—from individual facilities to the largest and most complex healthcare systems. Our ability to rapidly mobilize, track, repair and redeploy equipment during times of peak need or emergent events has made us a service provider of choice for city, state and the federal government in the management of emergency equipment stockpiles.

Our diverse customer base includes more than 9,000 national, regional and local acute care hospitals, health systems and integrated delivery networks and alternate site providers (such as surgery centers, specialty hospitals, home care providers, long-term acute care hospitals and skilled nursing facilities). We serve the federal government as well as a number of city and state governments providing management and maintenance of emergency equipment stockpiles, and we are an outsourced service provider to medical device manufacturers supporting critical device remediation and repair services. We deliver our solutions through our nationwide network of more than 150 service centers and seven ISO 13485 Certified Centers of Excellence, among which we employ a team of more than 700 specialized biomed repair technicians, more than 4,000 field-based service operators who work onsite within customer facilities or in our local service centers, and over 200 field sales and account managers. Our fees are primarily paid directly by our customers rather than by direct reimbursement from third-party payors, such as private insurers, Medicare or Medicaid.

Industry Challenges

The U.S. healthcare industry continues to face transformative pressure that affects how provider organizations conduct business and serve their patients. Across the healthcare system, providers face compounding financial and operational challenges, including cost pressure from payors, nursing and clinical staff shortages, rising costs of drugs and supplies, increasing regulatory oversight, and advances in medical technology that generally result in higher prices for newer equipment and a higher cost of managing that equipment over its lifecycle. Given there is little that providers can do to change external dynamics, there is increased focus on areas within their enterprise that they can control. In our

experience, one area that most hospitals and health systems identify for operational and cost improvement is the management and maintenance of medical equipment.

Healthcare facilities have been shown to own large quantities of reusable capital equipment ranging from multi-million dollar highly technical devices (e.g. MRIs) to lower cost, high volume devices (e.g. infusion pumps) required for patient care, treatment and diagnosis. In our experience, providers often face challenges in managing their medical equipment inventory effectively. For example, hospitals typically utilize roughly 42% of their owned medical equipment inventory at any given time, yet caregivers report that they routinely lack access to readily available patient-ready equipment. Nurses report spending an average of 20 minutes per shift searching for equipment, and often less than 37% of their time on direct patient care. Operational silos that naturally occur among hospital departments create inadvertent breakdowns within equipment management workflows, from the administrators who order equipment, to the support staff who clean/reprocess and deliver the equipment, to the nurses and doctors who use the equipment.

Further, the repair and maintenance of this highly technical equipment continues to increase in complexity and cost. Over a period of 15 years from 1995 to 2010 there was a 62% increase in the number of medical devices per hospital bed and a 90% increase in costs related to maintaining this equipment (between 1995 and 2010). Given the increasingly complex nature of these devices and stringent regulatory mandates guiding their upkeep, specialized technical knowledge is required to repair and maintain them. Most healthcare facilities struggle to employ the in-house capabilities and resources needed to ensure timely, routine maintenance and rapid testing, repair and turnaround of their medical inventory which may impact time-to-therapy and patient safety, while driving up capital replacement costs on equipment that could have otherwise been kept operational with proper maintenance.

Finally, the healthcare system experiences seasonality in patient volumes, resulting in peak-need demand for specialized medical equipment (e.g. ventilators, specialty beds, infusion pumps). Given the common breakdowns in managing and maintaining their inventory during times of normal operation, hospitals face additional burden on equipment availability during times of peak need and will procure supplemental equipment through additional acquisition channels to fill this gap.

These challenges drive up significant costs and time delays within individual hospital facilities, but when multiplied across several hospitals and alternate site facilities within an integrated delivery network ("IDN"), the losses increase significantly. An average 2,500 bed IDN has been shown to waste more than $11 million annually on inefficient equipment maintenance and unnecessary capital purchases, while clinicians lose valuable patient time and productivity hours managing equipment needs.

These dynamics, supported by the following trends, further support the essential nature of our work:

Focus on reducing costs and increasing operational efficiency. Hospitals and other healthcare facilities continue to experience substantial pressure to conserve capital, reduce operating expenses and become more operationally efficient. We expect these pressures to continue in the future and believe that we will always be on the right side of healthcare reform. Our comprehensive, end-to-end solutions offer customers a way to realize costs savings while enhancing operational improvements for medical equipment access and availability, thereby improving their organizational efficiency and financial viability.

Demand for better patient safety and outcomes. Hospitals across the U.S. are focused on improving patient safety and outcomes, which includes efforts to minimize hospital-acquired conditions (e.g. infections, patient falls and pressure injuries) and increase nursing time at the patient bedside. Hospitals turn to us to assist them in managing their equipment in ways that have been shown to to help them to minimize these incidents and ensure equipment is available when and where it is needed for patient care, thereby improving patient safety and time to therapy, and supporting optimal patient outcomes.

Caregiver retention and satisfaction. Hospitals continue to experience pressure and risk related to nursing and other caregiver retention and job satisfaction pressures. According to reports from the World Health Organization, the United States is expected to have a nurse shortage of 500,000 nurses by 2025. Adding non-patient care duties, such as searching for, cleaning and managing equipment, adds to nurse workload and contributes to clinician dissatisfaction and turnover.

We expect that with these internal pressures, hospitals will increasingly turn to our programs to outsource healthcare technology management duties and related management processes to allow nurses more time to spend on patient care, resulting in improved job satisfaction.

Increased capital and operating expense pressures and regulatory compliance. Hospitals continue to experience restricted capital and operating budgets, while the cost and complexity of medical equipment increases. Furthermore, the increasing complexity and sophistication of medical equipment brings with it more recordkeeping requirements and regulatory scrutiny in its use and maintenance. We expect that hospitals will increasingly look to us to support the management and maintenance of their capital equipment inventory to achieve capital and operating expense savings, operating efficiencies and regulatory compliance.

Our Value Proposition

As a critical outsource partner to more than 9,000 U.S. healthcare customers, including most leading providers nationwide, we've tailored our solution offering and service model to address the unique challenges and opportunities we witness among our customers related to the effective management of medical equipment.

Our services help eliminate significant capital and operating costs associated with the ownership and lifecycle management of mission-critical medical equipment. In addition to optimizing use of providers' owned equipment, we provide ready access and increase the on-patient utilization of supplemental medical equipment to address fluctuations in patient census and patient acuity. By partnering with Agiliti, providers have the benefits of:

Cost savings and lower total costs of equipment ownership

- Increased utilization of both customer-owned and supplemental equipment
- Lower overall total cost of equipment ownership by combining our solutions to solve challenges across the end-to-end equipment management process
- Optimized management and logistics of provider-owned equipment through tracking, monitoring, reprocessing, maintaining, and ensuring equipment is safety-tested and redeployed for use
- Reduced maintenance and repair costs through the use of our proprietary technology, flexible staffing models, parts pool, equipment capabilities and diverse skill mix of knowledgeable equipment technicians and our commitment to quality
- Benefits of specialized technician labor to augment clinical biomed staff, having been shown to help reduce service costs and provide required technical proficiency to address more complex equipment types
- Access to our extensive data and expertise on the cost, performance, features and functions of all major items of medical equipment
- Assistance with capital planning, vendor management and regulatory compliance

More time to spend with patients and confidence in the availability of patient-ready medical equipment

- Increased productivity and satisfaction among nursing staff achieved by eliminating certain non-clinical work tasks and saving an average 300-bed hospital over 28,000 caregiver hours annually, allowing more time to focus on patient care responsibilities
- Improved time-to-therapy for patients at risk for falls, skin breakdown and bariatric safety by expediting delivery of therapeutic equipment direct to the patient room
- Access to supplemental moveable medical equipment, surgical equipment and next generation technology without the expense of acquisition on a pay-per-procedure basis

Improved regulatory compliance, risk management and extended use life

- Optimal maintenance intervals and parts replacement to extend equipment use life, reduce waste and lower obsolescence risk
- Compliance with regulatory and recordkeeping requirements and adherence to manufacturers' specifications on the reprocessing and maintenance of medical equipment
- Equipment quality assurance through the use of our comprehensive quality management system ("QMS") based on the quality standards recognized worldwide for medical devices: 21 CFR 820 and ISO 13485:2016
- Risk mitigation and lower costs associated with product recalls or device modifications

Technical expertise and supplemental staffing to sustain optimal equipment workflow

- Reduced administrative and time burdens on clinical staff related to managing and locating available equipment and coordinating among multiple vendors
- Specialized technical and clinical specialists that directly interact with and work alongside customers to optimize equipment outsourcing solutions

Our Market Opportunities

We participate in a $14 billion U.S. medical equipment services market comprised of the services we offer through our onsite managed services, clinical engineering services and equipment solutions service lines. We believe that this market will grow at mid-single digits annually.

Per the Centers for Medicare and Medicaid Services ("CMS"), as of 2020, healthcare spending reached $4.1 trillion, or $12,530 per person and accounted for 19.7% of the U.S. GDP. Spending is expected to grow at an average annual rate of 5.4% from 2019-2028, due to secular tailwinds including an aging population, rising acuity, and prevalence of chronic conditions.

There is a fundamental shift in the needs of health systems, hospitals and alternate site providers to move from supplemental and peak need sourcing of medical equipment toward more comprehensive onsite inventory management and maintenance solutions. As healthcare facilities look to balance the challenge of providing better care at lower costs, they are more open to third party partnerships that outsource critical but non-core support functions. The move toward full outsourcing is not unlike trends in similar services at hospitals including food service, laundry, professional staffing and technology.

We believe there are several key macro trends that will drive increased demand for our products and services:

Favorable demographic trends. According to the U.S. Census Bureau, individuals aged 65 and older in the United States comprise the fastest growing segment of the population. This segment is expected to grow to approximately 81 million individuals by 2040. This represents a 44% increase in the 65-and-older segment of the population over the next 20 years. As a result, over time, the number of patients and the volume of hospital admissions are expected to grow. The aging population and increasing life expectancy are driving demand for healthcare services.

Increase in chronic disease and obesity. According to the Center for Disease Control and Prevention ("CDC"), six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes. These conditions often require specialty equipment to support therapeutic intervention in inpatient and outpatient care settings. In addition, obesity in the U.S. increased to 42.4% of the population between 2017-2018, up from 30.5% in 2000 (CDC). This population demands greater access to specialty bariatric equipment to support care and minimize the incidence of injury during a hospital stay.

Increased mergers & acquisitions. We have seen that hospitals and healthcare systems continue to expand their covered network and acquire alternate care delivery settings in order to care for patient populations in the most cost-

effective way. In our experience, providers are increasingly seeking partners that provide comprehensive services and that can quickly adapt to changing health system infrastructure and growth. Working with one vendor that can operate at a nationwide and system-wide scale is attractive to cities, states, and IDNs who operate, manage, and maintain equipment inventories across multiple locations.

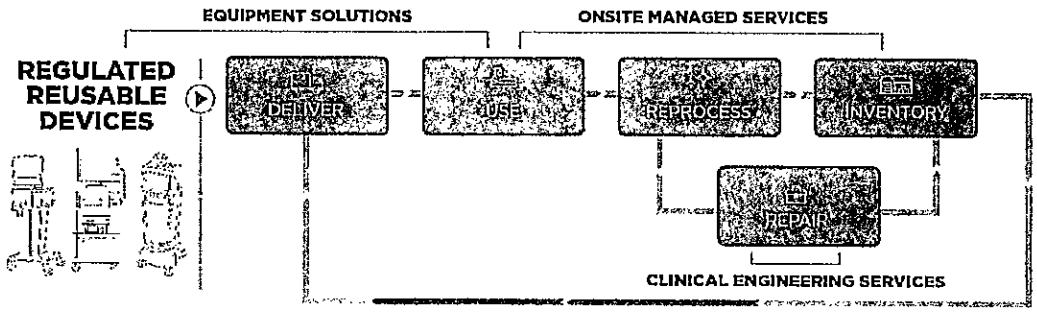
Centralizing shared services across the IDN. Health systems with duplicate services across multiple facilities in close proximity have an increased risk of unnecessary variation, greater costs, and suboptimal outcomes. Many health systems have centralized and consolidated non-clinical services as a shared service, including billing, reimbursement, supply chain, human resources, IT, etc. We have witnessed a growing trend among IDNs to centralize and consolidate equipment maintenance and logistics among member facilities. In our experience, because most health systems do not currently have the storage, technical or transportation resources for managing a shared equipment management function, they will seek third party support to optimize equipment utilization, redeploy equipment where needed and reduce overall equipment costs.

Increase in infection control risks. Infection control remains an essential priority for hospitals and health systems as a way to limit the spread of hospital-acquired infections. This has further escalated as a top priority due to the COVID-19 pandemic. Most focus in this area is around hand hygiene, the proper use of personal protective equipment (PPE) and the reprocessing and sterilization of critical and semi-critical medical devices (e.g. surgical instruments, endoscopes). Often overlooked is the reprocessing of non-critical medical devices, such as infusion pumps and ventilators, that are commonly touched by caregivers and patients. If not properly cleaned and sanitized between patient use, these devices can pose increased infection control risks. We expect an increase in demand of onsite equipment management programs to address proper reprocessing of these types of devices and help lower infection risks and allow clinicians to spend more time at the patient bedside and less time cleaning equipment.

Our Solutions

We provide a comprehensive offering for the manufacturing, management, maintenance and mobilization of critical medical devices, built on an integrated service platform. Our solutions help reduce the cost and complexity of acquiring, managing and maintaining medical equipment inventories. The integrated nature of our offerings within our end-to-end service framework ensures we maximize value to over 9,000 customers nationwide as we address more aspects of the equipment lifecycle continuum.

While customers may initially engage with us across one aspect of our service lines within this framework, we employ a variety of land-and-expand tactics to grow our relationships and customer share-of-wallet over time. These tactics include:



- ***Gateway solutions*** which offer an entry point to the economic buyer and include peak needs equipment, surgical lasers and equipment, specialty beds and surfaces and supplemental clinical engineering services;
- ***Vertical solutions*** which provide a deeper level of service with clinical offerings tailored to specific patient needs (e.g. bariatrics, wound management, falls management) and clinical engineering programs for broad equipment categories (general biomedical devices, diagnostic imaging equipment, surgical instruments);
- ***Comprehensive, connected solutions*** through onsite managed services and outsourced clinical engineering services that connect previously fragmented customer workflow processes to drive operational efficiencies, realize improved clinician and equipment productivity, lower total cost of ownership, ensure regulatory compliance, reduce waste, improve time to therapy and allow customers to effectively lower costs; and
- ***Comprehensive logistics, management and clinical engineering solutions*** that allow IDNs to manage equipment inventories across multiple locations, and supports city, state and federal government agencies in managing and maintaining equipment stockpiles.

We deploy our solution offering across three primary service lines:

On-Site Managed Services: Onsite Managed Services are comprehensive programs that assume full responsibility for the management, reprocessing and logistics of medical equipment at individual facilities and IDNs, with the added benefit of enhancing equipment utilization and freeing more clinician time for patient care. This solution monitors and adjusts equipment quantities and availability to address fluctuations in patient census and acuity. Our more than 1,600 onsite employees work 24/7 in customer facilities, augmenting clinical support by integrating proven equipment management processes, utilizing our proprietary management software and conducting daily rounds and unit-based training to ensure equipment is being used and managed properly, overall helping to optimize day-to-day operations and care outcomes. We assume full responsibility for ensuring equipment is available when and where it is needed, removing equipment when no longer in use, and decontaminating, testing and servicing equipment as needed between each patient use. Revenue attributable to such customers represented 29% of our total revenue for both the years ended December 31, 2021 and 2020.

Clinical Engineering Services: Clinical Engineering Services provides maintenance, repair and remediation solutions for all types of medical equipment, including general biomedical equipment, diagnostic imaging equipment and surgical equipment through supplemental and outsourced offerings. Our supplemental offering helps customers manage their equipment repair and maintenance backlog, assist with remediation and regulatory reporting and temporarily fill open biotechnical positions. With our outsourced offering, we assume full management, staffing and clinical engineering service responsibilities for individual or system-wide customer sites. The outsourced model deploys a dedicated, on-site team to coordinate the management of customer-owned equipment utilizing our proprietary information systems, third party vendors of services and parts, and a broad range of professional services for capital equipment planning and regulatory compliance. We leverage more than 700 technical resources from our over 150 local market service centers and seven Centers of Excellence to flex staff in and out of customer facilities on an as-needed basis, ensuring customers pay only for time spent directly servicing their equipment by an appropriately qualified technician. We use flex staffing for our supplemental clinical engineering solution and to augment support when additional technicians are needed to supplement our outsourced services during peak workload. We contract our Clinical Engineering Services with acute care and alternate site facilities across the U.S., as well as with the federal government and any medical device manufacturers that require a broad logistical footprint to support their large-scale service needs. Revenue attributable to such customers for the years ended December 31, 2021 and 2020 represented 37% and 33% of our total revenue, respectively.

Equipment Solutions: Equipment Solutions primarily provides supplemental, peak need and per-case rental of general biomedical, specialty, and surgical equipment to acute care hospitals and alternate site providers in the U.S., including some of the nation's premier healthcare institutions and integrated delivery networks. We contract for Equipment Solutions services directly with customers or through our contractual arrangements with hospital systems and alternate site providers. We consistently achieve high customer satisfaction ratings, as evidenced by our Net Promotor Score ("NPS") of 55 for the year ended December 31, 2021, by delivering patient-ready equipment within our contracted equipment delivery times and by providing technical support and educational in-servicing for equipment as-needed in clinical departments, including the emergency room, operating room, intensive care, rehabilitation and general patient care areas. We are committed to providing the highest quality of equipment to our customers, and we do so through the use of our comprehensive QMS which is based on the quality standards recognized worldwide for medical devices: 21 CFR 820 and ISO 13485:2016. This commitment ensures that customers have access to patient-ready equipment with the confidence of knowing it bas been prepared and maintained to the highest industry standard to deliver optimal patient safety and outcomes. Revenue attributable to such customers for the years ended December 31, 2021 and 2020 represented 34% and 38% of our total revenue, respectively.

Many of our customers have multiple contracts and have revenue reported in multiple service lines. Our contracts vary based upon service offering, including with respect to term (with most being multi-year contracts), pricing (daily, monthly and fixed fee arrangements) and termination (termination for convenience to termination for cause only). Many of our contracts contain customer commitment guarantees and annual price increases tied to the consumer price index. Standard contract terms include payment terms, limitation of liability, force majeure provisions and choice of law/venue.

Because we work closely with customers to provide a long-term, value-based solution versus a product-based, transactional approach, they are motivated to expand their relationships with us over time. With approximately 75% white space within our current customers, we have demonstrated an ability to grow revenue up to 5-6x with existing customers as they move toward our full suite of highly complementary services. From the year ended December 31, 2015 to the year ended December 31, 2021, our top 50 customers that experienced the largest growth in revenue over the same period increased in revenue from an aggregate of approximately $22.2 million to approximately $135.4 million (with increases at each customer ranging from $1.2 million to $7.1 million and an average increase of $2.3 million, and with consistent growth across our three primary service lines), primarily driven by our efforts to expand our share of wallet within our existing customer base.

Further, the infrastructure and capabilities required to provide connected, responsive equipment lifecycle management is typically cost-prohibitive, even for large IDNs. Our nationwide network of clinical engineers, storage and repair facilities, vehicles and analytics tools gives us scale to provide cost-effective services for individual facilities, systems, regional IDNs, governments and device manufacturers.

Competitive Strengths

We believe our business model presents an attractive value proposition to our customers and that our comprehensive medical device management solutions and ability to work in partnership with and across Original Equipment Manufacturers ("OEMs") as a device-agnostic service provider have contributed to our growth in recent years. Our unique framework for end-to-end medical equipment management, delivered through our nationwide service and logistics infrastructure, differentiates us in the marketplace and is without comparable peers. We believe our more than 80 years of experience, extensive employee base of trained technicians and our reputation for service excellence has earned us a leading position in our industry. We attribute our historical success to our:

Strong value proposition. With our focus and expertise in connected, end-to-end medical equipment management and service solutions, we offer a compelling customer value proposition. We believe that many of our customers have come to rely on our ability to respond quickly to their needs with reliable, high quality products and service expertise. We believe our ability to provide this level of service distinguishes us from our competitors. It also requires us to maintain inventories and infrastructure that we do not believe our competitors currently maintain. Our comprehensive solutions focus on helping customers:

- lower total cost of device ownership by reducing capital and operating costs related to owning and managing medical equipment;
- enhance operational productivity and staff satisfaction by ensuring equipment is available when and where needed; and
- maintain high standards of quality and regulatory compliance related to medical equipment use, maintenance and end-of-life disposal.

Large, nationwide infrastructure. We have a broad and specialized nationwide staff, facility, and vehicle service network coupled with focused and customized operations at the local level. Our extensive network of service centers and Centers of Excellence and our 24-hours-a-day, 365 days-a-year service capabilities enable us to compete effectively for large, national contracts as well as drive growth regionally and locally.

We employ a number of technical, clinical and surgical specialists that engage directly with our customers to drive improved cost, efficiency and clinical outcomes. These include over 700 biomedical repair technicians, more than 4,000 field-based service operators, and over 200 field sales and account managers. Our specialized teams, large equipment fleet, and quality assurance programs have been built over 80 years serving provider customers and represent a significant investment in infrastructure over time. This places us in a unique and hard-to-replicate position with the scale to serve the most complex acute care hospitals, such as teaching, research or specialty institutions, that demand access to current and preferred technologies to meet the complex needs of their patients.

Proprietary software and asset management tools. We have used our more than 80 years of experience and our extensive database of equipment management information to develop sophisticated software technology and management tools. These tools enable us to meet unique customer demands by supporting sophisticated onsite managed services that help drive cost efficiencies and equipment productivity for caregivers. We believe that our ongoing investment in new tools and technology will help continue to distinguish our offerings to the healthcare industry.

Commitment to quality. Class I and II medical devices are designed, manufactured, and distributed from our Sizewise manufacturing facilities. Each of the United States-based facilities that produce finished goods is registered with the FDA and follows strict quality guidelines in accordance with 21 CFR 820. The Hays, KS, Ellis, KS, and Corona, CA Sizewise manufacturing facilities are ISO 1385:2016 compliant, and the two Kansas facilities are certified by Intertek; the California facility is pending certification. A dedicated quality team oversees the Quality Management System (QMS) at these locations.

Agiliti also services and repairs medical devices manufactured by other OEMs. Third-party service providers like Agiliti are not required to register their sites with the FDA; therefore, there are no regulations that specifically apply to our maintenance of medical devices. We've made a commitment, however, to do the right thing for our customers and their patients by staffing a dedicated Quality team and implementing a QMS based on the quality standards recognized

worldwide for medical devices: 21 CFR 820 and ISO 13485:2016. This commitment to quality ensures that patient safety and risk management are at the center of every product decision, and that our equipment is serviced to the highest standards in the industry. Over 90 local market service centers, eight government service centers, and seven Centers of Excellence follow an ISO 13485:2016 ccertified QMS, and we have elected to hire outside independent accredited registrars to audit our quality system. British Standards Institute ("BSI") has certified over 90 of our local market service centers, eight government service centers, and five of our Centers of Excellence to ISO 13485:2016, the remaining two Centers of Excellence are certified by Deutscher Kraftfahrzeug-Überwachungs-Verein e.V. ("Dekra") and National Quality Assurance ("NQA"). We believe that ISO 13485:2016 provides the stringent guidelines specific to medical devices to ensure that our fleet of equipment, as well as the equipment we service, is maintained to the highest quality standards. Our commitment to quality extends to our exclusive use of OEM parts to repair FDA 510(k) registered medical devices that we own, whenever available. Implementing optimal maintenance intervals and parts replacement extends equipment use life, thereby reducing waste and lowering risk of obsolescence. We believe that our robust QMS policies set us apart in our industry from those who may use less stringent quality practices on the equipment they own or maintain.

Superior customer service. We believe we have a long-standing reputation among our customers for outstanding service and quality. This reputation is largely attributable to our strong customer service culture, which is continuously reinforced by management's commitment to, and significant investment in, hiring and training resources. We strive to seamlessly integrate our employees and solutions into the operations of our customers. We believe that our aggressive focus on the overall customer experience has helped us achieve high customer satisfaction ratings, as evidenced by our NPS of 55 for the year ended December 31, 2021.

Low direct third-party payor reimbursement risk. Many healthcare providers rely on direct payment from patients or reimbursement from third-party payors. Our fees are primarily paid directly by our customers, rather than by third-party payors, such as Medicare, Medicaid, managed care organizations or indemnity insurers. Accordingly, our exposure to uncollectible patient or reimbursement receivables or Medicare or Medicaid reimbursement changes is reduced, as evidenced by our bad debt expense of approximately 0.2%, 0.3%, and 0.2% of total revenue for the years ended December 31, 2021, 2020, and 2019, respectively.

Values driven culture centered on doing the right thing for our many stakeholders. Our team operates on a set of shared aspirations that reflect the manner in which we approach our work and serve the needs of our customers, team members, shareholders and local communities. We believe these aspirations that underpin our culture, strategy and service model help contribute to a safer and more sustainable healthcare system and frame the cornerstone of our success:

WE ARE BUILDING THE PREMIER CLINICAL EQUIPMENT SERVICES COMPANY. We ensure clinicians have the equipment they need, when they need it, with the confidence it is maintained to the highest industry standards. We never waver from doing what is right for our customers, our team members, and our shareholders.

WE ARE ESSENTIAL TO CUSTOMERS. We are dependable, trusted advisors—steadfast in our commitments and ready to serve. We deliver a unique and valuable offering that helps customers improve their business and prioritize patient care.

WE ARE EMPOWERED AND ENGAGED. We lead by example, inspiring one another to be at our best, to be accountable, and to develop with purpose. We value our diversity, knowing different perspectives lead to better outcomes. We share a common drive to make a difference and take pride in being part of something bigger than ourselves.

WE ARE OPERATIONALLY EXCELLENT. We demonstrate a tireless commitment to quality, reliability, and continuous improvement. We demand of ourselves the highest degree of accuracy, efficiency and integrity in order to deliver exceptional service to our customers and their patients.

WE ARE CREATING A CATEGORY OF ONE. Together, we are building a highly differentiated service company that is the vendor of choice for customers and an employer of choice nationwide.

Highly engaged team. We believe a strong and sustainable company begins with an engaged and empowered team. We are committed to investing in our team's development and to fostering a culture of diversity, inclusion, trust and transparency. Approximately 41% of our total work force is comprised of minorities and approximately 29% of our team members are female. Since 2018, we have consistently had an annual internal promotion rate of approximately 29%, compared to the national average of 8.9%, as reported by ADP Research Institute. We offer competitive compensation and benefits programs, and we ensure our team members share in the success of our business with a companywide annual bonus program and an Employee Stock Purchase Plan. We strive to ensure Agiliti is a place where our people are proud to work, and we achieve that by listening to feedback and taking active steps to improve. In 2021, we achieved a 77 employee engagement score rating, which places us nearing the extraordinary company benchmark according to third-party engagement indices.

Proven management team. Our diverse and industry leading management team brings decades of executive-level healthcare expertise from across the sector and has successfully supervised the development of our competitive strategy, continually enhanced and expanded our service and product offerings, reinforced our nationwide operating footprint and furthered our reputation as an industry leader in our category.

Key Elements of our Growth Strategy

Retain and expand existing customer relationships. While our overall market opportunity is large, there is also significant expansion opportunity within our existing customers. We currently have 25% wallet share within our existing contracted customers and have demonstrated the ability to grow our wallet share among existing customers by expanding the services we provide to them over time. From the year ended December 31, 2015 to the year ended December 31, 2021, our top 50 customers that experienced the largest growth in revenue over the same period increased in revenue from an aggregate of approximately $22.2 million to approximately $135.4 million (with increases at each customer ranging from $1.2 million to $7.1 million and an average increase of $2.3 million, and with consistent growth across our three primary service lines), primarily driven by our efforts to expand our share of wallet within our existing customer base.

Grow our customer base among customers that outsource. We believe there is a significant opportunity to further grow our business by winning new customer contracts within the $5.85 billion that is contracted annually for medical equipment management services in the U.S. This is less than half of the total addressable market and, due to increasing pressures that providers are facing, we expect outsourcing to significantly accelerate. As a leader in our industry, we believe we are poised to take advantage of this continued shift.

Grow our serviceable market by contracting with those that insource today. Currently, we estimate that $14 billion is spent annually in the U.S. for medical equipment services and functionality, but less than half of the total market is currently being outsourced to an equipment management service, while the rest is done in-house in facilities. We believe that as we reach additional potential customers with demonstrated value both in improved patient care and reduced costs, we can grow our total addressable market by contracting with new clients that were not previously outsourcing device management services. Further, this market is also experiencing tailwinds that make the total addressable market, the total contracted market, and our own contracts with ongoing customers poised to continue to expand. These tailwinds include increasing overall provider volumes, increasing use and complexity of medical devices, increasing outsourcing by hospitals, and additional factors that we believe will continue to drive growth.

Invest in complementary offerings that enhance customer relationships. As the medical device field becomes increasingly complex and the number of devices used per patient on average increases over time, we are constantly evaluating additional services and methods of approaching service delivery that increase value for our clients. As an example, this has recently taken the form of expanding our work with federal, state, and local governments to help them maintain and mobilize strategic stockpiles of ventilators and other critical medical equipment.

Opportunistically pursue accretive M&A. Due to our high and sustained value creation for customers and significant white space with existing customer relationships, we believe that pursuing opportunistic M&A will drive increasing returns through embedded customer relationships. From 2015-2021, we have successfully integrated nine acquisitions and will continue to opportunistically pursue additional inorganic growth.

Recent Acquisitions

Northfield Acquisition

On October 28, 2020, we entered into a stock purchase agreement to acquire 100% of the issued and outstanding capital stock of Northfield Medical ("Nortbfield Medical") a nationwide provider of surgical equipment repair services for $475.0 million, subject to adjustments (the "Northfield Acquisition"). Northfield Medical provides service and repair of medical devices, specializing in the repair of endoscopes, surgical instruments and other operating room equipment. The acquisition closed on March 19, 2021.

Sizewise Acquisition

On September 14, 2021, we entered into a definitive agreement to acquire Sizewise Rentals, LLC ("Sizewise"), a privately held manufacturer and distributor of specialty patient handling equipment, in a stock purchase transaction valued at $230 million. (the "Sizewise Acquisition"). Sizewise is a leading manufacturer and provider of specialized bed frames, therapeutic surfaces and mobility equipment serving customers in the acute and post-acute care markets with products that address the needs of bariatric, geriatric, pediatric and standard patient populations. The Company completed the acquisition on October 1, 2021.

COVID-19 Update

COVID-19 has placed our customers, business, teams and communities in uncharted waters. We consider the impact of the pandemic on our business by evaluating the health of our operations, changes to our revenue outlook, and the degree to which perceptions of and need for Agiliti solutions have evolved during this unprecedented time. As demand for emergent acute care increases around the country and as the global pandemic highlights the importance of resilient supply chains and service networks, the importance of our services has been magnified. We are proud to have rapidly developed and deployed a response plan to ensure the safety of our team, while continuing to meet our customers' evolving needs for patient-ready medical equipment when and where it was needed; notably, doing so without service interruptions.

We believe our value proposition now resonates with an even broader audience of customers as providers, IDNs and governments prepare for potential future surges in demand for acute care and the required equipment necessary to care for patients.

Specifically, during the COVID-19 pandemic, we have:

- fully and rapidly deployed our fleet of medical devices and accessories across the U.S. to ensure they are reaching the maximum number of patients;
- leveraged our logistics, inventory management, and maintenance/repair infrastructure to work with medical device brokers and manufacturers to make thousands of additional critical medical devices available to healthcare facilities;
- deployed our local biomedical repair teams to augment teams at hospitals around the country to ensure their owned medical equipment remains fully operational and available for patient needs;
- redeployed teams from our over 150 local service centers to support surge medical capacity in parks, gymnasiums, and hotel rooms across the country;
- been awarded a new contract to leverage our unique scale and capabilities to manage the maintenance and field repair of the national strategic ventilator stockpile; we are likewise working with various state and municipal governments to manage and mobilize their centralized and local medical device stockpiles; and
- prioritized the care and safety of our employees who are essential to helping our customers meet patient care needs. We committed to avoid COVID-19 related layoffs or furloughs and bridge the income of our team members with variable net pay for the duration of the pandemic. As many of our team members entered high-exposure environments each day, we ensured all had the necessary PPE, guidelines, training and support from the highest levels of the company. We provided 100% coverage for COVID-19 testing and telemedicine, extended short-term medical leave and disability coverage related to COVID-19, and

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Amryt Pharmaceuticals, Inc.

Physical Address: 160 Federal Street, 21st Floor

City: Boston State: MA Zip: 02110

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 617-500-7867 Website: https://amrytpharma.com/

Name of Designated Representative (DR): Tom Letizia

Licensing Company Email: licensinghelp@amrytpharma.com DR Email: tom.letizia@amrytpharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies ☐ Practitioners ☐ Hospitals ■ Wholesalers ☐ Veterinarians ■ Others: 3PL	☐ Dangerous Drugs ☐ Controlled Substances ☐ [a]Medical devices, equipment, supplies, gases ■ Others: Pharmaceuticals	■ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/16/2022
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cardinal Health
Address: 15 Ingram Blvd City: La Vergne State: TN Zip: 37086

Name: Accredo
Address: 1640 Century Center Parkway City: Memphis State: TN Zip: 38134

Name: AcariaHealth Inc.
Address: 8427 Southpark Circle, Bldg. 300 Ste 400 City: ORalndo State: FL Zip: 32819

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Amryt Pharma plc
Corporation Name: Amryt Pharmaceuticals, Inc.
Mailing Address: 160 Federal Street, 21st Floor
City: Boston State: MA Zip: 02110
Telephone: 617-500-7867 Email: tom.letizia@amrytpharma.com
Contact Person Name: Tom Letizia

Date of SEC Registration: 7/8/2020 | SEC Registration Number: 0001783010 | Stock Exchange Symbol: AMYT

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Amryt Pharmaceuticals, Inc.

Facility Name

Tom Letizia

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10/16/2022

Date

Board Use Only	Date Received: 10-20-22	Amount: 7,500.00 CC

Amryt Pharmaceuticals, Inc.
160 Federal Street, 21st Floor
Boston, MA 02110

September 22nd, 2022



Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Dear Sir or Madam:

Amryt Pharmaceuticals, Inc (Amryt), is herby providing an outline and responses to section 9 of the application.

Amryt Pharmaceuticals, Inc. Officers, & Directors:

1) Sheila Frame – Director & President America's
2) Ailish Hogan – Director & Secretary
3) Elizabeth Jobes – Director & Treasurer

Top 4 corporation shareholders:

1) Athyrium Capital Management, LP – 13.81%
2) Stonepine Capital – 9.88%
3) Highbridge Capital Management LLC – 9.45%
4) Rubric Capital – 5.61%

Certificate of Good Standing:

1) See Attached

Copy of DEA certificate:

1) Not available - Amryt does not manufacture a controlled substance

Copy of current SEC 10K (First 15 Pages)

1) Amryt is a foreign private issuer so we submit 6-k filings quarterly and 20-F annually. Attached are the first 15 pages of both.

Amryt Pharmaceuticals, Inc.
160 Federal Street, 21st Floor
Boston, MA 02110

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

1) None outside of ordinary course of business (i.e. Vendor agreements with 30/60/90/etc. days payment terms).

Copy of your license, certification, permit or registration issued to your wholesaler business

1) Please see attached Massachusetts State Pharmacy License

Sincerely,

Tom Letizia

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMRYT PHARMACEUTICALS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMRYT PHARMACEUTICALS INC." WAS INCORPORATED ON THE FOURTH DAY OF FEBRUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3922075 8300

SR# 20223628307

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204490118

Date: 09-27-22

The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
250 WASHINGTON STREET BOSTON, MA 02108

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000810	04/26/2022	04/26/2023	Virtual Drug Manufacturers

ISSUED TO

AMRYT PHARMACEUTICALS INC.
160 FEDERAL STREET
FLOOR 21
BOSTON, MA 02110
ATTN: TOM LETIZIA DIRECTOR, PRICING, CONTRACTS

Margit R Cooke

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RENEWAL

846504

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000810	04/26/2022	04/26/2023	Virtual Drug Manufacturers

ISSUED TO

AMRYT PHARMACEUTICALS INC.
160 FEDERAL STREET
FLOOR 21
BOSTON, MA 02110
ATTN: TOM LETIZIA DIRECTOR, PRICING, CONTRACTS

Margit R Cooke

RENEWAL

Amryt Pharmaceuticals, Inc.-Employees

First name	Last name	Department	Job title
Adina	Gutstein	Medical Affairs	Medical Science Liaison
Alexia	Baugniet	Sales Management	Executive Assistant, Strategy and Operations
Andy	Kanef	Sales Operations	Rare Disease Specialist
Athena	Saunders-Hechavarria	Medical Affairs	Amryt Clinical Educator
Berlin	Bertrand	Finance	Accounts Payable Manager
Brad	Gerow	Sales Operations	National Head, Sales
Brad	Mulholland	Patient Engagement	Associate Director, Patient Services
Brian	Baker	Sales Operations	Regional Business Director
Brian	Linder	Global Operations & Analytics	VP, Head of Commercial Operations
Cathy	Lopez	Medical Affairs	Senior Medical Science Liaison
Chris	Draper	Sales Operations	Rare Disease Specialist
Chris	Jimenez	Sales Operations	Strategic Account Lead, Filsuvez
Christie	Terrell	Sales Operations	Rare Disease Specialist
Christopher	Liptrot	Finance	U.S. Controller
Dana	Waters	Sales Operations	Strategic Account Lead, Juxtapid
Danielle	Satterthwaite	Sales Operations	Regional Business Director
Daphne	Adelman	Medical Affairs	Medical Science Liaison
David	Agoglia	Sales Operations	Strategic Account Lead, Mycapssa/Myalept
Debra	Babich	Medical Affairs	Lead Amryt Clinical Educator
Donna	King	Medical Affairs	Senior Medical Science Liaison
Edward	Urquiola	Patient & Market Access	Director, National Accounts
Elizabeth	Jobes	Compliance	Chief Compliance Officer
Emily	Roehrich	Medical Affairs	Amryt Clinical Educator
Grant	Vosloh	Sales Operations	Rare Disease Specialist
Gregory	Newman	Sales Operations	Rare Disease Associate
Harry	Jordan	Patient & Market Access	Head of US Market Access
Hillary	Billingsley	Sales Operations	Rare Disease Specialist
Jason	Crompton	Medical Affairs	Americas Head of Medical Affairs Endocrinology
Jennifer	Hobbs	General Marketing	US Commercial Launch Lead
Joe	Hatgas	Sales Operations	Rare Disease Specialist
John	Devine	Medical Affairs	Senior Medical Science Liaison
John	Mulholland	Global Operations & Analytics	Senior Manager, Business Analytics

Joseph	Wiley	Executive	Chief Executive Officer
Karen	Drake	Legal	Vice President, Legal
Karen	Smith	Sales Operations	Rare Disease Specialist
Karla	Werre	Regulatory	Sr. Manager REMS Coordinator
Ken	Antles	Sales Operations	Rare Disease Specialist
Kevin	Acton	Sales Operations	Strategic Account Lead, Filsuvez
Kristi	Roberts	Medical Affairs	Amryt Clinical Educator
Lee	Severson	Regulatory	Director, Regulatory Affairs
Leslie	Mason	Sales Operations	Sr Director of Commercial Training
Lily	Tran	Finance	Accounts Payable / Payroll Associate
Lisa	Nelson	Gov't Affiars & Patient/Advocacy	Head, US Corporate Affairs
Lori	Reiman	Sales Operations	Rare Disease Specialist
Lynn	Walker	Sales Operations	Rare Disease Specialist
Lynne	Vincent	Medical Affairs	Director of Amryt Clinical Educators
Mark	Killion	Sales Operations	Regional Business Director
Meghan	Pawlak	General Marketing	Associate Director, Marketing
Michael	Grace	Sales Operations	Rare Disease Specialist
Michele	Girdharry	Compliance	Executive Director, US Compliance
Milena	Dunaevskaia	Finance	Senior Purchasing Associate
Molly	Rice	HR	Senior Manager, Human Resources
Nicole	Browne	Compliance	Manager, US Compliance Operations
Nicole	Lafata	Sales Operations	Rare Disease Specialist
Noam	Frey	Medical Affairs	Vice President Medical Affairs Americas
Paola	Ruiz	General Marketing	Senior Marketing Project Manager
Patrick	Lewis	Medical Affairs	Senior Director, US Medical Affairs,
Rhonda	Lisac	Sales Operations	Associate Director, Commercial Training
Rita	Melo-Nazareno	Medical Affairs	Director, US Medical Affairs, Dermatology
Robert	Holmes	Patient & Market Access	Executive Director, Patient Services and
Robin	Mergen	Sales Operations	Strategic Account Lead, Mycapssa/Myalept
Rosa	Barrett	Finance	Senior Accounting Manager
Ruby	Yogita	Sales Operations	Rare Disease Specialist
Ryan	Spurr	Finance	Staff Accountant
Samira	Saha	Sales Operations	Strategic Account Lead, Juxtapid
Samuel	Warren	Finance	Accounting Manager

Sara	Hwang	Medical Affairs	US Medical Affairs Manager
Sheila	Frame	Sales Management	President, Americas
Shivani	Choudhary	Regulatory	Manager, Regulatory Affairs
Thomas	Letizia	Patient & Market Access	Director of Pricing, Contracting and Government
Timothy	Jankun	Finance	Senior Accountant
Travis	Cooper	Medical Affairs	Director, Medical Science Liaison
Vandella	Hill	HR	HR Manager (The Americas)
Warren	Medrano	Sales Operations	Rare Disease Specialist

SECURITIES AND EXCHANGE COMMISSION

FORM 20-F

Annual and transition report of foreign private issuers pursuant to sections 13 or 15(d)

Filing Date: **2022-04-29** | Period of Report: **2021-12-31**
SEC Accession No. 0001140361-22-016877

(HTML Version on secdatabase.com)

FILER

Amryt Pharma plc

CIK:1783010| IRS No.: **000000000** | State of Incorp.:**X0** | Fiscal Year End: **1231**
Type: **20-F** | Act: **34** | File No.: **001-39365** | Film No.: **22874463**
SIC: **2834** Pharmaceutical preparations

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington D.C. 20549

FORM 20-F

☐ **REGISTRATION STATEMENT PURSUANT TO SECTION 12(b) OR (g) OF THE SECURITIES EXCHANGE ACT OF 1934**

OR

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
For the fiscal year ended December 31, 2021

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
For the transition period from to

OR

☐ **SHELL COMPANY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

Date of event requiring this shell company report
Commission file number: 001-39365

Amryt Pharma plc

(Exact name of Registrant as specified in its charter)
Not Applicable
(Translation of Registrant's name into English)

England and Wales
(Jurisdiction of incorporation or organization)
Dept 920a 196 High Road, Wood Green,
London, United Kingdom, N22 8HH
(Address of principal executive offices)

Rory Nealon
Chief Financial Officer
Tel: +353 1518 0200
45 Mespil Road, Dublin 4, Ireland
(Name, Telephone, E-mail and/or Facsimile number and Address of Company Contact Person)
Securities registered or to be registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
American Depositary Shares (each representing 5 Ordinary Shares, par value £0.06)	AMYT	NASDAQ Global Market

Securities registered or to be registered pursuant to Section 12(g) of the Act: None
Securities for which there is a reporting obligation pursuant to Section 15(d) of the Act: None

Indicate the number of outstanding shares of each of the issuer's classes of capital or common stock as of the close of the period covered by the annual report:

319,814,747 Ordinary Shares (excluding Treasury Shares)
(as of December 31, 2021)

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Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

If this report is an annual or transition report, indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, or a non-accelerated filer or an emerging growth company. See definition of "large accelerated filer," "accelerated filer" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐	Accelerated filer ☒	Non-accelerated filer ☐	Emerging growth company ☒

If an emerging growth company that prepares its financial statements in accordance with U.S. GAAP, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards† provided pursuant to Section 13(a) of the Exchange Act. ☐

† The term "new or revised financial accounting standard" refers to any update issued by the Financial Accounting Standards Board to its Accounting Standards Codification after April 5, 2012.

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark which basis of accounting the registrant has used to prepare the financial statements included in this filing:

U.S. GAAP ☐	International Financial Reporting Standards as issued by the International Accounting Standards Board ☒	Other ☐

If "Other" has been checked in response to the previous question, indicate by check mark which financial statement item the registrant has elected to follow: Item 17 ☐ Item 18 ☐

If this is an annual report, indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

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GENERAL

Amryt is a global commercial-stage biopharmaceutical company focused on acquiring, developing and commercializing innovative treatments to help improve the lives of patients with rare and orphan diseases. Amryt comprises a strong and growing portfolio of commercial and development assets.

As used herein, references to "we," "us," "Amryt" or the "Group" in this annual report on Form 20-F shall mean Amryt Pharma plc and its global subsidiaries, collectively. References to the "Company" in this annual report shall mean Amryt Pharma plc.

This annual report includes the following historical financial information, presented in US Dollars:

- the audited consolidated financial statements of Amryt as of December 2021 and 2020 and for the years ended December 31, 2021, 2020 and 2019, prepared in accordance with International Financial Reporting Standards ("IFRS"), as issued by the International Accounting Standards Board ("IASB") (our "audited consolidated financial statements");

All references in this annual report to "€" mean Euros, all references to "£" mean pounds sterling and all references to "$" mean U.S. dollars. Except as otherwise stated herein, all monetary amounts in this annual report have been presented in US Dollars. For presentation purposes all financial information, including comparative figures from prior periods, have been stated in round thousands, unless otherwise indicated.

On May 5, 2021, Amryt announced that it had signed a definitive agreement to acquire Chiasma, Inc. in an all-stock combination. Under the terms of the transaction, each share of Chiasma common stock issued and outstanding prior to the consummation of the transaction was exchanged for 0.396 Amryt American Depositary Shares ("ADSs"), each representing five Amryt ordinary shares. The merger agreement provided that, upon the terms and subject to the conditions set forth in the merger agreement, at the effective time, Amryt Merger Sub, an indirect wholly owned subsidiary of Amryt, merged with and into Chiasma with Chiasma surviving as an indirect wholly owned subsidiary of Amryt subsequently renamed Amryt Endo, Inc. which then ceased to be a publicly traded company.

On August 5, 2021, Amryt completed the acquisition of Chiasma, Inc. and, in conjunction with the completion, Amryt allotted and issued a total of 127,733,680 ordinary shares as consideration for the acquisition. Following the completion, shareholdings in Chiasma were rounded in being converted to Amryt shares using the exchange ratio of 0.396. Roundings in converting Chiasma shareholdings to Amryt shares were finalized in August 2021 and resulted in an additional 7,015 ordinary shares being allotted and issued by Amryt as consideration for the acquisition. In total, these ordinary shares were issued to the former Chiasma Shareholders in the form of 25,548,139 ADSs at US$10.19 per share, to acquire Chiasma for a value of US$260,336,000. On August 5, 2021, the Group repaid US$116,629,000 of Chiasma long term debt. Through the acquisition of Chiasma, Inc, we acquired our third commercial product, Mycapssa® (octreotide capsules) which is approved in the US for long-term maintenance therapy in acromegaly patients who have responded to and tolerated treatment with octreotide or lanreotide. Mycapssa® is the first and only oral somatostatin analog approved by the FDA. Mycapssa® has also been submitted to the EMA and is not yet approved in Europe.

SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS

This annual report contains forward-looking statements concerning our business, operations and financial performance and condition, as well as our plans, objectives and expectations for our business operations and financial performance and condition. Any statements contained herein that are not statements of historical facts may be deemed to be forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as "aim," "anticipate," "assume," "believe," "contemplate," "continue," "could," "due," "estimate," "expect," "goal," "intend," "may," "might," "objective," "plan," "predict," "potential," "positioned," "seek," "should," "target," "will," "would," and other similar expressions that are predictions of or indicate future events and future trends, or the negative of these terms or other comparable terminology, although not all forward-looking statements contain these identifying words.

By their nature, forward-looking statements involve risk and uncertainty because they relate to future events and circumstances. Forward-looking statements are not guarantees of future performance and have not been reviewed by our auditors. Actual results and developments could differ materially from those expressed or implied by the forward-looking statements due to a variety of factors, including, but not limited to, those identified under the section titled "Risk Factors" in this annual report.

These risks and uncertainties include factors related to:

- our significant operating losses since our inception and ability to obtain and maintain profitability in the future;
- our commercial products, including statements regarding the expected strategies and profitability thereof;

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- our product candidates, including statements regarding the expected initiation, timing, progress and availability of data from clinical trials;
- our ability to successfully commercialize, or enter into strategic relationships with third parties to commercialize, our products or product candidates, if approved;
- our ability to acquire or in-license new product candidates;

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- our competition, most of whom have far greater resources than we have, which may make it more difficult for us to achieve significant market penetration;
- the size of our addressable markets and market trends;
- potential strategic relationships;
- our ability to obtain and maintain intellectual property rights;
- the impact of potential fluctuations in foreign currency exchange rates; and
- estimates regarding expenses, future revenues, capital requirements and the need for additional financing.

The preceding list is not intended to be an exhaustive list of all of our risks and uncertainties. As a result of these factors, we cannot assure you that the forward-looking statements in this annual report will prove to be accurate. Furthermore, if our forward-looking statements prove to be inaccurate, the inaccuracy may be material. In light of the significant uncertainties in these forward-looking statements, you should not regard these statements as a representation or warranty by us or any other person that we will achieve our objectives and plans in any specified time frame, or at all.

In addition, statements that "we believe" and similar statements reflect our beliefs and opinions on the relevant subject. These statements are based upon information available to us as of the date of this annual report, and while we believe such information forms a reasonable basis for such statements, such information may be limited or incomplete, and our statements should not be read to indicate that we have conducted an exhaustive inquiry into, or review of, all relevant information. These statements are inherently uncertain and investors are cautioned not to unduly rely upon these statements.

The forward-looking statements and opinions contained in this annual report are based upon information available to us as of the date of this annual report and, while we believe such information forms a reasonable basis for such statements, such information may be limited or incomplete, and our statements should not be read to indicate that we have conducted an exhaustive inquiry into, or review of, all potentially available relevant information. The forward-looking statements contained in this annual report speak only as of the date of this annual report, and we do not undertake any obligation to update them in light of new information or future developments or to release publicly any revisions to these statements in order to reflect later events or circumstances or to reflect the occurrence of unanticipated events.

You should read this annual report and the documents referenced herein and have filed as exhibits to the registration statement, of which this annual report forms a part, completely and with the understanding that our actual future results may be materially different from expectations. We qualify all forward-looking statements in this annual report by these cautionary statements.

MARKET AND INDUSTRY DATA

This annual report contains estimates, projections and other information concerning our industry, our business and the markets for our products and product candidates. Information that is based on estimates, forecasts, projections, market research or similar methodologies is inherently subject to uncertainties, and actual events or circumstances may differ materially from events and circumstances that are assumed in this information. Unless otherwise expressly stated, we obtained this industry, business, market and other data from our own internal estimates and research as well as from reports, research surveys, studies and similar data prepared by market research firms and other third parties, industry, medical and general publications, government data and similar sources. Management estimates are derived from publicly available information, our knowledge of our industry and assumptions based on such information and knowledge, which we believe to be reasonable.

In addition, assumptions and estimates of our and our industry's future performance are necessarily subject to a high degree of uncertainty and risk due to a variety of factors, including those described in "Risk Factors." These and other factors could cause our future performance to differ materially from our assumptions and estimates. See "Special Note Regarding Forward-Looking Statements."

TRADEMARKS

The Amryt logo, Myalept®, Myalepta®, Juxtapid®, Lojuxta®, Episalvan®, Filsuvez®, Oleogel-S-10, Mycapssa®, TPE® and other trademarks or service marks of Amryt appearing in this annual report are the property of Amryt. This annual report includes trademarks, tradenames and service marks, certain of which belong to us and others that are the property of other organizations. Solely for convenience, trademarks, tradenames and service marks referred to in this annual report appear without the ®, TM and SM symbols, but the absence of those symbols is not intended to indicate, in any way, that we will not assert our rights or that the applicable owner will not assert its rights to these trademarks, tradenames and service marks to the fullest extent under applicable law. We do not intend our use or display of other parties' trademarks, trade names or service marks to imply, and such use or display should not be construed to imply a relationship with, or endorsement or sponsorship of us by, these other parties.

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PART I

Item 1. *Identity of Directors, Senior Management and Advisers*

Not applicable.

Item 2. *Offer Statistics and Expected Timetable*

Not applicable.

Item 3. *Key Information*

The following selected historical consolidated financial data of Amryt Pharma as at December 31, 2021 and 2020 and for each of the years ended December 31, 2021, 2020 and 2019 have been derived from, and should be read in conjunction with, the audited consolidated financial statements and notes thereto set forth in Item 18 of this annual report. The selected historical consolidated financial data as at December 31, 2019 is derived from the audited consolidated financial statements not appearing in this annual report. This data should be read in conjunction with the financial statements, related notes and other financial information included elsewhere herein.

We have not included selected historical consolidated financial data for the years ended December 31, 2018, and 2017 in the table below as we qualify as an emerging growth company (an "Emerging Growth Company") as defined in Section 2(a)(19) of the Securities Act and we make use of an accommodation for reduced reporting.

A. Selected Consolidated Financial Data of Amryt

[Reserved]

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B. Capitalization and Indebtedness

Not applicable.

C. Reasons for the Offer and Use of Proceeds

Not applicable.

D. Risk Factors

Our business is subject to a number of risks. You should carefully consider the risks and uncertainties described below and the other information in this annual report, including our consolidated financial statements and related notes. Our business, financial condition, results of operations or prospects could be materially and adversely affected if any of these risks occur, and as a result, the market price of our ADSs could decline.

Summary of Risk Factors

Our principal risks include the following:

- We have incurred significant operating losses since our inception and we may not achieve or maintain profitability in the future.
- Our future performance depends, in part, on our ability to successfully implement our strategy.
- We are dependent primarily on three products, lomitapide, Mycapssa® and metreleptin, to generate revenue and these products may not be successful and may not generate sales at anticipated levels.
- We may not be successful in our efforts to build a pipeline of product candidates and develop additional marketable products.
- We may need to raise additional funding, which may not be available on acceptable terms, or at all, and failure to obtain this capital when needed may force us to delay, limit or terminate our product development efforts or other operations or to delay payment on future obligations.
- The terms of our debt and any requirements to incur further indebtedness or refinance our indebtedness in the future could have a material adverse effect on our business and results of operations.
- Restrictive covenants in certain of the agreements and instruments governing our indebtedness may adversely affect our financial and operational flexibility.
- We face potential product liability exposure, and if claims are brought against us, we may incur substantial liability.
- Our global operations subject us to significant tax risks.
- The occurrence of cyber incidents, or a deficiency in cybersecurity, could negatively impact our business by causing a disruption to its operations, a compromise or corruption of confidential information, exposure to legal and regulatory action, or damage to our patient, partner or employee relationships, any of which could subject us to loss and reputational harm.
- We have faced, and we may continue to face, challenges integrating the businesses and operations of our company and Chiasma and, as a result, may not realize the expected benefits of the acquisition.
- Any future acquisitions we make may expose us, to risks that could adversely affect our business, and we may not achieve the anticipated benefits of acquisitions of businesses or technologies.
- Our assumptions and estimates regarding prevalence and the addressable markets for our products and product candidates may be inaccurate. If there are fewer actual patients than estimated, or if any product approval is based on narrower definitions of patient populations, our revenues and cash position could be materially and adversely affected.
- Our products may not gain market acceptance, in which case we may not be able to generate product revenues.

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- We face significant competition from other biotechnology and pharmaceutical companies.

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- A number of adverse effects have been reported in clinical trials for metreleptin, lomitapide, oral octreotide and Oleogel-S10, and the prescribing information for each of lomitapide, metreleptin and oral octreotide contains significant limitations on use and other important warnings and precautions, any of which could negatively affect the market acceptance, dropout rates and marketing approval for these products, and post-marketing commitments could identify additional adverse events and safety or efficacy risks, which could further harm our business.

- Recent legislation and proposed federal regulations may permit reimportation of drugs from foreign countries into the United States where the drugs are sold at lower prices and this may adversely affect our operating results and overall financial condition.

- If we are unable to commercialize or receive regulatory approval for Oleogel-S10, or experience significant delays in doing so, or are not granted a Priority Review Voucher, our business could be materially harmed.

- Clinical trials are expensive, time consuming and difficult to design and implement and involve uncertain outcomes and, furthermore, results of earlier preclinical studies and clinical trials may not be predictive of results of future preclinical studies or clinical trials.

- Our product candidates may not work as intended, may cause undesirable side effects or may have other properties that could delay or prevent their regulatory approval, limit the commercial profile of an approved label, or result in significant negative consequences following marketing approval, if any.

- The regulatory approval processes of the EMA, the FDA and other comparable regulatory agencies may be lengthy and time consuming and the outcome is unpredictable.

- We may fail to obtain or maintain Orphan Drug marketing exclusivity for our products and product candidates and may face significant competitive threats to the commercialization of these compounds from other manufacturers.

- The laws and regulations in the areas of sales and marketing of pharmaceutical products, and interacting with healthcare professionals and patients, are very complex and onerous, and require a robust compliance program. Failure to comply with these laws and regulations could have a material adverse effect on our business, financial condition and results of operations.

- We are subject to extensive legal and compliance obligations as a pharmaceutical company that commercializes products, as well as under Aegerion's settlements with the DOJ, OIG, FDA, SEC and other federal and state government agencies.

- We rely on third parties to conduct clinical trials and registry studies and perform related services, and those third parties may not perform satisfactorily, including by failing to meet established deadlines for the completion of such clinical trials and compliance with post-marketing requirements.

- We depend on third-party manufacturers to produce the drug substance and the drug product for lomitapide, Mycapssa® and metreleptin, as well as the drug product for commercial supply and clinical trials. We also depend on third-party manufacturers to produce the drug product for Oleogel-S10. Even though we have reserve stock, interruption in supply could materially and adversely affect sales.

- If our third-party manufacturers are unable to comply with applicable regulatory requirements, unable to source sufficient raw materials, experience manufacturing or distribution difficulties, or are otherwise unable to manufacture and distribute sufficient quantities to meet demand, our commercialization efforts may be materially harmed.

- It may be challenging or costly for us to obtain, maintain, enforce and defend our intellectual property rights. Failure to obtain or protect these rights could adversely affect our business and our ability to compete.

- We may infringe or be alleged to infringe the intellectual property rights of others, which may prevent or delay product development and commercialization efforts, requiring us to expend resources on litigation or other resolutions, which may materially and adversely affect our business.

- If we fail to comply with our obligations in the license agreements for our products or are alleged to have breached such agreements, we could lose license rights that are important to our business, have to make additional payments to our licensors or become involved in costly litigation, which would further reduce cash resources.

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- An active and liquid market for our securities may fail to develop, which could harm the market price of our ADSs.
- The price and trading volume of our ADSs may be volatile, and purchasers of our ADSs could incur substantial losses.

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- The Athyrium Funds hold a significant interest in our company and may be able to influence matters relating to our business.
- We will incur significant increased costs as a result of operating as a U.S. listed public company, and our management will be required to devote substantial time to new compliance initiatives.
- As a "foreign private issuer," we are exempt from a number of rules under the U.S. securities laws and the Nasdaq rules, and we are permitted to file less information with the SEC than are U.S. companies. In addition, we are permitted and expect to follow certain home country corporate governance practices in lieu of certain Nasdaq requirements applicable to domestic issuers. This may make our ADSs and ordinary shares less attractive to investors.

Risks Related to our Business, Financial Condition and Capital Requirements

We have incurred significant operating losses since our inception and we may not achieve or maintain profitability in the future.

To date, we have financed our operations primarily through a combination of revenues from sales of our commercialized products and the sale of our equity securities and convertible bonds. We have incurred operating losses since our inception, including net losses of $50.5 million, $46.5 million and $38.6 million for the years ended December 31, 2019, 2020 and 2021, respectively. Aegerion incurred losses since its inception, including net losses of $96.5 million and $30.9 million for the year ended December 31, 2018, and the six-month period ended June 30, 2019. Chiasma incurred losses since its inception, including net losses of $74,7 million and $50.4 million for the year ended December 31, 2020, and the six-month period ended June 30, 2021. We have devoted most of our financial resources to the acquisition of attractive commercial and near-commercial rare disease assets and research and development. We anticipate that we will continue to incur significant costs associated with the continued commercialization of lomitapide, Mycapssa® and metreleptin, and in connection with ongoing clinical development efforts and post-marketing commitments for these products as well as the continued development of our product candidates. The amount of our future net losses will depend, in part, on the rate of our future expenditures, our ability to continue generating adequate revenues from sales of lomitapide, Mycapssa® and metreleptin and from sales of Oleogel-S10 if approved, and our ability to obtain funding through equity or debt offerings, grant funding, collaborations, strategic partnerships and/or licensing arrangements. If we do become profitable, we may not be able to sustain or increase our profitability on a quarterly or annual basis.

Our future performance depends, in part, on our ability to successfully implement our strategy.

Our future success will depend on our ability to implement our strategy to develop and expand our existing portfolio of drugs to treat patients with rare diseases and to create a rare disease company with a diversified offering of multiple development stage and commercial assets that can provide us with scale to support future growth. The success of our strategy depends, in part, on our ability to drive growth in existing territories and access and drive growth in new territories and indications with existing commercial assets, build a franchise in EB through our lead product candidate, Oleogel-S10 (Filsuvez), and our product candidate AP103, based on our novel polymer-based topical gene therapy delivery platform, expand the indication of Mycapssa® (octreotide capsules) beyond acromegaly into carcinoid syndrome associated with neuroendocrine tumors and expand and diversify our product portfolio through acquisition and in-licensing opportunities. This strategy will require us to, among other things, identify suitable targets, conduct and complete clinical trials, obtain the necessary consents and authorizations for our products and any product candidates, conduct diligence, carry out any acquisition or in-licensing transaction and obtain suitable financing.

Implementing our strategy requires substantial time and resources from our management team. Our Board and management may not be able to successfully implement our strategy or other strategies to be developed by management, and implementing these strategies may not sustain or improve, and could even harm, our business, financial condition, results of operations and prospects. We may be unable to realize the anticipated benefits and synergies of our business strategies, which are based on assumptions about future demand for our current products and product candidates, as well as on our continuing ability to produce our products profitably. Consequently, any predictions made about our future success or viability may not be as accurate as they could be if we had a longer operating history or additional products on the market.

We are dependent primarily on three products, lomitapide, Mycapssa® and metreleptin, to generate revenue and these products may not be successful and may not generate sales at anticipated levels.

Our ability to meet expectations with respect to sales of lomitapide, Mycapssa® and metreleptin, and to generate revenues from such sales, and attain and maintain positive cash flow from operations, in the time periods anticipated, or at all, will depend on a number of factors, including, among others:

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- the ability to continue to maintain and grow market acceptance for lomitapide, Mycapssa® and metreleptin among healthcare professionals and patients in the United States, European Union and other key markets for the treatment of approved indications;

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SECURITIES AND EXCHANGE COMMISSION

FORM 6-K

Current report of foreign issuer pursuant to Rules 13a-16 and 15d-16 Amendments

Filing Date: **2022-08-04** | Period of Report: **2022-08-04**
SEC Accession No. 0001171843-22-005344

(HTML Version on secdatabase.com)

FILER

Amryt Pharma plc
CIK:1783010| IRS No.: **000000000** | State of Incorp.:**X0** | Fiscal Year End: **1231**
Type: **6-K** | Act: **34** | File No.: **001-39365** | Film No.: **221134730**
SIC: **2834** Pharmaceutical preparations

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 6-K

Report of Foreign Private Issuer Pursuant to Rule 13a-16 or 15d-16
under the Securities Exchange Act of 1934

For the month of July 2022

Commission File Number: 001-39365

Amryt Pharma plc

(Translation of registrant's name into English)

Dept 920a 196 High Road, Wood Green,
London, United Kingdom, N22 8HH
(Address of principal executive office)

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F.
Form 20-F [X] Form 40-F [ ]

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1): ____

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7): ____

Exhibits

The following documents, which are attached as exhibits hereto, are incorporated by reference herein.

Exhibit	Title
99.1	Press Release distributed July 1, 2022
99.2	Press Release distributed July 7, 2022
99.3	Press Release distributed July 14, 2022
99.4	Press Release distributed July 21, 2022
99.5	Press Release distributed August 4, 2022

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

Amryt Pharma plc
(Registrant)

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Date: August 4, 2022

/s/ Rory Nealon
Rory Nealon
Chief Financial Officer

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EXHIBIT 99.1

Results of Annual General Meeting

DUBLIN, Ireland, and Boston MA, July 1, 2022, Amryt (Nasdaq: AMYT), a global, commercial-stage biopharmaceutical company focussed on acquiring, developing and commercializing novel treatments for rare diseases, is pleased to announce that all resolutions presented to shareholders at yesterday's Annual General Meeting were duly passed.

The full text of each resolution was included in the notice of the General Meeting posted to shareholders on June 1, 2022, and is available on the Company's website www.amrytpharma.com.

About Amryt

Amryt is a global commercial-stage biopharmaceutical company focused on acquiring, developing and commercializing innovative treatments to help improve the lives of patients with rare and orphan diseases. Amryt comprises a strong and growing portfolio of commercial and development assets.

Amryt's commercial business comprises three orphan disease products – metreleptin (Myalept®/ Myalepta®); oral octreotide (Mycapssa®); and lomitapide (Juxtapid®/ Lojuxta®).

Myalept®/Myalepta® (metreleptin) is approved in the US (under the trade name Myalept®) as an adjunct to diet as replacement therapy to treat the complications of leptin deficiency in patients with congenital or acquired generalized lipodystrophy (GL) and in the EU (under the trade name Myalepta®) as an adjunct to diet for the treatment of leptin deficiency in patients with congenital or acquired GL in adults and children two years of age and above and familial or acquired partial lipodystrophy (PL) in adults and children 12 years of age and above for whom standard treatments have failed to achieve adequate metabolic control. For additional information, please follow this link.

Mycapssa® (octreotide capsules) is approved in the US for long-term maintenance therapy in acromegaly patients who have responded to and tolerated treatment with octreotide or lanreotide. Mycapssa® is the first and only oral somatostatin analog approved by the FDA. Mycapssa® has also been submitted to the EMA and is not yet approved in Europe. For additional information, please follow this link.

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Amryt's lead development candidate, Oleogel-S10 is a potential treatment for the cutaneous manifestations of Junctional and Dystrophic Epidermolysis Bullosa (EB), a rare and distressing genetic skin disorder affecting young children and adults. Filsuvez® has been selected as the brand name for Oleogel-S10. Filsuvez® has been approved by the EC in the EU for the treatment of partial thickness wounds associated with dystrophic and junctional EB in patients 6 months and older.

Amryt's pre-clinical gene therapy candidate, AP103, offers a potential treatment for patients with Dystrophic EB, and the polymer-based delivery platform has the potential to be developed for the treatment of other genetic disorders.

Amryt also intends to develop oral medications that are currently only available as injectable therapies through its Transient Permeability Enhancer (TPE®) technology platform. For more information on Amryt, including products, please visit www.amrytpharma.com.

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EXHIBIT 99.2

Amryt Presents New Analyses from the EASE Phase 3 Trial in Epidermolysis Bullosa at SPD 2022

- Key highlights include efficacy of Oleogel-S10 (birch triterpenes) on accelerated wound healing, data on procedural pain and dressing change frequency, and a 12-month interim analysis of the open-label phase (OLP), in patients with Dystrophic Epidermolysis Bullosa (DEB)

DUBLIN, Ireland, and Boston MA, July 7, 2022, Amryt (Nasdaq: AMYT), a global, commercial-stage biopharmaceutical company dedicated to acquiring, developing and commercializing novel treatments for rare diseases, presented new positive analyses from EASE at the 2022 Society for Pediatric Dermatology (SPD) annual meeting which is being held in Indianapolis on July 7-10.

EASE (NCT03068780), the largest clinical trial in Epidermolysis Bullosa (EB), is a Phase 3, randomized, controlled, 90-day double-blind, efficacy and safety study of Oleogel-S10 (birch triterpenes) in patients with inherited EB, followed by a 24-month open-label single-arm phase. Analyses of the DEB cohort from EASE will be presented across three poster presentations and demonstrated the following for patients treated with Oleogel-S10:

- Accelerated wound healing
- Reduced pain associated with dressing changes and fewer patients required daily dressing changes
- Sustained improvements in wound burden with a continued reassuring safety profile

Dr Tracy Cunningham, Chief Medical Officer of Amryt, commented: "*We are pleased to present new clinical analyses that support Oleogel-S10 as a potential treatment for DEB patients living with this debilitating subtype of EB. These analyses follow an exciting time for patients and their families in the EU who, as a result of the European Commission decision to approve Filsuvez® in the EU, finally have an approved treatment option available. We are committed to working with other regulatory agencies, including the FDA, to enable more patients to avail of this treatment.*"

Anna Bruckner, MD, University of Colorado School of Medicine, Department of Dermatology, commented: *"These new analyses further support Oleogel-S10's clinical benefit as a well-tolerated and effective therapy for patients with DEB in line with what has been seen in the EASE primary analysis. It is encouraging to see the positive impact that Oleogel-S10 has on patients and their families including accelerated wound healing and less pain during dressing changes. We know that these factors are meaningful to patients during their daily routine living with EB."*

Presentation Titles:

1. ***EASE study demonstrates efficacy of Oleogel-S10 (birch triterpenes) on wound healing in patients with DEB***

Presenter: Anna Bruckner, MD

- *Oleogel-S10 demonstrated accelerated wound healing in patients with DEB. The proportion of DEB patients with target wound closure within 45 days was 44.3% on Oleogel-S10 versus 29.6% on control gel (p=0.017).*
- *Patients with DEB had sustained improvement in wound burden by Day 90 with Oleogel-S10. Between baseline and Day 90, body surface area percentage (BSAP) improved to a greater extent with Oleogel-S10 vs. with control gel (-4.4 vs. -2.4), with comparable EBDASI skin activity scores (-3.9 vs. -3.5).*

1. ***The effect of Oleogel-S10 (birch triterpenes) on procedural pain and dressing change frequency in DEB: analysis from the EASE study***

Presenter: Anna Bruckner, MD

- *Oleogel-S10 treated DEB patients experienced reduced pain associated with dressing changes.*

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- *A lower percentage of DEB patients treated with Oleogel-S10 had daily dressing changes throughout the DBP (32% with Oleogel-S10 vs 50% with control gel at Day 90).*
- *Wound infections were low overall in patients with DEB and mostly mild for those treated with Oleogel-S10.*

1. ***Safety and efficacy of Oleogel-S10 (birch triterpenes) in patients with DEB – 12-month interim analysis of the open label phase from the EASE study***

Presenter: Harper Price, MD

- *Patients with DEB had sustained improvement in wound burden with Oleogel-S10:*
  - *53% reduction in BSAP with 15 months of Oleogel-S10 treatment in patients with DEB.*
  - *EBDASI skin activity score reduced with continued Oleogel-S10 use from 19.9 at baseline to 14.8 after 15 months of treatment.*
- *Continued reassuring safety profile with no new safety signals identified in the OLP for patients with DEB.*

About EASE

The EASE trial (NCT03068780) is the largest ever global Phase 3 trial conducted in patients with EB, performed across 58 sites in 28 countries. It comprises a 3-month double-blind randomized controlled phase followed by a 24-month open-label, single-arm phase. Patients with DEB and Junctional EB (JEB) target wounds of between 10 and 50cm^2 in size that were present for > 21 days and < 9 months were randomized in the double-blind phase to study treatment in a 1:1 ratio and wound dressings applied according to standard of care. 223 patients were enrolled into the trial, including 156 pediatric patients. Of those that completed the double-blind phase, 100% entered the open-label follow-up phase.

About Epidermolysis Bullosa

EB is a rare and devastating group of hereditary disorders of the skin, mucous membranes, and internal epithelial linings characterized by extreme skin fragility and blister development. Patients with severe forms of EB suffer from severe, chronic blistering, ulceration and scarring of the skin, mutilating scarring of the hands and feet, joint contractures, strictures of the esophagus and mucous membranes, a high risk of developing aggressive squamous cell carcinomas, infections and risk of premature death. The global market opportunity for EB is estimated by the Company to be in excess of $1.0 billion.

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EXHIBIT 99.3

Amryt Receives Orphan Drug Designation from the FDA for Mycapssa® (oral octreotide) for the Treatment of Carcinoid Syndrome

DUBLIN, Ireland, and Boston MA, July 14, 2022, Amryt (Nasdaq: AMYT), a global, commercial-stage biopharmaceutical company focused on acquiring, developing and commercializing novel treatments for rare diseases, is pleased to announce that the US Food and Drug Administration (FDA) has granted Orphan Drug Designation to Mycapssa® for the treatment of carcinoid syndrome. Carcinoid syndrome (CS) is the most common functional syndrome associated with neuroendocrine tumours (NETs).

The Orphan Drug Designation program provides orphan status to drugs and biologics, which are defined as those intended for the safe and effective treatment, diagnosis or prevention of rare diseases or disorders that affect fewer than 200,000 people in the US.

Dr Joe Wiley, CEO of Amryt Pharma, commented: *"Today's news is another significant milestone achieved in our plan to develop Mycapssa® for patients affected by carcinoid syndrome associated with NET and we are excited at the potential for Mycapssa® and our TPE® technology to deliver an oral therapy option to NET patients in need."*

Mycapssa® - NET Opportunity

Amryt's TPE® platform enables the oral delivery of the octreotide molecule which is otherwise delivered as an injectable. Mycapssa® (oral octreotide) is approved by the FDA for long-term maintenance treatment in acromegaly patients who have responded to and tolerated injectable treatment with octreotide or lanreotide (i.e. somatostatin analogs (SSAs)).

Injectable SSAs are also approved and are the pharmaceutical standard of care in the treatment of carcinoid syndrome associated with NET and their utilization in NET accounts for an estimated $1.9bn* globally and approximately $1.0bn* in the US. The potential addressable patient population on SSAs in the US is estimated at 24,000**. Compared to acromegaly, patients with NET are known to require higher average doses of injectable SSAs to achieve adequate symptom control. Pharmacokinetic studies with Mycapssa® showed dose linearity from 20mg to 80mg (40mg/day to 160mg/day), hence support dosing requirements for the planned Phase 3 study in patients with carcinoid syndrome, planned to be initiated early in 2023.

About Neuroendocrine Tumors (NET)

NETs arise from neuroendocrine cells throughout the body, most commonly in the gastrointestinal tract, lung, and rarely, the pancreas. While well differentiated neuroendocrine tumors are known to be slow growing, they are often asymptomatic in early stages leading to a substantial number of patients being diagnosed when the tumors have already spread regionally or distantly. Capable of secreting hormones and bioactive amines, approximately 19% of patients have carcinoid syndrome characterized by secretory diarrhea and flushing.

* Based on management estimates

** National Cancer Institute SEER Database; Halperin et al. 2017 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6066284/

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EXHIBIT 99.4

Amryt to Report Q2 2022 Results on August 4, 2022

DUBLIN, Ireland, and Boston MA, July 21, 2022, Amryt (Nasdaq: AMYT) a global, commercial-stage biopharmaceutical company dedicated to acquiring, developing and commercializing novel treatments for rare diseases, today announces that its unaudited financial results for the second quarter 2022 will be released on **Thursday, August 4, 2022 at 0700 ET/1200 BST.**

Amryt will host a conference call and webcast for analysts and investors on **August 4, 2022 at 0830 ET/1330 BST.**

Webcast Player URL: https://edge.media-server.com/mmc/p/ef7uj5u8

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Confirmation Code	**9953783**

A playback facility will be available from Aug 4, 2022 at 1230 ET/1730 BST – Aug 11, 2022 at 1900 ET/2400 BST. Access details for the playback facility are as follows: Confirmation Code: 9953783| US: + 1 609 800 9909 | UK: +44 (0) 203 433 3849.

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EXHIBIT 99.5

Amryt Reports Record Q2 2022 Results

9.2% YoY revenue growth in Q2 to $68.5M
35.3% YoY revenue growth in Q2 excluding impact of a sporadic LATAM order in Q2 2021
7.8% growth in metreleptin revenues YoY to $46.4M in Q2
49.9% growth in metreleptin revenues in Q2 excluding impact of a sporadic LATAM order in Q2 2021
10th consecutive quarter of positive EBITDA generation
Cash of $90.7M at June 30, 2022
Filsuvez® approved in the EU for the treatment of dystrophic and junctional EB
Amryt now has four growing commercial products treating rare diseases
Reaffirming FY 2022 revenue guidance to $260M - $270M, representing 17-21% YoY growth
Stock repurchase program underway – board approved up to $30M through March 2023
Conference call and webcast today at 0830 ET / 1330 BST

DUBLIN, Ireland, and Boston MA, August 4, 2022, Amryt (Nasdaq: AMYT), a global, commercial-stage biopharmaceutical company dedicated to acquiring, developing and commercializing novel treatments for rare diseases, today provides a business update and announces unaudited financial results for the second quarter ended June 30, 2022.

Joe Wiley, CEO of Amryt Pharma, commented: *"I am pleased to report today's very strong operational and financial results which reflect another excellent quarter for Amryt. Our record Q2 revenues of $68.5M demonstrates the strong performance our business is delivering. In particular, metreleptin continues to grow strongly, delivering 49.9% YoY growth in the quarter, excluding the impact of a sporadic LATAM order booked in Q2 2021. Overall, these results demonstrate the robust growth we are experiencing and represent our tenth consecutive quarter of positive EBITDA generation.*

During the quarter, the European Commission approved Filsuvez® for the treatment of Dystrophic and Junctional EB in patients 6 months and older. The approval of Filsuvez® in the EU is one of the most significant milestones in Amryt's history and represents a major positive development for European patients that suffer from this debilitating condition. Filsuvez® is our fourth commercial product and we have in place the team, financial flexibility and global infrastructure to commercialize it swiftly and to execute our significant growth plans. We also look forward to potentially leveraging our European approval across other jurisdictions globally.

Given the strong underlying performance of our business year to date and notwithstanding the impact of the strengthening US dollar on our Euro revenues, we are today reaffirming our full year 2022 revenue guidance of $260-$270 million which represents growth of 17%-21% over 2021."

Q2 2022 and Recent Business Highlights:

Metreleptin

- Metreleptin continues to deliver significant growth in EMEA driven by market expansion and its broad label covering the treatment of both general and partial lipodystrophy (GL/PL)
- Growth drivers include Italian PL reimbursement in Q2 and expansion in the Middle East and Turkey
- Metreleptin continues to deliver growth in the US; expected patient additions driven by high unmet medical need

Lomitapide

- EMEA lomitapide revenues impacted by strong US dollar despite increasing patient numbers on therapy
- Successful new tender for lomitapide in Saudi Arabia - $6M expected annualized revenues

Mycapssa®

- Mycapssa® relaunch is progressing well - Greater education and awareness of Mycapssa® has resulted in 58 new prescribers year to date – 93% of whom are community-based physicians
- Presented Mycapssa® data from OPTIMAL and MPOWERED Phase 3 trials at ENDO 2022 meeting
- Announced positive long-term safety and efficacy data for Mycapssa® from the second year of the OPTIMAL open label extension study in acromegaly patients
- Mycapssa® new patent announced, further strengthening our IP portfolio with protection to 2040
- Received Orphan Drug Designation from the FDA for Mycapssa® for the treatment of carcinoid syndrome associated with neuroendocrine tumors (NET)
- Pathway agreed with the FDA to initiate a Phase 3 study for NET - expected in Q1 2023

Filsuvez®[1]

- Filsuvez® approved in the EU for the treatment of dystrophic and junctional EB in patients 6 months and older
- First ever approved treatment for EB with potential to leverage European approval across other jurisdictions
- Commercial plans well advanced for Filsuvez® launch in Europe – first shipments to patients in Germany and Greece expected in Q3
- Presented new positive Open-Label Phase 12-month data analyses from the EASE Phase 3 trial in EB at SPD 2022 meeting

Corporate

- Amryt initiates stock repurchase program – board has approved repurchases up to $30M through March 2023
- FY 2022 revenue guidance of $260M - $270M reaffirmed, representing 17-21% growth over 2021

Q2 2022 Commercial Product Performance:

	Q2 2022 (unaudited)			
US$'000	**US**	**EMEA**	**Other**	**Total**
Metreleptin	20,311	24,192	1,895	46,398

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Lomitapide	7,585	6,995	2,795	17,375
Mycapssa®	4,499	—	—	4,499
Other	—	190	74	264
Total revenue	**32,395**	**31,377**	**4,764**	**68,536**

	Q2 2021 (unaudited)			
US$'000	**US**	**EMEA**	**Other**	**Total**
Metreleptin	17,739	11,005	14,315	43,059
Lomitapide	8,490	7,492	3,468	19,450
Mycapssa®	—	—	—	—
Other	—	193	60	253
Total revenue	**26,229**	**18,690**	**17,843**	**62,762**

- 9.2% YoY revenue growth in Q2 2022 to $68.5M (Q2 2021: $62.8M); 13.6% YoY revenue growth on a constant currency basis
- 35.3% YoY revenue growth excluding the impact of a sporadic LATAM order in Q2 2021
- 7.8% increase in metreleptin revenues YoY to $46.4M in Q2 2022 (Q2 2021: $43.1M); 49.9% YoY growth excluding the impact of a sporadic LATAM order in Q2 2021
- US accounted for 43.8% of global metreleptin revenues and EMEA accounted for 52.1% in Q2 2022
- US metreleptin revenues grew by 14.5% YoY and EMEA metreleptin revenues grew by 119.8% YoY in Q2 2022
- US accounted for 43.7% of global lomitapide revenues and EMEA accounted for 40.3% in Q2 2022
- Mycapssa® delivered $4.5M in Q2 2022 as compared to $3.4M in Q1 2022

Q2 2022 Financial Highlights:

- $6.9M operating loss before finance expense for Q2 2022 (Q2 2021: $4.1M operating profit). Excluding non-cash items, share based compensation expenses and Chiasma restructuring and acquisition costs, this resulted in EBITDA[3] of $13.3M, before restructuring and acquisition costs.
- Cash of $90.7M at June 30, 2022 (March 31, 2022: $102.2M)

IFRS and non-GAAP adjusted Q2 2022 results:

US$M	**Q2 2021 (unaudited)**	**Q2 2022 (unaudited)**	**Q2 2022 Non-cash adjustments[2]**	**Q2 2022 Non-GAAP Adjusted**
Revenue	**62.8**	**68.5**	-	**68.5**
Gross profit	36.6	35.2	16.6	51.8
R&D expenses	(8.5)	(10.7)	-	(10.7)
SG&A expenses	(22.0)	(28.2)	0.4	(27.8)
Restructuring and acquisition costs	-	(0.3)	-	(0.3)
Share based compensation expenses	(2.0)	(2.9)	2.9	-
Operating (loss) / profit before finance expense	**4.1**	**(6.9)**	**19.9**	**13.0[3]**
Operating (loss) / profit before finance expense and restructuring and acquisition costs	**4.1**	**(6.6)**	**19.9**	**13.3[3]**

1 Filsuvez® (birch extract) gel ("Filsuvez®") has been selected as the brand name for Oleogel-S10. Filsuvez® is approved in the EU for the treatment of partial thickness wounds associated with JEB and DEB in patients 6 months and older.

2 Non-cash items include amortisation of the acquired metreleptin, lomitapide and Mycapssa® intangible assets ($14.4M), amortisation of the inventory fair value step-up related to the acquisition of Chiasma, Inc. ($2.2M), depreciation and amortisation ($0.4M) and share based compensation expenses ($2.9M).

3 EBITDA is earnings before interest, tax, depreciation, amortisation and share based compensation expenses. To supplement Amryt's financial results presented in accordance with IFRS generally accepted accounting principles, the Company uses EBITDA as a key measure of company performance as the Company believes that this measure is most reflective of the operational profitability or loss of the Company and provides management and investors with useful supplementary information which can enhance their ability to evaluate the operating performance of the business. EBITDA, as measured by the Company, is not meant to be considered in isolation or as a substitute to operating profit / loss attributable to Amryt and should be read in conjunction with the Company's condensed consolidated financial statements prepared in accordance with IFRS.

Filsuvez® Regulatory Update:

On June 23, 2022, Amryt announced the European Commission (EC) approval of Filsuvez® in the European Union (EU) for the treatment of partial thickness wounds associated with dystrophic and junctional Epidermolysis Bullosa (EB) in patients 6 months and older. EB is a rare and distressing genetic skin disorder affecting young children and adults for which, until now, there has been no approved treatment in any market.

The centralised marketing authorisation will be valid in all EU Member States as well as in Iceland, Liechtenstein, and Norway. The authorization of Filsuvez® in the EU provides a regulatory core dossier which can form the basis for future regulatory submissions in LATAM and the Middle East.

The EC approval of Filsuvez® is supported by Phase 3 data from the EASE trial which was the largest ever global trial conducted in patients with EB, performed across 58 sites in 28 countries.

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During Q2 2022, Amryt had a Type A meeting with the FDA to discuss the issues raised in the Complete Response Letter (CRL) received in February 2022 relating to Amryt's NDA for Oleogel-S10. Following this meeting, Amryt plans to proceed to the Formal Dispute Resolution pathway with the FDA's Center for Drug Evaluation and Research (CDER) by which NDA applicants can seek to resolve scientific and/or medical disputes that cannot be resolved at the division level.

Guidance & Outlook:

Given the continued strong performance of the Company's commercial products and notwithstanding the impact of the strengthening US dollar on the Company's Euro denominated revenues, the board is today reaffirming revenue guidance for FY 2022 in the range of $260M - $270M which represents growth of 17% to 21% on FY 2021.

Conference Call & Webcast:

Amryt will host a conference call and webcast for analysts and investors today at **0830 ET/1330 GMT.**

Webcast Player URL: https://edge.media-server.com/mmc/p/ef7uj5u8

Telephone Dial in details:

United States	+1 646 307 1963
United Kingdom	+44 (0) 203 481 4247
Ireland	+353 (1) 582 2023
Confirmation Code	**9953783**

A playback facility will be available from Aug 4, 2022 at 1230 ET/1730 BST – Aug 11, 2022 at 1900 ET/2400 BST. Access details for the playback facility are as follows: Confirmation Code: 9953783| US: + 1 609 800 9909 | UK: +44 (0) 203 433 3849.

About Amryt

Amryt is a global commercial-stage biopharmaceutical company focused on acquiring, developing and commercializing innovative treatments to help improve the lives of patients with rare and orphan diseases. Amryt comprises a strong and growing portfolio of commercial and development assets.

Amryt's commercial business comprises four orphan disease products – metreleptin (Myalept®/ Myalepta®); oral octreotide (Mycapssa®); lomitapide (Juxtapid®/ Lojuxta®); and Oleogel-S10 (Filsuvez®).

Myalept®/Myalepta® (metreleptin) is approved in the US (under the trade name Myalept®) as an adjunct to diet as replacement therapy to treat the complications of leptin deficiency in patients with congenital or acquired generalized lipodystrophy (GL) and in the EU (under the trade name Myalepta®) as an adjunct to diet for the treatment of leptin deficiency in patients with congenital or acquired GL in adults and children two years of age and above and familial or acquired partial lipodystrophy (PL) in adults and children 12 years of age and above for whom standard treatments have failed to achieve adequate metabolic control. For additional information, please follow this link.

Mycapssa® (octreotide capsules) is approved in the US for long-term maintenance therapy in acromegaly patients who have responded to and tolerated treatment with octreotide or lanreotide. Mycapssa® is the first and only oral somatostatin analog approved by the FDA. Mycapssa® has also been submitted to the EMA and is not yet approved in Europe. For additional information, please follow this link.

Juxtapid®/Lojuxta® (lomitapide) is approved as an adjunct to a low-fat diet and other lipid-lowering medicinal products for adults with the rare cholesterol disorder, Homozygous Familial Hypercholesterolaemia ("HoFH") in the US, Canada, Colombia, Argentina and Japan (under the trade name Juxtapid®) and in the EU, Israel, Saudi Arabia and Brazil (under the trade name Lojuxta®). For additional information, please follow this link.

Amryt's lead development candidate, Oleogel-S10 is a potential treatment for the cutaneous manifestations of JEB and DEB, a rare and distressing genetic skin disorder affecting young children and adults. Filsuvez® has been selected as the brand name for Oleogel-S10. Filsuvez® is approved in the EU for the treatment of partial thickness wounds associated with JEB and DEB in patients 6 months and older.

Amryt's pre-clinical gene therapy candidate, AP103, offers a potential treatment for patients with Dystrophic EB, and the polymer-based delivery platform has the potential to be developed for the treatment of other genetic disorders.

Amryt also intends to develop oral medications that are currently only available as injectable therapies through its Transient Permeability Enhancer (TPE®) technology platform. For more information on Amryt, including products, please visit www.amrytpharma.com.

Forward-Looking Statements

This announcement may contain forward-looking statements and the words "expect", "anticipate", "intends", "plan", "estimate", "aim", "forecast", "project" and similar expressions (or their negative) identify certain of these forward-looking statements. The forward-looking statements in this announcement are based on numerous assumptions and Amryt's present and future business strategies and the environment in which Amryt expects to operate in the future. Forward-looking statements involve inherent known and unknown risks, uncertainties and contingencies because they relate to events and depend on circumstances that may or may not occur in the future and may cause the actual results, performance or achievements to be materially different from those expressed or implied by such forward-looking statements. These statements are not guarantees of future performance or the ability to identify and consummate investments. Many of these risks and uncertainties relate to factors that are beyond Amryt's ability to control or estimate precisely, such as future market conditions, the course of the COVID-19 pandemic, currency fluctuations, the behaviour of other market participants, the outcome of clinical trials, the actions of regulators and other factors such as Amryt's ability to obtain financing, changes in the political, social and regulatory framework in which Amryt operates or in economic, technological or consumer trends or conditions. Past performance should not be taken as an indication or guarantee of future results, and no representation or warranty, express or implied, is made regarding future performance. No person is under any obligation to update or keep current the information contained in this announcement or to provide the recipient of it with access to any additional relevant information that may arise in connection with it. Such forward-looking statements reflect the Company's current beliefs and assumptions and are based on information currently available to management.

Contacts

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Tim McCarthy, LifeSci Advisors, LLC, +1 (917) 679 9282, tim@lifesciadvisors.com

Amryt Pharma plc

Condensed Consolidated Statement of Comprehensive Loss

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4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 2836	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Biohaven Pharmaceuticals Inc.

Physical Address: 215 Church Street

City: New Haven State: CT Zip: 06510

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (203) 404-0410 Website: www.biohavenpharma.com

Name of Designated Representative (DR): John Markow

Licensing Company Email: nicole.carfora@biohavenpharma. DR Email: John.markow@biohavenpharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

John C. Morton

Original Signature (electronic, copies or stamps not accepted)

10/3/22

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cardinal Health
Address: 15 Ingram Blvd. City: LaVergne, State: TN Zip: 37086

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Biohaven Ltd.
Corporation Name: Biohaven Pharmaceuticals Inc.
Mailing Address: 215 Church Street
City: New Haven State: CT Zip: 06510
Telephone: (203) 404-0410 Email: nicole.carfora@biohavenpharma.com
Contact Person Name: Nicole Carfora

Date of SEC Registration: 6/29/22 | SEC Registration Number: 0001935979 | Stock Exchange Symbol: BHVN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: NDA Approval 212728	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of <u>all</u> Officers and Directors.**	✓	✓		
• **List the <u>top four</u> corporation shareholders and their percent ownership.**	✓			
• **List of <u>all</u> corporation shareholders and their percent ownership.**		✓		
• **List of <u>all</u> partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
<u>ONLY</u> Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Biohaven Pharmaceuticals Inc

Facility Name

John Markow

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10/3/22

Date

Board Use Only	Date Received: 10-19-22	Amount: 1000.00 CC 11/1/22

CPL-03 Rev 06/13

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions can be emailed to the Drug Control Division at dcp.drugmanufacturers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. All renewal notifications and certificates will only be emailed to your last reported email on record. You can update your email, mailing address or print a duplicate certificate by logging into your account with your User ID and Password at www.elicense.ct.gov. Visit our website at www.ct.gov/dcp.

Mailing address:

BIOHAVEN PHARMACEUTICALS
215 CHURCH ST
NEW HAVEN, CT 06510-1803

Email on file to be used for receiving all notices from this office:

nicole.carfora@biohavenpharma.com

881558

STATE OF CONNECTICUT ✦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

BIOHAVEN PHARMACEUTICALS
215 CHURCH ST
NEW HAVEN, CT 06510-1803

has satisfied the qualifications required by law and is hereby issued a

MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES

Controlled Substances-No Rx Legend Drugs-Yes Non Rx Legend Drugs-No Medical Devices-No Cosmetics-No

Medical Gases and Oxygen: No Durable Medical Equipment (DME): No Number of Chemists: 0

Registration #: CSM.0001462
Effective Date: 07/01/2022
Expiration Date: 06/30/2023

verify online at www.elicense.ct.gov

Michelle Seagull

Michelle Seagull, Commissioner

State of Connecticut
Department of Consumer Protection
Drug Control Division

LICENSE VERIFICATION

This is to certify the following information regarding:

BIOHAVEN PHARMACEUTICALS
215 CHURCH ST
NEW HAVEN, CT 06510-1803

Credential Type:	**MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES**
Credential Number:	**CSM.0001462**
Credential Status:	**ACTIVE**
Effective Date:	**07/01/2019**
Expiration Date:	**N/A**

There are no past or present disciplinary actions or administrative actions. CSM is in good standing.

Chrissy M. Ely
Department of Consumer Protection - *Drug Control Division*
450 Columbus Blvd.
Hartford, CT 06103
TEL: (860) 713-6089
FAX: (860) 706-1365
www.ct.gov/dcp/dcd

Biohaven Pharmaceuticals "New" Business Organization Chart



Biohaven Ltd. is the parent company of Biohaven Pharmaceuticals, Inc – with 100% ownership of this subsidiary.

Biohaven Pharmaceuticals, Inc.
215 Church Street New Haven, CT 06510

**Please note Biohaven Ltd. is the parent company and has 100% ownership of Biohaven Pharmaceuticals, Inc.

Board of Directors:

Vlad Coric, President & Director
Address: [redacted] Boston Post Road, Madison, CT 06443
Mobile: [redacted]

Officers:

Vlad Coric, President
Address: [redacted] Boston Post Road, Madison, CT 06443
Mobile: [redacted]

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOHAVEN PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5370906 8300

SR# 20224080519

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204916375

Date: 11-22-22

Biohaven Pharmaceuticals, Inc. (WH02836)-Employees

Legal Name - First Name	Last Name	Job Title
Kimberly	Gentile	Senior Vice President, Clinical Operations
Vladimir	Coric	Chief Executive Officer
Deborah	Price	Clinical Trial Lead
Beth	Morris	Vice President, Clinical Operations
Laura	Ruggiero	Associate Director, Clinical Operations
John	Tilton	Chief Commercial Officer - Rare Disease
Christine	Lesczczynski	Senior Clinical Trial Lead
Lia	Donahue	Senior Director, Clinical Operations
Micaela	Forshaw	Senior Clinical Trial Lead
Debra	Orlando	Senior Accountant
Marianne	Frost	SVP, Regulatory Affairs
Wendy	Goss	Clinical Trial Associate
David	Stock	VP, Biostatistics
Timothy	Mccormack	Senior Clinical Trial Lead
Meghan	Lovegren	Director, Clinical Operations
Elyse	Stock	Senior Advisor
Ashwini	Ghatpande	Vice President, Global Regulatory Documentation
Francine	Healy	Executive Director, Global Regulatory Documentation
Loren	Aguiar	VP, Research & Development
Melissa	Beiner	Director, Research and Development
Irfan	Qureshi	Chief Medical Officer
Gene	Dubowchik	Senior Vice President, Molecular Technologies
Lisa	Stocking	Director, Regulatory Affairs & Operations
Cliff	Bechtold	President and General Manager, Biohaven Ireland, Chief Compliance Officer
Juan	Anchondo	Associate Clinical Trial Lead
Jennifer	Hould	Associate Director
Valerie	Milewski	Senior Clinical Trial Associate
Victoria	Wirtz	Senior Director, Biostatistics
Christopher	Jensen	Senior Director, Medical Affairs

Shuai	Li	VP, Head of Business Development
Nanci-Ellen	Brake	Employee Relations
George	Clark	Chief Accounting Officer
Matthew Christopher	Delawder	Vice President, Accounting Operations
Anthony	Gentile	Senior Director,Clinical Operations and Program Finance
Lucy	Sullivan	Corporate Operations Manager
Gilbert	L'italien	Head of GHEOR and Epidemiology
Lisa	Kamen	Director, Clinical Operations
Kathryn	Phillips	Associate Clinical Trial Lead
Jonna	Ambur	Senior Associate, Regulatory Operations
Rajesh	Kumar	Senior Vice President, Global CMC and Supply Chain
Rachid	Bakraoui	Property Manager
Germana	Pereira	Clinical Trial Lead
Susan	Durham	Senior Director, Clinical Operations
Tracey	Douglass	Director, Clinical Quality Compliance
Jon	Blaskovich	Director, Information Technology
Stephen	Kaplita	Senior Director, Biostatistics
Michael	Hanna	Senior Clinician
Anne	Neumann	Rare Disease Marketing, Patient Advocacy and Engagement Lead
John	Markow	Senior Counsel
Ajaya	Reka	Vice President, Drug Product Development
Mary	Donohue	Senior Director, Clinical Development
David	Saunders	Treasurer, Senior Director, Finance
Javier	Gonzalez	Vice President, CMC Tech Ops
Lorraine	Soto	Accounts Payable Manager
Samantha	Hudspeth	Paralegal
Chris	Barrett	SVP Commercial Strategy, Common Diseases

Morakinyo	Ayodele	Senior Vice President, Finance
Jeri-Anne	Finley	Senior Clinical Trial Lead
Warren	Volles	General Counsel & Chief Legal Officer
Kari	Soderstrom	Lead Systems Integrator, Talent
Robert	Carroll	Facilities Manager
Dmitry	Zuev	Senior IP Counsel
Michele	Cobham	Associate Director, Regulatory Information Management
Debora	Robertson	Executive Director, Clinical Supply Operations
Linda	Harris	Senior Director, HEOR
Katheryn	Grossman	Director, Clinical Development
John	Cahill	Associate Director, Information Technology
Richard	Bertz	SVP, Clinical Pharmacology & Pharmacometrics
Celia	Coles	Senior Director, Global Regulatory Documentation
Melissa	Costanzo	Compensation & Benefits Manager
Michelle	Coomes	Accounts Payable Specialist
Jane	Marushak	Project Coordinator
Tracy	Nepomuceno	Associate Director, Clinical Operations
Katrina	Vantyne	Social Media Communications
Megan	Dow	VP, Head of Portfolio and Corporate Strategy
Rong	Yang	Director, Biostatistics
Nova	Yates	Director, SOX Compliance & Internal Controls
Connor	Colburn	Associate Director, Benefits & SEC Reporting
Mary-Laura	Sullivan	Executive Director, Regulatory Affairs
John	Mcgill	Chief Technology Officer
Deborah	Smith	Clinical Trial Lead
Caroline	Dircks	VP, Corporate Operations
E	Seymour	Vice President,Regulatory Affairs and Operations
Melanie	Murdocca	Director, Clinical Supply Management
Amy	O'Donnell	VP, Head of Pharmacovigilance
Jeremy	Cordova	Senior Clinical Trial Lead

Bharat	Awsare	Senior Medical Director
David	Leahy	Vice President, Drug Substance Development
Kelly	Sweeney	Associate Director, Clinical and Data Operations
Alissa	Rybicki	Director, Clinical Operations
Brian	Kuklinski	Manager, CMC
Deborah	Young	Director, Regulatory Affairs & Operations
Alexander	Bayden	Principal Investigator
Anna	Bunin	Director, Biology
Scott	Conroy	Research Scientist
Maria	Esposito	Clinical Operations Associate
Lawrence	Iben	Senior Principal Scientist
Wieslaw	Kazmierski	Senior Director, Chemistry
Ann Marie	Rossi	Principal Scientist
Ada	Vaill	Associate Director, Protein Chemistry
Christian	Vidal	Principal Investigator
Maryellen	McQuade	Chief Talent and Sustainability Officer
Antoine	Geffriaud	Director, Enterprise Systems
Michele	Potashman	Senior Director, Global Health Economics and Outcome Research (GHEOR)
Kevin	Jacoby	Senior Clinical Supply Manager
Yola	Ammerman	Clinical Trial Lead
Anna	Collins	Clinical Trial Associate
Gary	Sternhardt	Senior Accounting Manager
Kathleen	McGrath	Senior Research Scientist
Katy	Jaffee	Associate Director, Biostatistics
Richard	Pracitto	Principal Scientist, Chemistry
Lindsey	Lair	Vice President, Clinical Development
Sally	March	Associate Director, CMC
Eriko	Fujisaka	Corporate Operations Specialist
Landon	Durak	Associate Director, CMC
Kristal	Sheldon	Associate Director, Regulatory Operations
Azim	Munivar	Medical Director, Research and Development

Brianna	Collins	Clinical Trial Associate
Sarah	Lipson	Senior Analyst, Business Development
Tara	Manion	Associate Director, Global Regulatory Documentation
Lopa	Bakrania	Executive Director, CMC - RA
Jennifer	Laakso	Director, SEC Reporting & Technical Accounting
Laura	Heller	VP, Medical Affairs
Neal	Sharpe	Executive Director, Nonclinical Optimization and Development
Heather	Sevinsky	Executive Director, Clinical Pharmacology and Pharmacometrics
Lauren	Sormani	Associate Counsel
Daniel	Campbell	Director, Biostatistics
Zachary	Thompson	Senior Manager, CMC
Glen	Poisson	Director, Pharmacovigilance
Jennifer	Mason	Senior Director, Data Management, Clinical Operations
Jaclyn	Marin	Director, Clinical Operations
Chelsie	Byrnes	Medical Director, Pharmacovigilance
Matthew	Buten	Chief Financial Officer
Kristina	Mendela	IT Associate
Madhavi	Reka	System Coordinator QA
Mark	Angelicola	Director, Clinical Operations
Michelle	DeGrosky	Senior Director, Clinical Operations
Volkan	Granit	Medical Director, Clinical Development
Stacy	Gibbons	Associate Director, Clinical Supply Management
Robin Nozato	Wolek	Supply Chain Analyst
Emma	Fleisher	Senior Manager, Clinical Supply Management
Jhansi L	Lakkaraju	Senior Director, Analytical Development
Chris	Mezias	Vice President, Tax
Jennifer	Porcelli	Vice President, Investor Relations
Peter	Ackerman	Medical Executive Director, Clinical Development
Christopher	Grant	Associate Scientist

Taiye	Ibiloye	Associate Scientist
Briana	Belton-Robinson	Associate Scientist
Ryan	Sessa	Clinical Trial Associate
Taina	Badillo	Corporate Operations Senior Specialist
Natarajan	Venkatesan	Associate Director, CMC
Erin	Campos	Clinical Trial Associate
Samantha	Johnson	Associate Director, Global Regulatory Documentation
Lori	Schroeder	Senior Counsel
Courtney	Tillman	Senior Clinical Trial Associate
Garrett	Liddil	Scientific Writer, Global Regulatory Documentation
Isis	Amaye	Research Investigator Chemistry
Donald	Archibald	Statistician
Lindsay	Cox	Talent Partner
Ulrike	DeMarco	Senior Research Scientist Biology
Charles	Flentge	Senior Principal Scientist Chemistry
James	Hale	Senior Research Investigator Chemistry
Andrew	Inglis	Senior Automation Engineer
Randall	Killingsworth	Associate Project Director, Clinical Research
Alexander	Komarov	Senior Research Investigator Biology
James	Mather	Vice President, Clinical Operations
Suman	Pathi	Research Investigator Chemistry
Kelly	Picchione	Associate Director, Biology
Lynn	Resnick	Director Chemistry
Michael	Bozik	President, Ion Channel Research & Development
Steven	Dworetzky	SVP, Ion Channel Research
Gregory	Hebrank	Advisor, Clinical & Discovery
Zoe	Barlow	Clinical Development Operations Associate
Reese	Caldwell	Analyst, Portfolio Strategy and Business Development
Patricia	Ponsonby	Senior Counsel

Shouqi	Luo	Senior Director Nonclinical Optimization and Development
Simone	Nicholson	Director Nonclinical Optimization and Development
Jason	Lerner	Medical Director, Research and Development
Igor	Druker	Director, IRT and Clinical Supply Systems
Lisa	Hribko	Director, Clinical Supply Management
Seong	Lee	Senior Research Investigator
Lawrence	Marcin	Senior Director, Chemistry, & Site Lead
Whitney	Lesch	Director, Clinical Trial Transparency & Corporate Operations
Anita	Elgin	Associate Director, Clinical Data Management & Clinical Operations
Nicholas	Giordano	Senior Accountant
Jessica	Keefer	Associate Director, CMC
Emma	Quirk	Director, CMC
Alexander	Greif	Director, Lab Operations & Facilities
Rachel	Kopper	Senior Director, Corporate Operations
Grace	Sampson	Clinical Operations Partner
Grant	Maclaine	Senior Director, Global Health Economics and Outcome Research (GHEOR)
Tara	O'Toole	Office Manager
Elizabeth	Dierks	Senior Director, Drug Metabolism Pharmacokinetics Scientist
Tanya	Fischer	Chief Development Officer and Head of Translational Medicine
David	Pirman	Vice President, Biology and Biochemistry
Bruce	Car	Chief Scientific Officer
Vanessa	Byles	Senior Research Investigator
Drake	Mellott	Research Investigator
Meaghan	Valliere	Senior Research Investigator

Wenxin	Gu	Senior Director, Chemistry
Nadee	Nissanka	Senior Research Investigator
Bryan	Murray	Senior Director, Biology
Katherine	Sellers	Associate Director, Biology
Hyeryun	Kim	Principal Scientist
Sarah	Burris	Associate Scientist
Bavani	Shankar	VP, Corporate Operations
Chaitanya	Kulkarni	Research Investigator
Clifford	Rebelo	Manager, Lab Operations & Facilities, Cambridge
Ivonne	Cerezo-Faure	Corporate Operations Manager

U.S. FOOD & DRUG ADMINISTRATION

NDA 212728

NDA APPROVAL

Biohaven Pharmaceuticals
Attention: Marianne Frost
234 Church Street, Suite 304
New Haven, CT 06510

Dear Ms. Frost:

Please refer to your new drug application (NDA) dated and received June 27, 2019, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA), for rimegepant orally disintegrating tablets.

This NDA provides for the use of Nurtec ODT (rimegepant) tablets for the acute treatment of migraine with or without aura in adults.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov.[1] Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information and Patient Package Insert) as well as annual reportable changes not included in the enclosed labeling. Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As.*[2]

The SPL will be accessible via publicly available labeling repositories.

[1] http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm
[2] We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the carton and container labeling submitted on February 7, 2020, as soon as they are available, but no more than 30 days after they are printed. Please submit this labeling electronically according to the guidance for industry "*Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications*." For administrative purposes, designate this submission "**Final Printed Carton and Container Labeling for approved NDA 212728.**" Approval of this submission by FDA is not required before the labeling is used.

ADVISORY COMMITTEE

Your application for rimegepant was not referred to an FDA advisory committee because the clinical trial design was acceptable, the efficacy findings were clear, and the safety profile was acceptable for use in the intended population.

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric studies requirement for children 0 to 5 years of age because necessary studies are impossible or highly impracticable. This waiver is being granted because very few children of this age can be definitively diagnosed with migraine.

We are deferring submission of your pediatric studies for children 6 to 17 years of age for this application because this product is ready for approval for use in adults and the pediatric studies have not been completed.

Your deferred pediatric studies required by section 505B(a) of the Federal Food, Drug, and Cosmetic Act are required postmarketing studies. The status of these postmarketing studies must be reported annually, according to 21 CFR 314.81 and section 505B(a)(3)(B) of the Federal Food, Drug, and Cosmetic Act. These required studies are listed below:

3799-1 A juvenile animal toxicology study of rimegepant in rat.

Study Completion: 02/2020
Final Report Submission: 06/2020

3799-2 An open-label, single-dose study to evaluate the safety, tolerability, and single-dose pharmacokinetics (PK) of rimegepant in patients with migraine age 6 to less than 12 years of age.

Final Protocol Submission: 10/2020
Study Completion: 12/2022
Final Report Submission: 04/2028

3799-3 A randomized, double-blind, placebo-controlled efficacy and safety study under PREA for the treatment of acute migraine with or without aura in patients ages 6 through 17 years. This study includes an initial single-blind placebo lead-in to identify patients who respond to placebo. This efficacy study must be designed to show superiority of rimegepant over placebo and is to be submitted as a special protocol assessment (SPA).

Final Protocol Submission: 12/2020
Study Completion: 10/2026
Final Report Submission: 04/2028

3799-4 A pediatric open-label safety study under PREA to evaluate the long-term safety of intermittent treatment with rimegepant in patients ages 6 through 17 years, for up to one year.

Final Protocol Submission: 12/2020
Study Completion: 10/2027
Final Report Submission: 04/2028

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.[3]

Submit the protocols to your IND 109886, with a cross-reference letter to this NDA.

[3] See the guidance for Industry *Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (October 2019).* https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

Reports of these required pediatric postmarketing studies must be submitted as an NDA or as a supplement to your approved NDA with the proposed labeling changes you believe are warranted based on the data derived from these studies. When submitting the reports, please clearly mark your submission **"SUBMISSION OF REQUIRED PEDIATRIC ASSESSMENTS"** in large font, bolded type at the beginning of the cover letter of the submission.

POSTMARKETING REQUIREMENTS UNDER 505(o)

Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (FDCA) authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to identify an unexpected serious risk of adverse maternal, fetal, and infant outcomes resulting from the use of rimegepant during pregnancy.

Furthermore, the active postmarket risk identification and analysis system as available under section 505(k)(3) of the FDCA will not be sufficient to assess these serious risks.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following studies:

3799-5 A pre- and postnatal development study of rimegepant in rat.

The timetable you submitted on February 25, 2020, states that you will conduct this study according to the following schedule

Final Protocol Submission:	06/2020
Study Completion:	03/2021
Final Report Submission:	09/2021

3799-6 Prospective pregnancy exposure registry cohort analyses in the United States that compare the maternal, fetal, and infant outcomes of women with migraine exposed to rimegepant during pregnancy with two unexposed control populations: one consisting of women with migraine who have not been exposed to rimegepant before or during pregnancy, and the other consisting of women without migraine. The registry will identify and record pregnancy complications, major and minor congenital malformations, spontaneous abortions, stillbirths, elective terminations, preterm births, small-for-gestational-age births, and any other adverse outcomes, including postnatal growth and development. Outcomes

will be assessed throughout pregnancy. Infant outcomes, including effects on postnatal growth and development, will be assessed through at least the first year of life.

The timetable you submitted on February 21, 2020, states that you will conduct this study according to the following schedule:

Draft Protocol Submission:	09/2020
Final Protocol Submission:	04/2021
Annual Interim Report Submissions:	04/2022
	04/2023
	04/2024
	04/2025
	04/2026
	04/2027
	04/2028
	04/2029
	04/2030
	04/2031
	04/2032
	04/2033
Study Completion:	04/2034
Final Report Submission:	04/2035

3799-7 A pregnancy outcomes study using a different study design than provided for in PMR 3799-6 (for example, a retrospective cohort study using claims or electronic medical record data with outcome validation or a case-control study) to assess major congenital malformations, spontaneous abortions, stillbirths, and small-for-gestational-age births in women exposed to rimegepant during pregnancy compared to an unexposed control population.

The timetable you submitted on February 21, 2020, states that you will conduct this study according to the following schedule:

Draft Protocol Submission:	09/2020
Final Protocol Submission:	04/2021
Annual Interim Report Submissions:	04/2022
	04/2023
	04/2024
	04/2025
	04/2026
	04/2027
Study Completion:	04/2028
Final Report Submission:	04/2029

Finally, we have determined that only a clinical trial (rather than a nonclinical or observational study) will be sufficient to assess a signal of an unexpected serious risk of drug interactions mediated by P-glycoprotein (P-gp) or breast cancer resistance protein (BCRP).

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following trials:

3799-8	Clinical pharmacokinetic trial to evaluate the effect of a known P-gp inhibitor and BCRP inhibitor on the pharmacokinetics of rimegepant to address the potential for excessive drug toxicity. Design and conduct the trial in accordance with the FDA Guidance for Industry entitled "Clinical Drug Interaction Studies — Cytochrome P450 Enzyme- and Transporter-Mediated Drug Interactions."

The timetable you submitted on February 21, 2020, states that you will conduct this trial according to the following schedule:

Draft Protocol Submission:	07/2020
Final Protocol Submission:	09/2020
Trial Completion:	02/2021
Final Report Submission:	09/2021

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.[4]

Submit clinical protocol(s) to your IND 109886 with a cross-reference letter to this NDA. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final report(s) to your NDA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate: **Required Postmarketing Protocol Under 505(o), Required Postmarketing Final Report Under 505(o), Required Postmarketing Correspondence Under 505(o).**

Submission of the protocol(s) for required postmarketing observational studies to your IND is for purposes of administrative tracking only. These studies do not constitute clinical investigations pursuant to 21 CFR 312.3(b) and therefore are not subject to the IND requirements under 21 CFR part 312 or FDA's regulations under 21 CFR parts 50 (Protection of Human Subjects) and 56 (Institutional Review Boards).

[4] See the guidance for Industry *Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (October 2019).* https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B of the FDCA, as well as 21 CFR 314.81(b)(2)(vii) requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B and 21 CFR 314.81(b)(2)(vii) to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 314.81(b)(2)(vii). We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

REQUESTED PHARMACOVIGILANCE

We request that you perform postmarketing surveillance for cardiovascular events, cerebrovascular events, and serious gastrointestinal events after exposure to Nurtec ODT. Include comprehensive summaries and analyses of these events quarterly as part of your required postmarketing safety reports [e.g., periodic safety update reports (PSURs)]. Include analyses of the events by age and gender. In the analysis of each case, provide an assessment of causality, with documentation of risk factors and results of all assessments that support the diagnosis or the causality, along with extent of exposure to Nurtec ODT and most recent exposure to Nurtec ODT, concomitant therapies, treatment given for the event, and outcome. Include a comparison to background rates expected in a migraine population of the same age and gender.

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit, in triplicate, a cover letter requesting advisory comments, the proposed materials in draft or mock-up form with annotated references, and the Prescribing Information, Medication Guide, and Patient Package Insert (as applicable) to:

OPDP Regulatory Project Manager
Food and Drug Administration
Center for Drug Evaluation and Research
Office of Prescription Drug Promotion
5901-B Ammendale Road
Beltsville, MD 20705-1266

Alternatively, you may submit a request for advisory comments electronically in eCTD format. For more information about submitting promotional materials in eCTD format, see the draft guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format—Promotional Labeling and Advertising Materials for Human Prescription Drugs.*[5]

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the Prescribing Information, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at FDA.gov.[6] Information and Instructions for completing the form can be found at FDA.gov.[7] For more information about submission of promotional materials to the Office of Prescription Drug Promotion (OPDP), see FDA.gov.[8]

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

MEDWATCH-TO-MANUFACTURER PROGRAM

The MedWatch-to-Manufacturer Program provides manufacturers with copies of serious adverse event reports that are received directly by the FDA. New molecular entities and important new biologics qualify for inclusion for three years after approval. Your firm is eligible to receive copies of reports for this product. To participate in the program, please see the enrollment instructions and program description details at FDA.gov.[9]

POST APPROVAL FEEDBACK MEETING

New molecular entities and new biological products qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

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[5] When final, this guidance will represent the FDA's current thinking on this topic. For the most recent version of a guidance, check the FDA guidance web page at https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.
[6] http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf
[7] http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf
[8] http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm

[9] http://www.fda.gov/Safety/MedWatch/HowToReport/ucm166910.htm

If you have any questions, call Lana Chen, Regulatory Project Manager, at (301) 796-1056.

Sincerely,

{See appended electronic signature page}

Billy Dunn, MD
Director (Acting)
Office of Neuroscience
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
  - Prescribing Information
  - Patient Package Insert

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

WILLIAM H Dunn
02/27/2020 03:40:11 PM

As filed with the Securities and Exchange Commission on September 20, 2022

File No. 001-41477

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Amendment No. 4
to
Form 10

General Form for Registration of Securities
Pursuant to Section 12(b) or (g) of
The Securities Exchange Act of 1934

Biohaven Ltd.

(Exact Name of Registrant as Specified in its Charter)

British Virgin Islands	**Not applicable**
(State or Other Jurisdiction of Incorporation or Organization)	(IRS Employer Identification Number)
c/o Biohaven Pharmaceuticals, Inc. **215 Church Street, New Haven, Connecticut**	**06510**
(Address of Principal Executive Offices)	(Zip Code)

(203) 404-0410
(Registrant's telephone number, including area code)

Securities to be Registered
Pursuant to Section 12(b) of the Act:

Title of Each Class to be so Registered	**Name of Each Exchange on Which Each Class is to be Registered**
Common Shares, without par value	The New York Stock Exchange

Securities to be Registered Pursuant to Section 12(g) of the Act:
None

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "small reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

☐ Large Accelerated Filer	☐ Accelerated Filer
☒ Non-Accelerated Filer	☒ Smaller Reporting Company
	☒ Emerging Growth Company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☒

INFORMATION REQUIRED IN REGISTRATION STATEMENT
CROSS REFERENCE SHEET BETWEEN ITEMS OF FORM 10
AND THE ATTACHED INFORMATION STATEMENT.

Certain information required to be included herein is incorporated by reference to specifically identified portions of the body of the information statement filed herewith as Exhibit 99.1 (the "Information Statement"). None of the information contained in the Information Statement shall be incorporated by reference herein or deemed to be a part hereof unless such information is specifically incorporated by reference.

Item 1. ***Business***

The information required by this item is contained under the sections "Information Statement Summary," "Business," "Where You Can Find More Information" and "Combined Financial Statements" of the Information Statement. Those sections are incorporated herein by reference.

Item 1a. ***Risk Factors***

The information required by this item is contained under the section "Risk Factors" in the Information Statement. That section is incorporated herein by reference.

Item 2. ***Financial Information***

The information required by this item is contained under the sections "Unaudited Pro Forma Combined Financial Information," "Management's Discussion and Analysis of Financial Condition and Results of Operations" and "Combined Financial Statements" of the Information Statement. Those sections are incorporated herein by reference.

Item 3. ***Properties***

The information required by this item is contained under the section "Business — Properties" of the Information Statement. That section is incorporated herein by reference.

Item 4. ***Security Ownership of Certain Beneficial Owners and Management***

The information required by this item is contained under the section "Principal Shareholders" of the Information Statement. Those sections are incorporated herein by reference.

Item 5. ***Directors and Executive Officers***

The information required by this item is contained under the section "Corporate Governance and Management" of the Information Statement. That section is incorporated herein by reference.

Item 6. ***Executive Compensation***

The information required by this item is contained under the sections "Corporate Governance and Management — Non-Employee Director Compensation" and "Executive Compensation" of the Information Statement. Those sections are incorporated herein by reference.

Item 7. ***Certain Relationships and Related Transactions, and Director Independence***

The information required by this item is contained under the sections "Certain Relationships and Related Party Transactions," "Principal Shareholders" and "Corporate Governance and Management — Director Independence" of the Information Statement. Those sections are incorporated herein by reference.

Item 8. ***Legal Proceedings***

The information required by this item is contained under the section "Business — Legal Proceedings" of the Information Statement. That section is incorporated herein by reference.

Item 9. ***Market Price of and Dividends on the Registrant's Common Equity and Related Stockholder Matters***

The information required by this item is contained under the sections "Information Statement Summary," "Risk Factors," "The Separation and Distribution," "Dividend Policy," "Corporate Governance and Management," "Shares Eligible for Future Sale" and "Description of Share Capital" of the Information Statement. Those sections are incorporated herein by reference.

Item 10. ***Recent Sales of Unregistered Securities***

Biohaven Ltd. was incorporated on May 2, 2022 under the laws of the British Virgin Islands. On May 2, 2022, Biohaven Pharmaceutical Holding Company Ltd. acquired 100 common shares of Biohaven Ltd. for a nominal capital contribution.

Item 11. ***Description of Registrant's Securities to be Registered***

The information required by this item is contained under the sections "The Separation and Distribution" and "Description of Share Capital" of the Information Statement. Those sections are incorporated herein by reference.

Item 12. ***Indemnification of Directors and Officers***

The information required by this item is contained under the section "Executive Compensation — Limitation of Liability and Indemnification of Officers and Directors" of the Information Statement. That section is incorporated herein by reference.

Item 13. ***Financial Statements and Supplementary Data***

The information required by this item is contained under the sections "Unaudited Pro Forma Combined Financial Information," "Management's Discussion and Analysis of Financial Condition and Results of Operations" and "Index to Combined Financial Statements" of this Information Statement. Those sections are incorporated herein by reference.

Item 14. ***Changes in and Disagreements with Accountants on Accounting and Financial Disclosure***

None.

Item 15. ***Financial Statements and Exhibits***

(i) Financial Statements

The information required by this item is contained under the section "Index to Combined Financial Statements" beginning on page F-1 of the Information Statement. That section is incorporated herein by reference.

(ii) Exhibits

The following documents are filed as exhibits hereto:

Exhibit	Description
2.1	Separation and Distribution Agreement, dated as of May 9, 2022, by and among Pfizer Inc., Bulldog (BVI) Ltd. and Biohaven Pharmaceutical Holding Company Ltd.**
2.2	Agreement and Plan of Merger, dated as of May 9, 2022, by and among Pfizer Inc., Bulldog (BVI) Ltd. and Biohaven Pharmaceutical Holding Company Ltd.**
2.3	Membership Interest Purchase Agreement, dated as of February 24, 2022, by and among Biohaven Therapeutics LTD., Knopp Biosciences LLC, Channel Biosciences, LLC and Biohaven Pharmaceutical Holding Company Ltd., solely for the purpose of Section 9.14**
3.1	Amended Memorandum and Articles of Association, to be in effect following the Distribution**
10.1	Amended and Restated Agreement, by and between the Registrant and Yale University, dated as of May 6, 2019**
10.2	License Agreement, by and between the Registrant and AstraZeneca AB, dated as of September 4, 2018**
10.3	License Agreement between Biohaven Therapeutics LTD. and Bristol-Myers Squibb Company, dated as of December 23, 2021**
10.4	ALS Biopharma Agreement, by and among the registrant, ALS Biopharma, LLC and Fox Chase Chemical Diversity Center Inc., dated as of August 10, 2015**
10.5	Amendment and Assignment, by and among the Registrant, ALS Biopharma, LLC, Fox Chase Chemical Diversity Center and Biohaven Therapeutics Ltd, dated as of May 29, 2019**
10.6	Employment Agreement dated May 9, 2017 by and between Biohaven Pharmaceuticals, Inc. and Vlad Coric**
10.7	Employment Agreement, dated December 8, 2021, between Biohaven Pharmaceuticals, Inc. and Matthew Buten**
10.8	Offer Letter dated February 21, 2017 by and between Biohaven Pharmaceuticals, Inc. and Elyse Stock**
10.9	Employment Agreement dated February 1, 2014 by and between Biohaven Pharmaceuticals, Inc. and Kimberly A. Gentile.**
10.10	Employment Agreement, dated March 29, 2016, between Biohaven Pharmaceutical Holding Company Ltd. and John Tilton**
10.11	2022 Equity Incentive Plan**
10.12	Form of Restricted Share Unit Grant Notice and Restricted Share Unit Award Agreement under 2022 Equity Incentive Plan**
10.13	Form of Share Option Grant Notice and Share Option Agreement under 2022 Equity Incentive Plan**
10.14	Legacy Equity Award Settlement Plan
10.15	2022 Employee Share Purchase Plan **
10.16	Form of Employment Agreement by and between Biohaven Ltd. and Vladimir Coric**
10.17	Form of Employment Agreement by and between Biohaven Ltd. and Matthew Buten**
21.1	List of Subsidiaries**
99.1	Preliminary Information Statement dated September 20, 2022

* To be filed by amendment.
** Previously filed.

SIGNATURES

Pursuant to the requirements of Section 12 of the Securities Exchange Act of 1934, the registrant has duly caused this registration statement to be signed on its behalf by the undersigned, thereunto duly authorized.

Biohaven Ltd.

By /s/ Vlad Coric, M.D.
Name: Vlad Coric, M.D.
Title: Chief Executive Officer

Dated: September 20, 2022

Exhibit 10.14

BIOHAVEN LTD.

LEGACY EQUITY AWARD SETTLEMENT PLAN

ADOPTED BY THE BOARD OF DIRECTORS: [•]
APPROVED BY THE SHAREHOLDERS: [•]
DISTRIBUTION DATE: [•]

1. GENERAL.

(a) Purpose. The Biohaven Ltd. Legacy Equity Award Settlement Plan (the "***Plan***") of Biohaven Ltd., a BVI business company (the "***Company***") is intended to provide for the grant and settlement of Option Awards and Restricted Share Unit Awards issued by the Company resulting from the treatment of Options and Restricted Share Units originally granted pursuant to the Biohaven Pharmaceutical Holding Company Ltd. 2017 Equity Incentive Plan (the "***2017 Plan***") or the Biohaven Pharmaceutical Holding Company Ltd. 2014 Equity Incentive Plan that are outstanding immediately prior to the Distribution Date (together, the "***Legacy Awards***") pursuant to and in accordance with the Separation and Distribution Agreement by and between Biohaven Pharmaceutical Holding Company Ltd., the Company and, solely with respect to the identified Sections, Pfizer Inc. (the "***Distribution Agreement***"). At the Effective Time (as defined in the Agreement and Plan of Merger, dated as of May 9, 2022, by and among Pfizer Inc., a Delaware corporation, Bulldog (BVI) Ltd., and Biohaven Pharmaceutical Holding Company Ltd. (the "***Merger Agreement***" and, together with the Distribution Agreement, the "***Distribution and Merger Documentation***")), all Options and Restricted Share Units issued pursuant to the Plan will accelerate and vest in full and be settled in common shares of the Company ("***Common Shares***") (in the case of Options, by reducing the number of Common Shares issued to a Participant by a number of Common Shares sufficient to satisfy the exercise price).

(b) For purposes of the Plan, the "***Distribution Date***" means the date on which the distribution by Biohaven Pharmaceutical Holding Company Ltd. to holders of its common shares of all the outstanding common shares of the Company occurs.

(c) Eligible Award Recipients. Employees, Directors and Consultants who hold Legacy Awards are eligible to receive Awards in respect of Legacy Awards in accordance with the terms of the Distribution and Merger Documentation.

(d) Available Awards. The Plan provides for the grant of the following Awards in respect of Legacy Awards: (i) Incentive Share Options, (ii) Nonstatutory Share Options, and (iii) Restricted Share Unit Awards.

2. SHARES SUBJECT TO THE PLAN.

Subject to adjustment as permitted under the terms of the Plan, the aggregate number of Common Shares that may be issued pursuant to Awards will not exceed [4,984,680][1] Common Shares (the "***Share Reserve***"), which number is equal to the number of Common Shares subject

[1] To equal the number of shares underlying SpinCo awards as of immediately following the Distribution.

to Incentive Share Options, Nonstatutory Share Options and Restricted Share Unit Awards issued in respect of Legacy Awards pursuant to the Distribution and Merger Documentation.

3. PLAN TERM; EARLIER TERMINATION OR SUSPENSION OF THE PLAN.

(a) The Board may suspend or terminate the Plan at any time; provided, however, that the Plan will automatically terminate following the settlement in Common Shares of the last outstanding Incentive Share Option, Nonstatutory Share Option or Restricted Share Unit Award issued pursuant to and in accordance with the terms of the Distribution and Merger Documentation.

(b) No Incentive Share Options may be granted after the tenth anniversary of the earlier of (i) the Adoption Date, or (ii) the date the Plan is approved by the shareholders of the Company. No Awards may be granted under the Plan while the Plan is suspended or after it is terminated. Suspension or termination of the Plan will not impair rights and obligations under any Award granted while the Plan is in effect, except with the written consent of the affected Participant or as otherwise permitted in the Plan.

4. CHOICE OF LAW.

The law of the State of Delaware will govern all questions concerning the construction, validity and interpretation of the Plan, without regard to that state's conflict of laws rules.

5. INCORPORATION BY REFERENCE TO 2017 PLAN.

The terms of the 2017 Plan are incorporated herein by reference, excluding Section 1 (*General*), Section 3 (*Shares Subject to the Plan*), Section 4 (*Choice of Law*) and Section 10 (*Plan Term; Earlier Termination or Suspension of the Plan*). Capitalized terms used but not defined herein shall have the meaning ascribed to such terms in the 2017 Plan; provided, however that all references to the "Company" in the 2017 Plan shall be to the Company as defined in the Plan and with such other interpretive modifications as are necessary to preserve the intent and meaning of such provisions.

Exhibit 99.1

BIOHAVEN PHARMACEUTICAL HOLDING COMPANY LTD.
C/O BIOHAVEN PHARMACEUTICALS, INC.
215 CHURCH STREET
NEW HAVEN, CT 06510

September 26, 2022

Dear Shareholder:

I am pleased to report that the previously announced spin-off (which we refer to as the "Spin-Off") by Biohaven Pharmaceutical Holding Company Ltd., which we refer to as "RemainCo," of its Biohaven Ltd. subsidiary is expected to become effective early in the fourth quarter of 2022, subject to the satisfaction or waiver of the conditions described in this information statement. Biohaven Ltd., which we refer to as "SpinCo," is a BVI business company limited by shares incorporated under the laws of the British Virgin Islands ("BVI"). After completion of the Spin-Off, SpinCo's initial clinical stage development program will be focused on multiple novel mechanistic platforms including KV7 ion channel activators, glutamate modulation, melanocortin-4 receptor (which we refer to as "MC4R") inhibition and monoamine inhibition. In addition to these clinical stage activities, the company will also own several preclinical product candidates and certain corporate infrastructure currently owned by RemainCo, through a series of internal restructuring transactions to be effected by RemainCo prior to the distribution of SpinCo common shares (which we refer to as the "Distribution"), as described in this information statement. SpinCo common shares, no par value, which we refer to as "common shares," will be listed on the New York Stock Exchange under the symbol "BHVN." As described in this information statement, the Distribution is subject to the satisfaction or waiver by RemainCo and SpinCo of certain conditions, including fulfillment or waiver of the conditions precedent in the Agreement and Plan of Merger, dated as of May 9, 2022, (which we refer to as the "Merger Agreement") by and among RemainCo, Pfizer Inc. (which we refer to as "Pfizer") and a wholly owned subsidiary of Pfizer ("which we refer to as "Merger Sub") and in the Separation and Distribution Agreement, dated as of May 9, 2022 (which we refer to as the "Distribution Agreement"), by and between SpinCo and RemainCo. The Merger Agreement provides for the acquisition by Pfizer of RemainCo through the merger of Merger Sub with and into RemainCo (which we refer to as the "Merger").

Holders of record of RemainCo common shares as of the close of business, New York City time, on September 26, 2022, which will be the record date, will receive one SpinCo common share for every two RemainCo common shares held. No action is required on your part to receive your SpinCo common shares. You will not be required either to pay anything for the new shares you will receive or to surrender any RemainCo common shares.

No fractional SpinCo common shares will be issued. If your entitlement would be entitled to a fractional share, you will receive a check for the cash value thereof, which generally will be taxable to you. In due course, you will be provided with information to enable you to comply with your obligations in both RemainCo and SpinCo common shares.

The enclosed information statement describes the Distribution and contains important information about SpinCo, including its financial statements. I encourage you to read it carefully. For more information on the Merger, see RemainCo's Definitive Proxy Statement on Schedule 14A filed with the Securities and Exchange Commission (File No. 001-38080). If you have any questions regarding the Distribution, please contact RemainCo's transfer agent, American Stock Transfer & Trust Company, LLC, at (800) 937-5449.

Sincerely,

Vlad Coric, M.D.

Chief Executive Officer
Biohaven Pharmaceutical Holding Company Ltd.

INFORMATION STATEMENT

Biohaven Ltd.

Distribution of
Common Shares
No Par Value

This information statement is being furnished in connection with the distribution (the "Distribution") by Biohaven Pharmaceutical Holding Company Ltd. ("RemainCo") to holders of its common shares of all the outstanding common shares of Biohaven Ltd. (the "SpinCo," and, prior to the Distribution, the "Company"). Prior to the Distribution, there will enter into a series of internal restructuring transactions (the "Separation") with RemainCo, pursuant to which there will own the KV7 ion channel activator, glutamate modulation, mesopotodate (MPO) inhibition and myotonin inhibition platform, preclinical product candidates, and certain corporate infrastructure currently owned by RemainCo (the "Biohaven Research Business"). As described in this information statement, the Spin-Off is subject to the satisfaction or waiver by RemainCo and SpinCo of certain conditions, including fulfillment or waiver of the conditions precedent included in the Agreement and Plan of Merger, dated as of May 9, 2022, the ("Merger Agreement") by and among RemainCo, Pfizer Inc. ("Pfizer") and a wholly owned subsidiary of Pfizer ("Merger Sub") and the Separation and Distribution Agreement, dated as of May 9, 2022 (which we refer to as the "Distribution Agreement") by and between SpinCo and RemainCo. The Merger Agreement provides for the acquisition by Pfizer of RemainCo (the "Merger"), which will be accomplished either (a) if the Merger occurs on or before December 30, 2022, through the merger of Merger Sub with and into RemainCo, with RemainCo continuing as the surviving company (the "Reverse Triangular Merger"), or (b) if the Merger occurs after December 30, 2022, then, at Pfizer's direction, either (i) through the Reverse Triangular Merger or (ii) through the merger of RemainCo with and into Merger Sub, with Merger Sub continuing as the surviving company.

On the common shares will be distributed to holders of RemainCo common shares of record as of the close of business, New York City time, on September 26, 2022, which will be the record date. Each such holder will receive one common share of SpinCo for every two common shares held on the record date. We anticipate that the Distribution will become effective early in the fourth quarter of 2022, subject to the satisfaction or waiver of the conditions included in the Merger Agreement and the Distribution Agreement. For RemainCo shareholders who own common shares in registered form, the transfer agent will credit their SpinCo common shares to book entry accounts established to hold their RemainCo common shares. Our distribution agent will send these shareholders a statement reflecting their SpinCo common share ownership after the distribution date. For shareholders who own RemainCo common shares through a broker or other nominee, their SpinCo common shares will be credited to their account with the broker or other nominee. Shareholders will receive cash in lieu of fractional shares. The Distribution will be taxable. See "The Separation and Distribution" Certain U.S. Federal Income Tax Consequences.

No shareholder approval of the Distribution is required or sought, except in connection with RemainCo's Definitive Proxy Statement on Schedule 14A filed with the Securities and Exchange Commission (File No. 001-38080). We are not asking you for a proxy and you should not send us a proxy. RemainCo shareholders will not be required to pay for or surrender common shares to be received by them in the Distribution, or to vote or surrender or to exchange RemainCo common shares in order to receive our common shares, or to take any other action in connection with the Distribution. There is currently no trading market for our common shares. We will apply to list our common shares on the New York Stock Exchange ("NYSE") under the symbol "BHVN."

IN REVIEWING THIS INFORMATION STATEMENT, YOU SHOULD CAREFULLY CONSIDER THE MATTERS DESCRIBED UNDER THE CAPTION "RISK FACTORS" BEGINNING ON PAGE 15.

WE ARE AN EMERGING GROWTH COMPANY AS DEFINED IN THE JUMPSTART OUR BUSINESS STARTUPS ACT OF 2012 AND A SMALLER REPORTING COMPANY AND WE CANNOT BE CERTAIN IF THE REDUCED REPORTING REQUIREMENTS APPLICABLE TO EMERGING GROWTH COMPANIES AND SMALLER REPORTING COMPANIES WILL MAKE OUR COMMON SHARES LESS ATTRACTIVE TO INVESTORS. REFER TO "RISK FACTORS" RISKS RELATED TO OWNERSHIP OF OUR COMMON SHARES.

NEITHER THE SECURITIES AND EXCHANGE COMMISSION NOR ANY STATE SECURITIES COMMISSION HAS APPROVED OR DISAPPROVED THESE SECURITIES OR DETERMINED IF THIS INFORMATION STATEMENT IS TRUTHFUL OR COMPLETE. ANY REPRESENTATION TO THE CONTRARY IS A CRIMINAL OFFENSE.

THIS INFORMATION STATEMENT DOES NOT CONSTITUTE AN OFFER TO SELL OR THE SOLICITATION OF AN OFFER TO BUY ANY SECURITIES.

RemainCo shareholders with questions related to the Distribution should contact RemainCo's transfer agent, American Stock Transfer & Trust Company, LLC, at (800) 937-5449.

The date of this information statement is September 26, 2022.

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PRESENTATION OF INFORMATION

For purposes of this information statement, references to SpinCo's lack of operating history, all historical items that have been described as attributable to SpinCo. In connection with the Separation and the Distribution, RemainCo expects to assign to SpinCo, the agreements, leases, licenses and other contracts and assets necessary for SpinCo to conduct the business described in this information statement.

SpinCo was incorporated on March 2, 2022 as a direct, wholly-owned subsidiary of RemainCo and has had no significant operations to date other than matters relating to its initial existence for the purpose of effecting the Distribution Agreement Proposal, the Distribution, and pursuant to the Separation, RemainCo will undergo an internal reorganization pursuant to which, among other things, (a) SpinCo directly or indirectly will own, among other assets and liabilities of RemainCo and its subsidiaries related to RemainCo's pipeline assets and business and (b) RemainCo directly or indirectly will own, among other assets and liabilities, including those associated with RemainCo's platform for the research, development, manufacture and commercialization of calcitonin gene-related peptide receptor (CGRP) antagonists, including rimegepant, atogepant and the Hepatic Therapeutic Limited preclinical CGRP portfolio and related assets (which we refer to as the CGRP Business). Where we describe in this information statement business activities, we do so as if these transactions had already occurred.

QUESTIONS AND ANSWERS ABOUT THE SEPARATION AND DISTRIBUTION

The following is a brief summary of the terms of the Separation and Distribution. Please see "The Separation and Distribution" for a more detailed description of the matters described below.

Q: What is the Separation and Distribution?

A: The Separation is the method by which RemainCo will separate the business of SpinCo from RemainCo and other business, creating two separate, publicly traded companies. The Separation will generally be effected in (i) SpinCo directly or indirectly owning, assuming or retaining certain assets and liabilities of RemainCo and its subsidiaries related to RemainCo's pipeline assets and business and (ii) RemainCo directly or indirectly owning, assuming or retaining all other assets and liabilities, including those associated with the CGRP Business.

In the Distribution, RemainCo will distribute to its shareholders as of the record date, on a pro rata basis, all of our common shares outstanding. Following the Distribution, we will be a separate company from RemainCo, and RemainCo will not retain any ownership interest in us. The number of RemainCo common shares you own will not change as a result of the Distribution.

Q: What is being distributed in the Distribution?

A: 35,822,511 of our common shares will be distributed in the Distribution, based upon the number of RemainCo common shares outstanding on September 19, 2022. SpinCo's common shares to be distributed by RemainCo will constitute all of our issued and outstanding common shares immediately after the Distribution. For more information on the shares being distributed in the Distribution, see "Description of Share Capital—Common Shares."

Q: What will I receive in the Distribution?

A: Holders of RemainCo common shares will receive a distribution of one SpinCo common share for every two RemainCo common shares held by them on the record date. As a result of the Distribution, your interest in RemainCo will not change and you will own the same percentage of economic interest and voting power in SpinCo as you did in RemainCo. For a more detailed description, see "The Separation and Distribution."

Q: What is the record date for the Distribution?

A: Record ownership will be determined as of the close of business, New York City time, on September 26, 2022, which we refer to as the "record date." The person in whose name RemainCo common shares are registered at the close of business on the record date is the person to whom the SpinCo common shares will be issued in the Distribution.

Q: When will the Distribution occur?

A: We expect that our common shares will be distributed by the distribution agent, on behalf of RemainCo, early in the fourth quarter of 2022, subject to the conditions to the Spin-Off described below. We refer to the date on which the Distribution will take place as the "Distribution date."

Q: What will the relationship between RemainCo and us be following the Distribution?

A: Following the Distribution, we will be a public company and RemainCo will have no continuing ownership interest in us. In connection with the Separation and the Distribution, we and RemainCo entered into a Distribution Agreement for the purpose of accomplishing, among other things, the Separation of the business of SpinCo and the Distribution of our common shares to RemainCo's common shareholders. On or prior to the Distribution date, we will enter into a Transition Services Agreement with RemainCo, pursuant to which we will provide certain transition services to RemainCo, and RemainCo will provide certain transition services to us. Under the Distribution Agreement, each of RemainCo and SpinCo agreed to indemnify, defend and hold harmless the other party, and its affiliates and certain representatives, from and after the Distribution date, from losses in connection with, among other things, (i) the liabilities assigned to, or retained by, the other party, as applicable, or (ii) the breach by such party of the Distribution Agreement. Each of RemainCo and SpinCo agreed to release the other party from, among other things, any and all liabilities existing or arising from any acts or events occurring or failing to occur on or prior to the Distribution, including in connection with the Separation, the Distribution or any other transaction contemplated under the Distribution Agreement and the Transition Services Agreement, and each of RemainCo and SpinCo agreed not to bring any proceeding or claim against the other party in respect of such liabilities. We will also be party to other arrangements with RemainCo.

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, DC 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2021

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number: 001-38080



Biohaven Pharmaceutical Holding Company Ltd.

(Exact Name of Registrant as Specified in its Charter)

British Virgin Islands	**Not applicable**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
c/o Biohaven Pharmaceuticals, Inc. **215 Church Street, New Haven, Connecticut** (Address of principal executive offices)	**06510** (Zip Code)

(203) 404-0410

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Shares, without par value	BHVN	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Small reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the registrant's common shares held by non-affiliates of the registrant as of the last business day of the registrant's most recently completed second fiscal quarter, June 30, 2021, based on the last reported sale price of the registrant's common stock on the New York Stock Exchange on June 30, 2021 of $97.08, was $4.260 billion. The calculation does not reflect a determination that certain persons are affiliates of the registrant for any other purpose. As of February 21, 2022, there were 70,523,541 common shares, no par value per share, outstanding.

Documents Incorporated by Reference

Portions of the registrant's definitive Proxy Statement to be filed pursuant to Regulation 14A under the Securities Exchange Act of 1934 for its 2022 Annual Meeting of Shareholders are incorporated by reference into Part III of this Annual Report on Form 10-K.

Unless the context requires otherwise, references in this report to "Biohaven," the "Company," "we," "our" or "us" refer to Biohaven Pharmaceutical Holding Company Ltd. and its subsidiaries.

Cautionary Note Regarding Forward-Looking Statements

This Annual Report on Form 10-K, or this report, contains forward-looking statements that involve risks and uncertainties. We make such forward-looking statements pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995 and other federal securities laws. All statements other than statements of historical facts contained in this report are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as "may", "will", "should", "expects", "could", "would", "target", "goal", "intends", "plans", "anticipates, "believes", "estimates", "predicts", "potential", "continue", or the negative of these terms or other comparable terminology. Forward-looking statements are not guarantees of performance and are based on certain assumptions, discuss future expectations, describe plans and strategies or state other forward-looking information. These forward-looking statements include, but are not limited to, statements about:

- the timing of and potential for U.S. Food and Drug Administration ("FDA") approval of, and our plans to develop and commercialize, our product candidates;
- our ongoing and planned clinical trials, including discovery and proof of concept trials, the status of our ongoing clinical trials, commencement dates for new clinical trials, and the timing of clinical trial results;
- our plans to pursue research and development of other products;
- our ability to enter into additional collaborations with third parties;
- anticipated future milestones, contingent and royalty payments and lease payments (and, in each case, their expected impact on liquidity);
- the timing of and our ability to obtain and maintain regulatory approvals for our product candidates;
- our commercialization, marketing and manufacturing capabilities and strategy;
- our intellectual property position;
- the rate and degree of market acceptance of our products or product candidates, and our estimates regarding the potential market opportunity for our product candidates;
- our competitive position, including our competitors and competing products (including biosimilars);
- anticipated impact of interest rate changes on our financial statements;
- the timing and anticipated amounts of future tax payments and benefits (including the potential recognition of unrecognized tax benefits), as well as timing of conclusion of tax audits;
- our estimates regarding future revenues, expenses and needs for additional financing; and
- the impacts of the COVID-19 pandemic on our business, operations, commercialization plans, clinical trials, regulatory timelines and other plans.

Any forward-looking statements in this report reflect our current views with respect to future events and with respect to our future financial performance and involve known and unknown risks, uncertainties and other factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by these forward-looking statements. Factors that may cause actual results to differ materially from current expectations include, among other things, those described under Part I, Item 1A. Risk Factors, Part II, Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations, and elsewhere in this report. Given these uncertainties, you should not place undue reliance on these forward-looking statements. Except as required by law, we assume no obligation to update or revise these forward-looking statements for any reason, even if new information becomes available in the future.

This report contains estimates, projections and other information concerning our industry, the general business environment, and the markets for certain diseases, including estimates regarding the potential size of those markets and the estimated incidence and prevalence of certain medical conditions. Information that is based on estimates, forecasts, projections, market research or similar methodologies is inherently subject to uncertainties and actual events, circumstances or numbers, including actual disease prevalence rates and market size, may differ materially from the information reflected in this report. Unless otherwise expressly stated, we obtained this industry, business information, market data, prevalence information and other data from reports, research surveys, studies and similar data prepared by market research firms and other third parties, industry, medical and general publications, government data, and similar sources, in some cases applying our own assumptions and analysis that may, in the future, not prove to have been accurate.

Note Regarding Trademarks

We have proprietary rights to a number of registered and unregistered trademarks worldwide that we believe are important to our business, including but not limited to NURTEC ODT. We have, in certain cases, omitted the ® and ™ designations for these and other trademarks used in this Annual Report on Form 10-K. Nevertheless, all rights to such trademarks are reserved. These and other trademarks referenced in this Annual Report on Form 10-K are the property of their respective owners.

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PART I

Item 1. Business

Overview

We are a commercial-stage biopharmaceutical company with a portfolio of innovative, best-in-class therapies to improve the lives of patients with debilitating neurological and neuropsychiatric diseases, including rare disorders. Our Neuroinnovation portfolio includes FDA-approved NURTEC ODT (rimegepant) for the acute and preventive treatment of migraine and a broad pipeline of product candidates across five distinct mechanistic platforms: calcitonin gene related peptide ("CGRP") receptor antagonism, glutamate modulation, myeloperoxidase ("MPO") inhibition, Kv7 Ion Channel Activators ("Kv7"), and Myostatin.

In November 2021, we entered into a strategic licensing and collaboration arrangement (the "Collaboration Agreement") with Pfizer Inc. pursuant to which Pfizer would gain rights to commercialize rimegepant and zavegepant in all countries worldwide outside of the United States. The Collaboration Agreement became effective January 4, 2022. Refer to Note 19 "Subsequent Events" of the Notes to Consolidated Financial Statements included in this report for additional information regarding the Collaboration Agreement.

Product Pipeline

Exclusive Commercial Product



The Migraine Research Foundation ranks migraine as the world's third most prevalent illness, with approximately 40 million individuals suffering from migraine attacks in the U.S., and 1 billion worldwide. While most sufferers experience migraine attacks once or twice per month, more than 4 million people in the U.S. alone have chronic migraine, defined as experiencing at least 15 headache days per month, of which at least eight are migraine, for more than three months. Others have episodic migraine, which is characterized by experiencing fewer than 15 migraine days per month. People with frequent episodes of migraine may progress to chronic migraine over time, thus migraine is a continuum disease.

Our exclusive commercial product, NURTEC ODT (rimegepant) for the acute treatment of migraine, was approved by the U.S. Food and Drug Administration ("FDA") on February 27, 2020 and became available by prescription in U.S. pharmacies on March 12, 2020. NURTEC ODT was also approved for the preventive treatment of migraine by the FDA on May 27, 2021. NURTEC ODT is the first and only medication proven to both treat and prevent migraine. We believe NURTEC ODT differentiates itself as a treatment in the migraine market because it allows patients and doctors to customize a single therapy to treat and prevent migraine attacks. It is further differentiated by its rapid onset and sustained efficacy for lasting migraine control.

In a study of people who took either NURTEC ODT (669 people) or placebo (682 people), more people taking NURTEC ODT experienced pain freedom and freedom from their most bothersome symptom (selected from light sensitivity, sound sensitivity, or nausea) at 2 hours vs placebo. Additionally, more people taking NURTEC ODT experienced freedom from functional disability and pain relief as early as 60 minutes vs placebo. These benefits were sustained through 48 hours for some people.

We have been successful at capturing the value of NURTEC ODT and bringing NURTEC ODT to migraine suffers and have exceeded the greater than 400% revenue growth in the United States ("U.S.") of the oral CGRP class with over 600% product revenue growth in 2021 versus 2020. As of January 28, 2022, NURTEC ODT leads the oral CGRP market in total prescriptions ("TRx") at 51.2% share (source: IQVIA SMART). In addition, we continue to expand payer coverage, with NURTEC ODT covered by insurance providers reflecting 89% coverage, and over 240 million covered lives in all channels.

NURTEC ODT is providing fast and lasting relief to more and more migraine patients each day. The entire oral CGRP class is outperforming initial launch expectations and reflects the importance of these medications to individuals with migraine. NURTEC ODT is now the number one migraine treatment in its class.

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Global Expansion of Rimegepant

We continue to aggressively expand the rimegepant franchise globally. Currently, there are four international regulatory approvals for rimegepant for the acute treatment of migraine, two international regulatory approvals for rimegepant for the preventive treatment of migraine and twelve regulatory submissions for rimegepant for the acute and preventive treatments of migraine. On November 9, 2021, we announced a strategic collaboration with Pfizer for markets outside the U.S. The collaboration combines our neuroscience research and development expertise with Pfizer's commercialization and marketing excellence to pave the way to bring rimegepant's dual therapy innovation to as many of the 1 billion migraine sufferers around the world as possible.

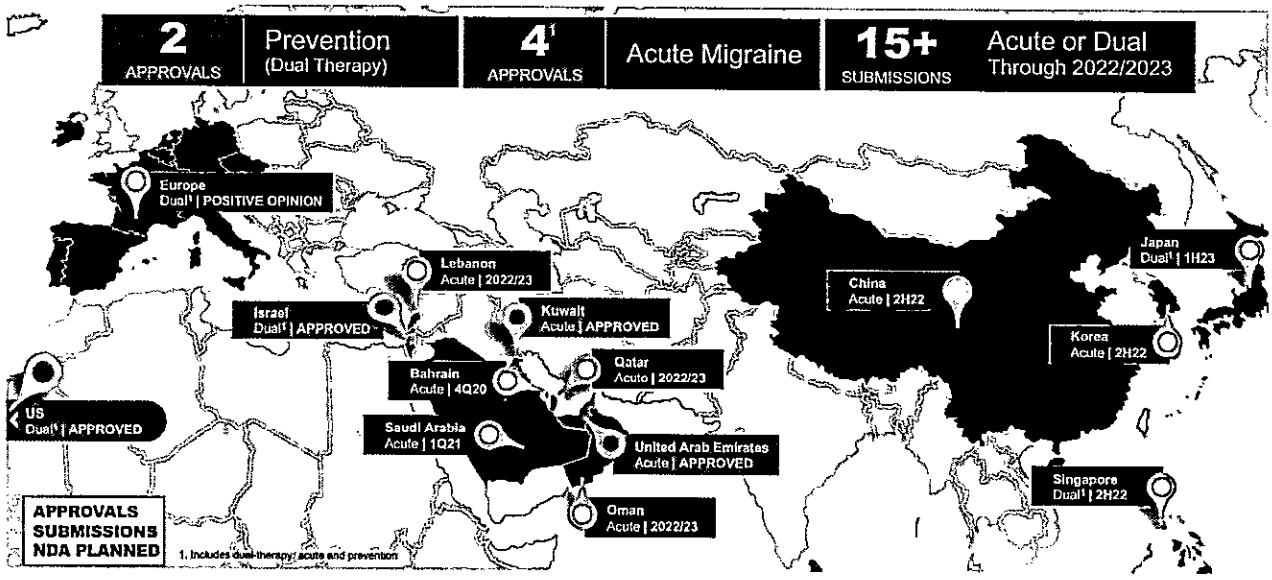
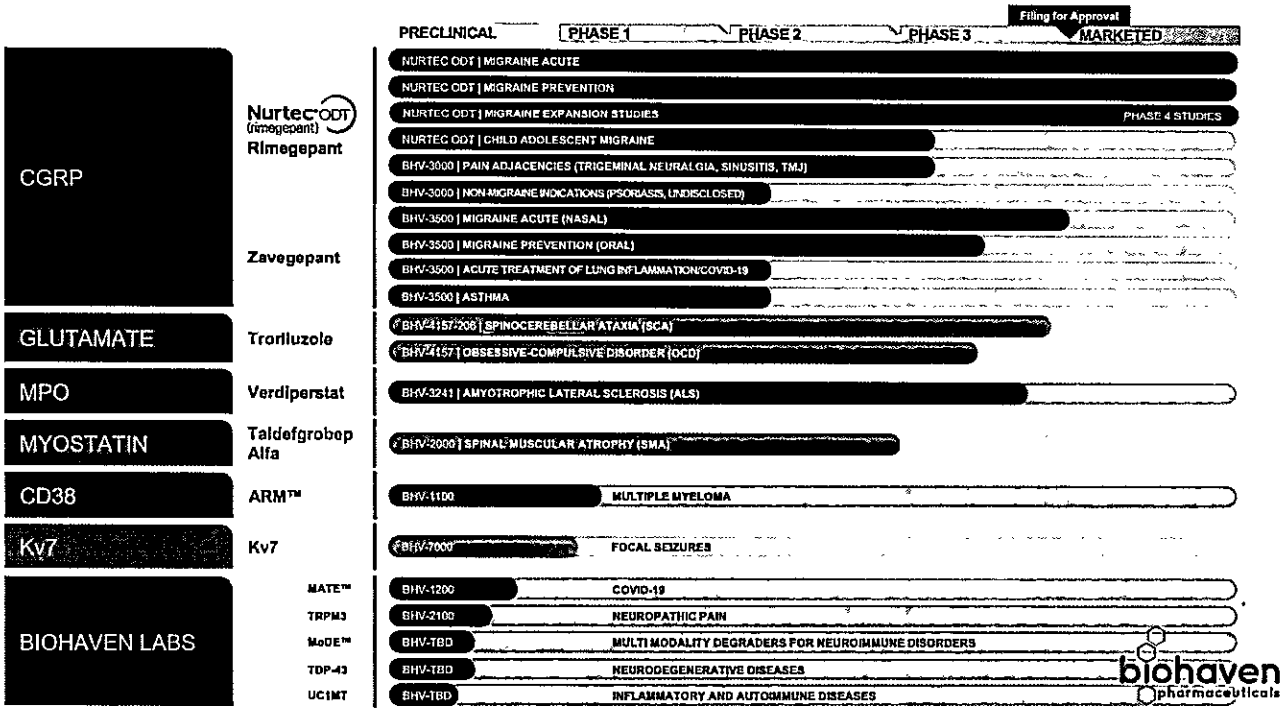


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Clinical Development Programs

The following table summarizes our recent and expected future clinical development milestones for our product candidates. We hold the worldwide rights to all of our products and product candidates, including NURTEC ODT, which we have licensed to Pfizer to commercialize outside the United States for the treatment and prevention of migraine in accordance with the Collaboration Agreement.



CGRP Platform

The CGRP receptor is located within pain-signaling pathways, intracranial arteries and mast cells and its activation is thought to play a causal role in migraine pathophysiology. For example, research and clinical studies have shown serum levels of CGRP are elevated during migraine attacks, infusion of intravenous CGRP produces persistent pain in migraine sufferers and non-migraine sufferers, and treatment with anti-migraine drugs normalizes CGRP activity. Additionally, multiple clinical studies show that small molecule CGRP receptor antagonists, which inhibit the binding of endogenous CGRP to CGRP receptors, are effective in the acute treatment of migraine attacks. Treatment with a CGRP receptor antagonist is believed to relieve migraine through blocking neurogenic inflammation, decreasing artery dilation and inhibiting pain transmission.

Rimegepant

Rimegepant is the most advanced product candidate from our CGRP receptor antagonist platform. It is an orally available, potent and selective small molecule human CGRP receptor antagonist that we developed for the acute and preventive treatment of migraine, and are developing for other non-migraine indications as well such as trigeminal neuralgia, rhinosinusitis, temporomandibular disorder ("TMD") and psoriasis. The Zydis ODT formulation of rimegepant (NURTEC ODT) was approved by the FDA for the acute treatment of migraine on February 27, 2020. During the fourth quarter of 2020, we submitted a supplemental New Drug Application ("sNDA") to the FDA for the use of rimegepant in the preventive treatment of migraine, which was approved on May 27, 2021.

In February 2022, we announced positive top-line results from an Asia-Pacific, Phase 3 clinical trial of NURTEC ODT in adults for the acute treatment of migraine. Led by BioShin Limited, our subsidiary in China and South Korea, the randomized, double-blind, placebo-controlled, regional, multi-center study met the co-primary endpoints evaluating the efficacy and safety of the ODT formulation of rimegepant, an oral CGRP receptor antagonist. This is the fifth positive pivotal study of rimegepant and the first to be conducted in Asia Pacific. The study met its co-primary endpoints of freedom from pain ($p<0.0001$) and freedom from most bothersome migraine-associated symptom ("MBS") including either nausea, phonophobia or photophobia ($p<0.0001$) at 2-hours following a single oral dose of rimegepant. The early onset and durable 48 hour efficacy observed in China and South Korea was consistent with previous clinical trial results. In addition

to the co-primary endpoints, NURTEC ODT demonstrated rapid onset efficacy that was superior to placebo on multiple clinically important outcomes, including: pain relief at 2 hours ($p < 0.0001$); normal functioning at 2 hours post-dose ($p<0.0001$); no need for rescue medication within 24 hrs of dosing ($p < 0.0001$), and showed lasting efficacy with sustained pain freedom from 2 through 24 hours ($p < 0.0001$) and sustained pain freedom from 2 through 48 hours ($p < 0.0001$). Initial analysis of topline data indicates NURTEC ODT was numerically advantaged compared to placebo on multiple early-onset measures, including: pain relief within 45 minutes and freedom from MBS within 45 minutes; return to normal function within 60 min; and pain freedom within 90 min. Rimegepant also showed a favorable safety and tolerability profile among study participants that was consistent with prior clinical trial results in the United States. Detailed data from the study will be presented at future medical meetings to help inform ongoing and future research. We expect to submit an NDA during the second half of 2022.

In February 2022, we were notified that the Committee for Medicinal Products for Human Use ("CHMP"), a committee of the European Medicines Agency, adopted a positive opinion, recommending the granting of a marketing authorization in the European Union ("EU") for rimegepant 75 mg (available as an orally dissolving tablet), intended for the prophylaxis and acute treatment of migraine. If approved, VYDURA (rimegepant) will be the commercial name for rimegepant in the EU. The full indication for VYDURA is the acute treatment of migraine with or without aura in adults and preventive treatment of episodic migraine in adults who have at least four migraine attacks per month. We expect to receive determination regarding our Marketing Authorization Application in the EU for rimegepant in the first half of 2022.

Zavegepant

Zavegepant represents a novel chemical structure compared to other small molecule CGRP receptor antagonists in development (including rimegepant). We are developing zavegepant for the acute and preventive treatment of migraine as well as respiratory complications and non-migraine studies, with initial studies being conducted in acute treatment. We believe it has the potential to improve the existing standard of care based on its multiple potential routes of delivery, favorable safety profile, superior chemical attributes, higher value to patients and payors and potential for multiple indications.

In December 2021, we announced top-line results from our Phase 3 trial for the use of intranasal zavegepant for the acute treatment of migraine. The results of the study showed that zavegepant was statistically superior to placebo on the co-primary endpoints of pain freedom (24% vs 15%, $p <.0001$) and freedom from most bothersome symptom (40% vs 31%, $p = 0.0012$) at 2 hours. Zavegepant was superior to placebo demonstrating pain relief as early as 15 minutes, with patients achieving return to normal function as early as 30 minutes after dosing ($p < 0.006$). The efficacy benefits of zavegepant were durable, including superiority versus placebo ($p < 0.05$) on: sustained pain freedom 2 to 24 hours; sustained pain freedom 2 to 48 hours; sustained pain relief 2 to 24 hours; and sustained pain relief 2 to 48 hours. Based upon these results, combined with our prior positive Phase 2/3 trial, we plan to proceed with regulatory submissions in the United States and other countries and expect to submit a New Drug Application ("NDA") for zavegepant with the FDA in the first half of 2022.

Our Phase 2/3 trial for the use of oral zavegepant for the preventive treatment of migraine is ongoing, with results expected in the second half of 2022.

Next Generation CGRP Receptor Antagonists

In November 2020, we entered into a global collaboration and license agreement with Heptares Therapeutics Ltd. ("Sosei Heptares"), an international biopharmaceutical group focused on the discovery and early development of new medicines originating from their proprietary GPCR-targeted StaR technology and structure-based drug design platform capabilities. Under the agreement, Sosei Heptares will be eligible to receive development, regulatory and commercialization milestone payments, as well as tiered royalties on net sales of products resulting from the collaboration. In return, we will receive exclusive global rights to develop, manufacture and commercialize a portfolio of novel, small-molecule CGRP receptor antagonists discovered by Sosei Heptares for the treatment of CGRP-mediated disorders, including non-migraine indications. The portfolio included the lead candidate HTL0022562, referred to as BHV-3100, which had advanced through preclinical development demonstrating promising and differentiated properties for further investigation in human trials. During the fourth quarter of 2021, we decided to stop development of BHV-3100 based upon its emerging preclinical profile and will instead advance one of the portfolio's backup compounds in its place.

Glutamate Platform

Glutamate is an important neurotransmitter present in over 90% of all brain synapses and is a naturally occurring molecule that nerve cells use to send signals to other cells in the central nervous system. Glutamate plays an essential role in normal brain functioning and its levels must be tightly regulated. Abnormalities in glutamate function can disrupt nerve health and communication, and in extreme cases may lead to nerve cell death.

Troriluzole

Troriluzole is a new chemical entity ("NCE") and tripeptide prodrug of the active metabolite, riluzole. Based on its mechanism of action, preclinical data and clinical studies, troriluzole has potential for therapeutic benefit in a range of neurological and neuropsychiatric illnesses. We believe troriluzole offers potential advantages, compared to orally dosed riluzole including

improved bioavailability, no negative food effect, lower overall drug burden to the liver, optimized dosing regimen and compliance and potential for developing multiple formulations.

Spinocerebellar Ataxia

Our initial development has focused on the use of troriluzole in treating SCA, an orphan neurological disease characterized by problems with coordination, balance and movement. Currently there are no approved drug therapies for SCA. SCA was chosen as the lead indication based on a strong preclinical rationale as well as demonstration of preliminary efficacy of the active metabolite in troriluzole, riluzole, in two randomized controlled trials in patients with SCA and other ataxias conducted by third parties (Ristori 2010; Romano 2015). We have received both orphan drug designation and fast track designation from the FDA for troriluzole for the treatment of SCA.

Initially, we had conducted a Phase 2b/3, randomized, double-blind, placebo-controlled, parallel-group study to assess the safety and efficacy of troriluzole over 8 weeks in subjects with SCA. In October 2017, we announced that troriluzole at a dose of 140 mg QD did not differentiate from placebo on the primary endpoint of the mean change from baseline on the Scale for Assessment and Rating of Ataxia (SARA) total score after 8 weeks of treatment. During open-label treatment over the 48-week extension phase, however, troriluzole did show slowing of disease progression in troriluzole-treated subjects in contrast to the measurable decline expected for a cohort of untreated subjects based on the natural history of the disease. An expanded open-label extension phase for this study is ongoing. Based on our learnings from the Phase 2b/3 study, including analyses from the open-label extension phase, we are now conducting a Phase 3, randomized, double-blind, placebo-controlled, parallel-group study to assess the safety and efficacy of troriluzole over 48 weeks in subjects with SCA. We enriched this trial with specific SCA genotypes, extended the treatment period of this trial to 48 weeks, implemented the use of a modified SARA scale, and increased the dose of troriluzole to 200 mg QD. We believe that these changes may improve the ability of the trial to more accurately evaluate troriluzole's benefit in slowing disease progression in patients with SCA. In March 2019, we announced the initiation of the trial, which subsequently completed enrollment in the first quarter of 2021, with results expected in the first half of 2022.

Obsessive Compulsive Disorder

We are developing troriluzole for OCD, which is a chronic neuropsychiatric disorder characterized by symptoms of obsessions (intrusive thoughts) and compulsions (repetitive behaviors) that can interfere with patients' functional abilities. According to the National Institute of Mental Health, the 12-month prevalence of OCD is 1% of the U.S. adult population, and approximately half of these cases are characterized as severe. First-line treatment for OCD includes cognitive behavior therapy, SSRIs and adjunctive use of atypical antipsychotics. Nonetheless, up to 60% of patients have an inadequate response to conventional intervention strategies. In multiple case studies, the use of the active metabolite in troriluzole, riluzole, in patients with refractory OCD has commonly been associated with meaningful improvement of symptoms.

A Phase 2/3 double-blind, randomized, controlled trial to assess the efficacy of troriluzole in OCD commenced in December 2017. Enrollment in this study was completed in the first quarter of 2020. The Phase 2/3 study results were announced in June 2020. Troriluzole 200 mg administered once daily as adjunctive therapy in OCD patients with inadequate response to standard of care treatment showed consistent numerical improvement over placebo on the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) at all study time points (weeks 4 to 12) but did not meet the primary outcome measure at week 12 ($p = 0.22$ at week 12) but was significant at week 8 ($p < 0.05$). Troriluzole was well tolerated with a safety profile consistent with past clinical trial experience. Given the strong signal in our Phase 2/3 proof of concept study and after receiving feedback from the FDA in an End of Phase 2 meeting, in December 2020 we initiated enrollment in the Phase 3 program. Two Phase 3 studies are currently ongoing with results expected in the second half of 2022.

Alzheimer's Disease

We conducted a clinical trial of troriluzole for Alzheimer's disease, a progressive, fatal neurodegenerative dementia. It accounts for up to 80% of dementias. According to the Alzheimer's Association, in 2016 there were approximately 5.5 million people in the United States with the disease, and that number is expected to escalate rapidly in the coming years as the population ages. Observations in multiple preclinical models, suggested the active metabolite of troriluzole, riluzole, protects from Alzheimer's-related pathology and cognitive dysfunction.

In January 2021, we announced top-line results from the study. Troriluzole did not statistically differentiate from placebo at 48 weeks on the study's prespecified co-primary endpoints on the ADAS-cog and the Clinical Dementia Rating Scale Sum of Boxes (CDR-SB) in study participants with mild-to-moderate AD. Troriluzole also did not differentiate from placebo on the key secondary measure of hippocampal volume assessed by MRI in the overall population. A subgroup analysis consisting only of mild AD patients did, however, reveal that troriluzole exhibited a nonsignificant numerical difference of a potential benefit at week 48 on both the ADAS-cog and hippocampal volumetric MRI. With regard to safety and tolerability, treatment with troriluzole at a dose of 280 mg once daily was relatively well tolerated and demonstrated a safety profile consistent with previous studies of troriluzole. In December 2021, we completed an ongoing long-term extension study of troriluzole in AD for mild AD patients.

Other Indications Being Pursued by our Collaborators

Our collaborators are exploring the potential applicability of troriluzole beyond cerebellar and neuropsychiatric indications, including in melanoma (Rutgers University and Dana Farber Cancer Institute) and glioblastoma (Johns Hopkins University/Stanford University). The oncology collaborations with Rutgers and Johns Hopkins/Stanford University are based upon the mechanistic rationale that some tumors overexpress glutamate receptors, the central role that glutamate may have in cancer metabolism and the effect of glutamate on the tumor microenvironment.

In December 2021, the Global Coalition for Adaptive Research ("GCAR") selected troriluzole for evaluation in Glioblastoma Adaptive Global Innovative Learning Environment - NCT03970447 ("GBM AGILE"). GBM AGILE is a revolutionary patient-centered, adaptive platform trial for registration that tests multiple therapies for patients with newly-diagnosed and recurrent glioblastoma ("GBM"). Troriluzole will be evaluated in all patient subgroups of the trial which include newly-diagnosed methylated MGMT, newly-diagnosed unmethylated MGMT, and recurrent GBM. Troriluzole was selected for inclusion in GBM AGILE based on compelling evidence showing deregulation of glutamate in GBM. The therapeutic potential of troriluzole in GBM and other oncology indications is supported by several recent clinical and translational research studies conducted with troriluzole and its active moiety.

BHV-5000 and BHV-5500

An N-methyl-D-aspartate ("NMDA") receptor antagonist is a type of glutamate antagonist that works to inhibit the action of NMDA receptors which may play a role in degenerative diseases that affect the brain. BHV-5000 is an oral prodrug of the intravenous drug lanicemine, also referred to as BHV-5500. In addition to being orally available, BHV-5000 is a first-in-class, low-trapping, NMDA receptor antagonist with differentiating pharmacologic properties from other agents in development targeting this receptor. Results from nonclinical studies limiting clinical dose of BHV-5000 have led us to focus on formulation development of BHV-5500 (lanicemine).

Rett Syndrome

Rett syndrome is a severe neurodevelopmental disorder resulting from an X-linked dominant gene mutation ("MECP2"). As a result, it occurs almost exclusively in females. After six to 18 months of apparently normal development, patients with Rett syndrome show global deceleration of psychomotor development and subsequent loss of acquired cognitive and motor skills, such as the loss of speech. Rett syndrome occurs in all racial and ethnic groups and occurs worldwide in approximately 1 in every 10,000 live female births. There are approximately 15,000 females with Rett syndrome in the United States. No approved treatments for Rett syndrome are currently available and standard of care is supportive.

BHV-5000 and lanicemine have been observed to ameliorate the phenotype in transgenic mouse models of Rett syndrome, models which recapitulate key clinical features, such as irregular breathing, apneic periods, and abnormal electroencephalogram ("EEG") with altered seizure threshold. Based on the preclinical experience, we have chosen to advance BHV-5000 into clinical trials for the treatment of breathing irregularities associated with Rett syndrome.

In July 2017, we received orphan drug designation from the FDA for BHV-5000 for the treatment of patients with Rett syndrome. Our clinical program for BHV-5000 will build upon AstraZeneca's previous development efforts for lanicemine. In support, BHV-5000 is rapidly metabolized to lanicemine and, in a Phase 1 trial, concentrations of BHV-5000 were detectable in only a few subjects who received the highest dose. As a result, we intend to rely on long-term Good Laboratory Practices ("GLP") toxicology, reproductive toxicology and carcinogenicity studies of lanicemine to potentially expedite the safety package for BHV-5000.

Currently, we are conducting neurotoxicology studies that are required for NMDA antagonist drugs to define acceptable clinical exposures. Based on these results, an additional Phase 1 study may be required to establish the dose that would subsequently be used in a randomized controlled trial of BHV-5000. One of our planned indications for BHV-5000 is Rett syndrome, based on the ability of BHV-5000 and its active metabolite to favorably impact breathing abnormalities and global brain biochemical abnormalities in transgenic mouse models. Potential other conditions include depression, neuropathic pain and other disorders involving NMDA receptor dysfunction.

Major Depressive Disorder

Major depressive disorder ("MDD") is the leading cause of disability worldwide, according to the World Health Organization. In the United States, the prevalence rate is approximately 7%. Despite the approval of over two dozen agents, therapeutic effects are limited. More than one-third of patients who complete an initial course of antidepressant treatment will not achieve a satisfactory response, and as many as 20% of patients have chronic depression despite multiple interventions. Clinical findings of antidepressant effects of the NMDA receptor antagonist ketamine have provided a link between the NMDA receptor function and depression and a rationale for testing BHV-5000 as an antidepressant.

Neuropathic Pain

Neuropathic pain is a chronic condition caused by dysfunctional or damaged nerves. Neuropathic pain can be a debilitating and common problem affecting approximately 10% of adults in the United States. Despite the availability of multiple approved drugs,

including Lyrica, and guidelines for the treatment of neuropathic pain, treatment of this condition remains a major therapeutic challenge. Existing analgesics are often ineffective, can cause serious side effects and have abuse potential that limits widespread use. Increased NMDA receptor activity is known to contribute to central sensitization in neuropathic pain. NMDA receptor antagonists have been shown to reduce hyperalgesia and pain in animal models of neuropathic pain induced by nerve injury and diabetic neuropathy. Clinically used NMDA receptor antagonists, including ketamine and dextromethorphan, can be effective in patients suffering from neuropathic pain syndromes. The clinical use of robust NMDA antagonists, such as ketamine, is limited due to dissociative, psychotomimetic and abuse potential properties. Novel NMDA receptor antagonists, such as BHV-5000, that are not associated with the psychotomimetic effects and abuse potential could lead to better management of neuropathic pain without causing serious side effects.

MPO Platform

Verdiperstat

Verdiperstat is a first-in-class, potent, selective, brain-permeable, irreversible MPO. MPO generates an array of cytotoxic oxidants and is a key driver of oxidative and inflammatory processes that underlie a broad range of disorders. MPO plays a key role in neurodegenerative, inflammatory, and immune-mediated diseases, including MSA, Alzheimer's disease, Parkinson's disease, multiple sclerosis, ischemic and hemorrhagic forms of stroke, epilepsy, depression and other neuropsychiatric disorders. Clinical and experimental studies have revealed the detrimental role of MPO. Hence, suppressing MPO may be a novel treatment approach for these disorders. In February 2019, we received orphan drug designation from the FDA for the treatment of Multiple System Atrophy ("MSA"). Verdiperstat has also received orphan drug designation for the treatment of MSA from the European Commission upon recommendation from the European Medicines Agency's Committee for Orphan Medicinal Products.

Multiple System Atrophy

MSA is an orphan disease that is an adult-onset, fatal, neurodegenerative disease characterized by progressive autonomic failure, parkinsonian features, and cerebellar and pyramidal features in various combinations and degrees of severity. It invariably leads to death after an average of 6 to 10 years from symptom onset. No disease-modifying treatment currently exists; only symptomatic and palliative approaches are available.

A Phase 3 randomized, double-blind, placebo-controlled, parallel group study to evaluate the efficacy and safety of verdiperstat in participants with MSA began enrollment in July 2019. Ambulatory participants, 40-80 years of age, with possible or probable MSA, including MSA-P or MSA-C, are randomized to 48 weeks of treatment with verdiperstat 600-mg BID or placebo. The primary efficacy endpoint is change from baseline to Week 48 in verdiperstat- vs. placebo-treated participants on a score derived from the Unified MSA Rating Scale, optimized based on FDA guidance to assess clinically meaningful change in ability to function. Between July 2019 and July 2020, 336 participants with MSA were enrolled at 48 sites across 6 countries (US, UK, France, Germany, Italy, Austria). In September 2021, we announced that Verdiperstat did not statistically differentiate from placebo on the prespecified primary efficacy measure, nor on the key secondary efficacy measures. Initial analysis of safety data was consistent with the overall profile of verdiperstat from prior clinical trial experience. Additional analyses are still pending, and full study results will be presented at an upcoming scientific meeting.

Amyotrophic Lateral Sclerosis

Another potential target indication for verdiperstat is Amyotrophic Lateral Sclerosis ("ALS"). In September 2019, we announced that verdiperstat was selected to be studied in the pivotal HEALEY ALS Platform Trial, which is being conducted by the Sean M. Healey & AMG Center for ALS at MGH ("Healey Center") in collaboration with the Northeast ALS Consortium ("NEALS") clinical trial network. Promising investigational drugs were chosen for the HEALEY ALS Platform Trial through a competitive process, with the Healey Center providing partial financial support to successful applicants. The HEALEY ALS Platform Trial is a perpetual multi-center, multi-regimen clinical trial evaluating the safety and efficacy of investigational products for the treatment of ALS. HEALEY ALS Platform Trial Regimen B is evaluating the safety and efficacy of verdiperstat in approximately 160 adults with ALS. Participants were randomized in a 3-to-1 ratio treated with verdiperstat 600 mg BID or placebo for 24 weeks. The study's primary efficacy endpoint measures the change in disease severity from baseline to week 24 on the ALS Functional Rating Scale-Revised in patients receiving treatment versus placebo. Secondary endpoints include change in respiratory function, muscle strength, and survival. In August 2020, we announced that the first patients were enrolled in the pivotal HEALEY ALS Platform Trial Regimen B. Enrollment in the trial was completed in November of 2021, with results expected mid-2022.

Kv7 Platform

BHV-7000

In February 2022, we announced that we entered into a definitive agreement with Channel Biosciences, LLC, a subsidiary of Knopp Biosciences, LLC, to acquire a Kv7 channel targeting platform, adding the latest advances in ion-channel modulation to our growing neuroscience portfolio. BHV-7000 (formerly known as KB-3061) is the lead asset from the Kv7 platform and is a potentially best-in-class potassium channel activator

with a profile suggestive of a wide therapeutic index, high selectivity, and significantly reduced GABA-ergic activity. We intend to bring BHV-7000 to the clinic in in 2022 in preparation for a development program in focal epilepsy.

Myostatin Platform

Taldefgrobep Alfa License Agreement

In February 2022, following the transfer of intellectual property we announced that we entered into a worldwide license agreement with Bristol-Myers Squibb Company ("BMS") for the development and commercialization rights to taldefgrobep alfa (also known as BMS-986089), a novel, Phase 3-ready anti-myostatin adnectin. Myostatin is a natural protein that limits skeletal muscle growth, an important process in healthy muscular development. However, in patients with neuromuscular diseases, active myostatin can critically limit the growth needed to achieve developmental and functional milestones. Myostatin inhibition is a promising therapeutic strategy for enhancing muscle mass and strength in a range of pediatric and adult neuromuscular conditions. Taldefgrobep is a muscle-targeted treatment for neuromuscular disease and offers the opportunity for combination therapy. We plan to initiate a Phase 3 clinical trial of taldefgrobep in Spinal Muscular Atrophy ("SMA") in 2022. SMA is a rare, progressively debilitating motor neuron disease in which development and growth of muscle mass are compromised, resulting in progressive weakness and muscle atrophy, reduced motor function, impaired quality of life and often death. The in-licensing of taldefgrobep expands our portfolio of innovative, late-stage product candidates for the treatment of neurologic, neuroinflammatory, and psychiatric indications.

Biohaven Labs

Kleo Pharmaceuticals, Inc. and Biohaven Labs

In January 2021, we acquired the remaining approximately 58% of Kleo Pharmaceuticals, Inc. ("Kleo") that we did not previously own. We have assumed Kleo's laboratory facilities located in Science Park in New Haven, Connecticut and formed Biohaven Labs to serve as the integrated chemistry and discovery research arm of Biohaven. Biohaven Labs will continue several existing Kleo discovery partnerships, including one with the Bill and Melinda Gates Foundation for the development of a Hyperimmune Globulin Mimic for COVID-19 and PeptiDream for the development of immuno-oncology therapeutics.

Our proprietary Multimodal Antibody Therapy Enhancer ("MATE") conjugation technology uses a new class of synthetic peptide binders to target the spike protein of SARS-CoV-2 that are then selectively conjugated to commercially available intravenous immunoglobulin. The Biohaven synthetic binders for SARS-CoV2 were designed to establish a much wider area and number of contacts with the spike protein that other agents like monoclonal antibodies. In February 2021, we announced that BHV-1200 developed with our proprietary MATE platform has demonstrated functional binding and neutralization of the SARS-CoV-2 virus, including the strains known as the "English" and "South African" variants (also known as B.1.1.7 and B.1.351, respectively). The preliminary experiments conducted by Biohaven Labs and an academic collaborator demonstrated that BHV-1200 substantially reduced viral entry into cells. We intend to advance BHV-1200 into a full clinical development program. Accelerated development of the COVID-19 MATE program has been supported by the Bill and Melinda Gates Foundation. In addition, the in vitro data indicated that BHV-1200 may activate important immune system components including antibody-dependent cellular phagocytosis and antibody dependent cellular cytotoxicity. We believe our proprietary MATE-conjugation technology could also be used against other infectious diseases by changing the targeting moiety of its antibody binders.

TDP-43

In May 2019, we entered into an agreement with Fox Chase Chemical Diversity Center Inc. ("FCCDC") for FCCDC's TDP-43 assets (the "FCCDC Agreement"). The FCCDC Agreement provides us with a plan and goal to identify one or more new chemical entity candidates for preclinical development for eventual clinical evaluation for the treatment of one or more TDP-43 proteinopathies. In connection with the FCCDC Agreement, Biohaven and FCCDC have established a TDP-43 Research Plan that provides for certain milestones to be achieved by FCCDC, and milestone payments to be made by Biohaven.

University of Connecticut License Option

In October 2018, we signed an exclusive, worldwide option and license agreement with the University of Connecticut for the development and commercialization rights to UC1MT, a therapeutic antibody targeting extracellular metallothionein ("MT"). Extracellular MT has been implicated in the pathogenesis of autoimmune and inflammatory diseases. Under this agreement, we have the option to acquire an exclusive, worldwide license to UC1MT and its underlying patents to develop and commercialize throughout the world in all human indications.

Artizan Biosciences Inc License Option

In December 2020, we entered into an Option and License Agreement with Artizan Biosciences Inc ("Artizan"), a biotechnology company focused on addressing inflammatory diseases involving the human intestinal microbiota. Pursuant to the agreement, we acquired an option to obtain a royalty-based license from Artizan to manufacture, use and commercialize certain products. Artizan will use the proceeds to continue advancing the preclinical research and development of its lead program for inflammatory bowel

disease, which is anticipated to enter the clinic in 2022, as well as to explore additional disease targets.

BHV-1100

In the fourth quarter of 2021, we initiated a Phase 1a/1b trial in multiple myeloma patients using its antibody recruiting molecule ("ARM") BHV-1100 in combination with autologous cytokine induced memory-like ("CIML") natural killer (NK) cells and immune globulin ("IG") to target and kill multiple myeloma cells expressing the cell surface protein CD38. BHV-1100 is the lead clinical asset from our ARM™ Platform developed from a strategic alliance with PeptiDream Inc. (TYO: 4587). This clinical trial will assess the safety and tolerability as well as exploratory efficacy endpoints in newly diagnosed multiple myeloma patients who have tested positive for minimal residual disease ("MRD+") in first remission prior to autologous stem cell transplant ("ASCT").

Reliant Glycosciences, LLC

In July 2021, we entered into a development and license agreement with Reliant Glycosciences, LLC ("Reliant") for collaboration on a program with Biohaven Labs' multifunctional molecules to develop and commercialize conjugated antibodies for therapeutic uses relating to IgA nephropathy and other diseases and conditions. Under the Agreement, Reliant was entitled to an upfront payment and will be eligible to receive development milestone payments and royalties on net sales of licensed products.

KU Leuven

In January 2022, Biohaven and Katholieke Universiteit Leuven ("KU Leuven") entered into an Exclusive License and Research Collaboration Agreement (the "KU Leuven Agreement") to develop and commercialize first-in-class TRPM3 antagonists to address the growing proportion of people worldwide living with chronic pain disorders. The TRPM3 antagonist platform was discovered at the Centre for Drug Design and Discovery ("CD3") and the Laboratory of Ion Channel Research ("LICR") at KU Leuven. Under the KU Leuven Agreement, Biohaven receives exclusive global rights to develop, manufacture and commercialize KU Leuven's portfolio of small-molecule TRPM3 antagonists. The portfolio includes the lead candidate, henceforth known as BHV-2100, which has demonstrated promising efficacy in preclinical pain models and will be the first to advance towards Phase 1 studies. Biohaven will support further basic and translational research at KU Leuven on the role of TRPM3 in pain and other disorders.

Competition

The biotechnology and pharmaceutical industries are characterized by rapidly advancing technologies, intense competition and a strong emphasis on proprietary drugs. While we believe that our knowledge, experience and scientific resources provide us with competitive advantages, we face potential competition from many different sources, including major pharmaceutical, specialty pharmaceutical and biotechnology companies, academic institutions and governmental agencies and public and private research institutions. Any product candidates that we successfully develop and commercialize will compete with existing therapies and new therapies that may become available in the future.

The key competitive factors affecting the success of all of our product candidates, if approved, are likely to be their safety, efficacy, convenience, price, the level of generic competition and the availability of coverage and reimbursement from government and other third-party payors.

Many of the companies against which we are competing, or against which we may compete in the future, have significantly greater financial resources and expertise in research and development, manufacturing, preclinical testing, conducting clinical trials, obtaining regulatory approvals and marketing approved drugs than we do. Mergers and acquisitions in the pharmaceutical and biotechnology industries may result in even more resources being concentrated among a smaller number of our competitors. Smaller or early-stage companies may also prove to be significant competitors, particularly through collaborative arrangements with large and established companies. These competitors also compete with us in recruiting and retaining qualified scientific and management personnel and establishing clinical trial sites and patient registration for clinical trials, as well as in acquiring technologies complementary to, or necessary for, our programs.

Manufacturing

We have an experienced manufacturing leadership team that manages our relationships with third party manufacturers. We currently rely, and expect to continue to rely, on third parties for the manufacturing of our product candidates for preclinical and clinical testing, as well as for commercial manufacturing of our products.

Our lead product candidates are small molecules and are manufactured in reliable and reproducible synthetic processes from readily available starting materials. The chemistry does not require unusual equipment in the manufacturing process. We expect to continue to develop product candidates that can be produced cost-effectively at contract manufacturing facilities.

Biohaven Pharmaceutical Ireland DAC ("Biohaven Ireland") will be the supplier for Pfizer sales of rimegepant and zavegepant ("the Licensed Products") in all countries worldwide outside the U.S. ("the Territory"). As part of our Collaboration Agreement, Pfizer was granted a co-exclusive, royalty-bearing license for patent rights and know-how to develop and manufacture the Licensed Products in the Territory.

Commercialization Strategy

We have commercialized NURTEC ODT for the acute and preventive treatment of migraine in the United States, and we intend to commercialize our product candidates if approved by regulators. In November 2021, we signed a collaboration and license agreement with Pfizer pursuant to which Pfizer has the exclusive right to commercialize product candidates containing rimegepant and may elect to commercialize zavegepant in territories outside the United States. In the future, we may enter into additional distribution or licensing arrangements for commercialization rights for other product candidates.

With respect to commercializing NURTEC ODT and zavegepant in the United States, we recruited a seasoned team of sales specialists, account directors and field medical professionals who are focused on targeting health care professionals and institutions serving patients with migraine, including neurologists, headache centers/specialists and primary care. Our commercial organization has grown as expected following our first full year of NURTEC ODT net sales in 2021 to meet the increasing sales demands of NURTEC ODT.

With respect to the product candidates in our glutamate modulation and MPO platforms, if approved for commercialization by the FDA, we are confident of significant provider/stakeholder overlap which will create synergies with our current commercial footprint to maximize coverage, opportunity, and efficiencies.

Customers

Our customers are primarily comprised of pharmaceutical wholesale distributors. Our net product sales to three customers, AmerisourceBergen Corporation, McKesson Corporation, and Cardinal Health, Inc., each accounted for more than 10.0% of our total net product sales for the years ended December 31, 2021 and 2020 and on a combined basis, accounted for approximately 92% and 98%, respectively.

In connection with our Collaboration Agreement with Pfizer, Pfizer agreed to, among other things, provide us with tiered, escalating royalties from the upper teens to twenty percent of net sales of the Licensed Products in the Territory. In general, Pfizer's obligation to pay royalties continues on a product-by-product and country-by-country basis until the latest of ten years after the first commercial sale of such product in such country, or the expiration of the patent rights covering such product in such country or the expiration of the period of exclusivity applicable to such product in such country. The Collaboration Agreement did not result in the recognition of revenue during the year ended December 31, 2021.

Intellectual Property

We own or license patents in the U.S. and foreign countries that protect our products, their methods of use and manufacture, as well as other innovations relating to the advancement of our science to help bring new therapies to patients. We also develop brand names and trademarks for our products to differentiate them in the marketplace. We consider the overall protection of our patents, trademarks, licenses and other intellectual property rights to be of material value and act to protect these rights from infringement. We also rely on trade secrets to protect aspects of our business that are not amenable to, or that we do not consider appropriate for, patent protection. Our success will depend significantly on our ability to obtain and maintain patent and other proprietary protection for commercially important technology, inventions and know-how related to our business, defend and enforce our patents, preserve the confidentiality of our trade secrets and operate without infringing the valid and enforceable patents and other proprietary rights of third parties. We also rely on know-how, continuing technological innovation and in-licensing opportunities to develop, strengthen and maintain the proprietary position of our products and development programs.

In the biopharmaceutical industry, a substantial portion of an innovative product's commercial value is usually realized during the period in which the product has market exclusivity. A product's market exclusivity is generally determined by two forms of intellectual property: patent rights held by the innovator company and any regulatory forms of exclusivity to which the innovative drug is entitled.

Patents are a key determinant of market exclusivity for most pharmaceuticals. Patents provide the innovator with the right to exclude others from practicing an invention related to the medicine. Patents may cover, among other things, the active ingredient(s), various uses of a drug product, discovery tools, pharmaceutical formulations, drug delivery mechanisms and processes for (or intermediates useful in) the manufacture of products. Protection for individual products extends for varying periods in accordance with the expiration dates of patents in the various countries. The protection afforded, which may also vary from country to country, depends upon the type of patent, its scope of coverage and the availability of meaningful legal remedies in the country.

Market exclusivity can also be influenced by regulatory data protection ("RDP"). Many developed countries provide certain non-patent incentives for the development of medicines. For example, in the U.S., the EU, United Kingdom, Japan, and certain other countries, RDP intellectual property rights are offered to: (i) provide a time period of data protection during which a generic company is not allowed to rely on the innovator's data in seeking approval; (ii) restore patent term lost during drug development and approval; and (iii) provide incentives for research on medicines for rare diseases, or orphan drugs, and on medicines useful in treating pediatric patients. These incentives can extend the market exclusivity period on a product beyond the patent term.

Patents and Patent Applications

We have over 1,000 U.S. and foreign patents and patent applications in our portfolio related to the composition of matter, methods of use, methods of manufacture or formulations of our product candidates which have been filed in major markets throughout the world, including the United States, Europe, Japan, South Korea, China, Hong Kong and Australia.

Rimegepant and Zavegepant

The intellectual property rights related to rimegepant and zavegepant include patents and patent applications in-licensed from BMS, with expiration dates of February 22, 2031 for rimegepant, and October 7, 2031 for zavegepant, not including eligible patent term extensions, and patent applications filed by the Company, which if granted, will have statutory expiration dates from 2039 and later. U.S. Patent 8,314,117 covers the composition of matter of rimegepant, and has an expiration date of February 22, 2031, including patent term adjustment but not including any potential patent term extension. Based on the FDA's approval of NURTEC ODT (rimegepant sulfate) orally disintegrating tablets on February 27, 2020, a request for Patent Term Extension under 35 U.S.C.156 of the United States Code was filed for U.S. Patent 8,314,117. If the application is granted as filed, the term of U.S. Patent 8,314,117 will be extended to February 27, 2034, not including a potential additional six month period of pediatric exclusivity. On August 10, 2021, the U.S. Patent and Trademark Office issued U.S. Patent 11,083,724 which, among other things, is directed to ODT forms of CGRP antagonists, including rimegepant. This patent has an expiration date of March 25, 2039 in the U.S. and is pending in other countries. U.S. Patent 8,481,546 covers the composition of matter of zavegepant, and has an expiration date of October 7, 2031, including patent term adjustment but not including any potential patent term extension. These and other patents and applications cover rimegepant and zavegepant and their use in treating migraine and other neurological conditions. The BMS license also includes several patent families of related compounds directed to the CGRP receptor. We also have an agreement with Catalent whereby Catalent granted an exclusive license under certain of its patents and technology to use the Zydis ODT technology for development of our rimegepant product.

Troriluzole

We own a portfolio of patents and patent applications in the U.S. and foreign countries directed to prodrugs of riluzole, including among others U.S. Patent 10,485,791, issued November 26, 2019, which is directed to troriluzole and other prodrugs of riluzole. In addition, the use of these compounds for treating ALS, SCA, depression and other diseases is described and claimed in these patents and patent applications. We own these patent applications subject to an agreement with ALS Biopharma and FCCDC. In addition, we have filed patent applications relating to drug product formulations containing trorilizole and methods of using the formulations to treat various diseases.

Next Generation CGRP Receptor Antagonists

We have in-licensed patents and patent applications in the U.S. and foreign countries directed to CGRP receptor antagonists developed by Sosei Heptares pursuant to a Collaboration and License Agreement dated November 30, 2020. The patents and patent applications disclose novel compounds, pharmaceutical compositions and methods of treating various diseases including those other than migraine such as pain, hot flashes, cluster headache and other CGRP-mediated cerebrovascular and vascular disorders. The patents and patent applications include, for example, U.S. Patents 9,808,457 and 10,300,056 which expire on October 28, 2036 not including eligible patent term extensions.

BHV-5000

We have also in-licensed patents and patent applications directed to BHV-5000 from AstraZeneca. They contain claims directed to the prodrug form of lanicemine, BHV-5000, as well as the use of the prodrug in treating a variety of neurological diseases including Rett syndrome and depression. Three U.S. patents have been granted that are directed to BHV-5000 and its composition and uses and have a statutory expiration date in 2034. Corresponding foreign patents are granted in Europe, Japan, China, and other countries.

Verdiperstat

In September 2018, we in-licensed patents from AstraZeneca relating to the composition of matter of verdiperstat, pharmaceutical compositions and various neurological diseases including muscular system atrophy. The patent applications have been filed in the U.S., Europe, Japan and other countries. Three U.S. patents have been granted. The pending applications and granted patents have expiration dates from 2025 to 2034, not including possible patent term extensions.

Licensing and Other Agreements

In addition to our independent efforts to develop and market products, we enter into agreements such as licensing agreements, option-to-license agreements and strategic collaborations. The licensing and other agreements typically include, among other terms and conditions, non-refundable upfront license fees, option fees and option exercise payments, milestone payments and royalties. See Note 14, "Licensing and Other Agreements," to the Consolidated Financial Statements included in this report for additional information regarding our licenses and other agreements.

Government Regulation

In the United States, the FDA regulates drugs under the Federal Food, Drug and Cosmetic Act ("FDCA") and its implementing regulations. The process of obtaining regulatory approvals and the subsequent compliance with appropriate federal, state, local and foreign statutes and regulations requires the

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:16 AM 07/22/2013
FILED 11:05 AM 07/22/2013
SRV 130901569 - 5370906 FILE

CERTIFICATE OF INCORPORATION

OF

BIOHAVEN PHARMACEUTICALS, INC.

The undersigned, a natural person, for the purpose of organizing a corporation for conducting the business and promoting the purposes hereinafter stated, under the provisions and subject to the requirements of the laws of the State of Delaware (particularly Chapter 1, Title 8 of the Delaware Code and the acts amendatory thereof and supplemental thereto, and known, identified, and referred to as the General Corporation Law of the State of Delaware (the "DGCL")), hereby certifies that:

FIRST: The name of the corporation (hereinafter called the "Corporation") is Biohaven Pharmaceuticals, Inc.

SECOND: The address, including street, number, city, and county, of the registered office of the Corporation in the State of Delaware is 1209 Orange Street, Wilmington, DE 19801, County of New Castle; and the name of the registered agent of the Corporation in the State of Delaware at such address is The Corporation Trust Company.

THIRD: The nature of the business or purposes to be conducted by and promoted by the Corporation is to engage in any lawful act or activity for which corporations may be organized under the DGCL.

FOURTH: The total number of shares of stock which the Corporation shall have authority to issue is ten thousand (10,000) shares of Common Stock with a par value of $.01 per share.

FIFTH: The name and mailing address of the incorporator is as follows:

NAME:	MAILING ADDRESS:
Douglas G. Gray, Esq.	c/o Edwards Wildman Palmer LLP 2800 Financial Plaza Providence, RI 02903

SIXTH: The Corporation is to have perpetual existence.

SEVENTH: Elections of directors need not be by written ballot unless the by-laws of the Corporation so provide.

EIGHTH: In furtherance and not in limitation of the powers conferred by the laws of Delaware, the Board of Directors of the Corporation is authorized and empowered to adopt, alter, amend and repeal the by-laws of the Corporation in any manner not inconsistent with the laws of Delaware.

NINTH: No director of the Corporation shall be personally liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except for liability (i) for any breach of the director's duty of loyalty to the Corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) under Section 174 of the DGCL, or (iv) for any transaction from which the director derived an improper personal benefit. If the DGCL is amended to authorize further elimination or limitation of the liability of directors, then the liability of a director of the Corporation, in addition to the limitation on personal liability provided herein, shall be limited to the fullest extent permitted by the amended DGCL. Any repeal or modification of this article shall be prospective only, and shall not adversely affect any limitation on the personal liability of a director of the Corporation existing at the time of such repeal or modification.

TENTH: To the fullest extent permitted by applicable law, the Corporation is authorized to provide indemnification of (and advancement of expenses to) directors, officers, employees and agents of the Corporation (and any other persons to which the DGCL permits the Corporation to provide indemnification) through bylaw provisions, agreements with such agents or other persons, vote of stockholders or disinterested directors or otherwise, in excess of the indemnification and advancement otherwise permitted by Section 145 of the DGCL, subject only to limits created by applicable provisions of the DGCL (statutory or non-statutory), with respect to actions for breach of duty to the Corporation, its stockholders, and others.

Any amendment, repeal or modification of the foregoing provision of this Article TENTH shall not adversely affect any right or protection of any director, officer, employee or other agent of the Corporation based on facts, events or circumstances existing at the time of such amendment, repeal or modification.

ELEVENTH: Meetings of the stockholders may be held within or without the State of Delaware, as the by-laws may provide. The books of the Corporation may be kept (subject to any provision contained in the statutes) outside the State of Delaware at such place or places as may be designated from time to time by the Board of Directors or in the by-laws of the Corporation.

TWELFTH: The Corporation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute.

I, THE UNDERSIGNED, being the incorporator hereinbefore named, for the purpose of forming a corporation pursuant to the DGCL, do make this certificate, hereby declaring and certifying that this is my act and deed and the facts herein stated are true, and accordingly have hereunto set my hand this 22nd day of July, 2013.

Douglas G. Gray, Esq.
Incorporator

[Signature page to Certificate of Incorporation of Biohaven Pharmaceuticals, Inc.]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Biohaven Pharmaceuticals Inc.

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 215 Church Street

City: New Haven State: CT Zip: 06510

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 203 404 0410 Website: www.biohavenpharma.com

Licensing Company Email: Nicole.carfora@biohavenpharma.com

Section 2: Personal Information

First: John Middle: Last: Markow

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]Church Street

City: New Haven State: CT Zip: 06510

Telephone: [redacted] Email: John.Markow@biohavenpharma.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
St. Anthony's High School		09/1980 - 06/1984	
Address	**City**	**State**	**Zip**
275 Wolf Hill Rd	Melville	NY	11747
Diploma/Degree obtained, if any			
General Educational Development			
School Name		**From - To (MM/YY – MM/YY)**	
ST. JOHN'S UNIVERSITY SCHOOL OF LAW		Juris Doctor 1997	
Address	**City**	**State**	**Zip**
80-00 Utopia Pkwy	Jamaica	NY	11439
Diploma/Degree obtained, if any			
Bar Membership: New Jersey, Connecticut (House Counsel)			
School Name		**From - To (MM/YY – MM/YY)**	
ST. JOHN'S UNIVERSITY SCHOOL OF PHARMACY		B.S. Pharm. 1991	
Address	**City**	**State**	**Zip**
80-00 Utopia Pkwy	Jamaica	NY	11439
Diploma/Degree obtained, if any			
Major: Pharmacy / Board of Pharmacy: New York, Florida			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2018 - Present	[redacted]Gregory Blvd	Norwalk	CT	06855
01/2008 - 12/2017	[redacted]Heon Road	Norwalk	CT	06855

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Biohaven Pharmaceuticals Inc				From - To (MM/YY – MM/YY): March 2019 to Present
Business Address: 215 Church Street		City: New Haven	State: CT	Zip: 06510
Phone: 203 404 0410	Title: Senior Counsel, PoA			Number of Employed Hours: over 6,000
Description of Duties: Counsel providing guidance and advice to global publicly traded bio pharmaceutical company regarding R&D, Commercial Finance and Operations.				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

NOT APPLICABLE

Original Signature (electronic, copies or stamps not accepted)

10/3/2022
Date

I, John Markow, **certify that as the designated representative for**

Biohaven Pharmaceuticals Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JM I am at least 21 years of age;
3. JM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

John Markow
Print Name (First, Last)

John P. Markow
Original Signature (electronic, copies or stamps not accepted)

10/3/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Markow

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/4/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Connecticut, ss. County of New Haven

I, John Markow, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/4/2022

Date

Subscribed and Sworn to before me this 4 day of October.

Notary Public Signature

NICOLE M. CARFORA
NOTARY PUBLIC
MY COMMISSION EXPIRES OCT. 31, 2023

(Seal)

4AA

MW007758 changing to WH.

NEVADA STATE BOARD OF PHARMACY

5 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*	WH _____	☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Dentsply IH Inc.

Physical Address: 590 Lincoln St

City: Waltham State: MA Zip: 02451

Mailing Address (if different from physical address): 590 Lincoln St.

City: Waltham State: MA Zip: 02451

Telephone: 781-810-6462 Website: www.dentsplysirona.com

Name of Designated Representative (DR): Joseph Bova

Licensing Company Email: Dsstatelic@dentsplysirona.com DR Email: Dsstatelic@dentsplysirona.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Labs		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Dentsply Sirona Inc.

Corporation Name: Dentsply Sirona Inc.

Mailing Address: 13320-B Ballantyne Corporate PL

City: Charlotte State: NC Zip: 28277

Telephone: 781-810-6462 Email: Dsstatelic@dentsplysirona.com

Contact Person Name: Tony Susino

Date of SEC Registration: 02/29/2016 | SEC Registration Number: CLK00008182479 | Stock Exchange Symbol: XRAY

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Dentsply IH Inc.

Facility Name

Joseph Bova

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

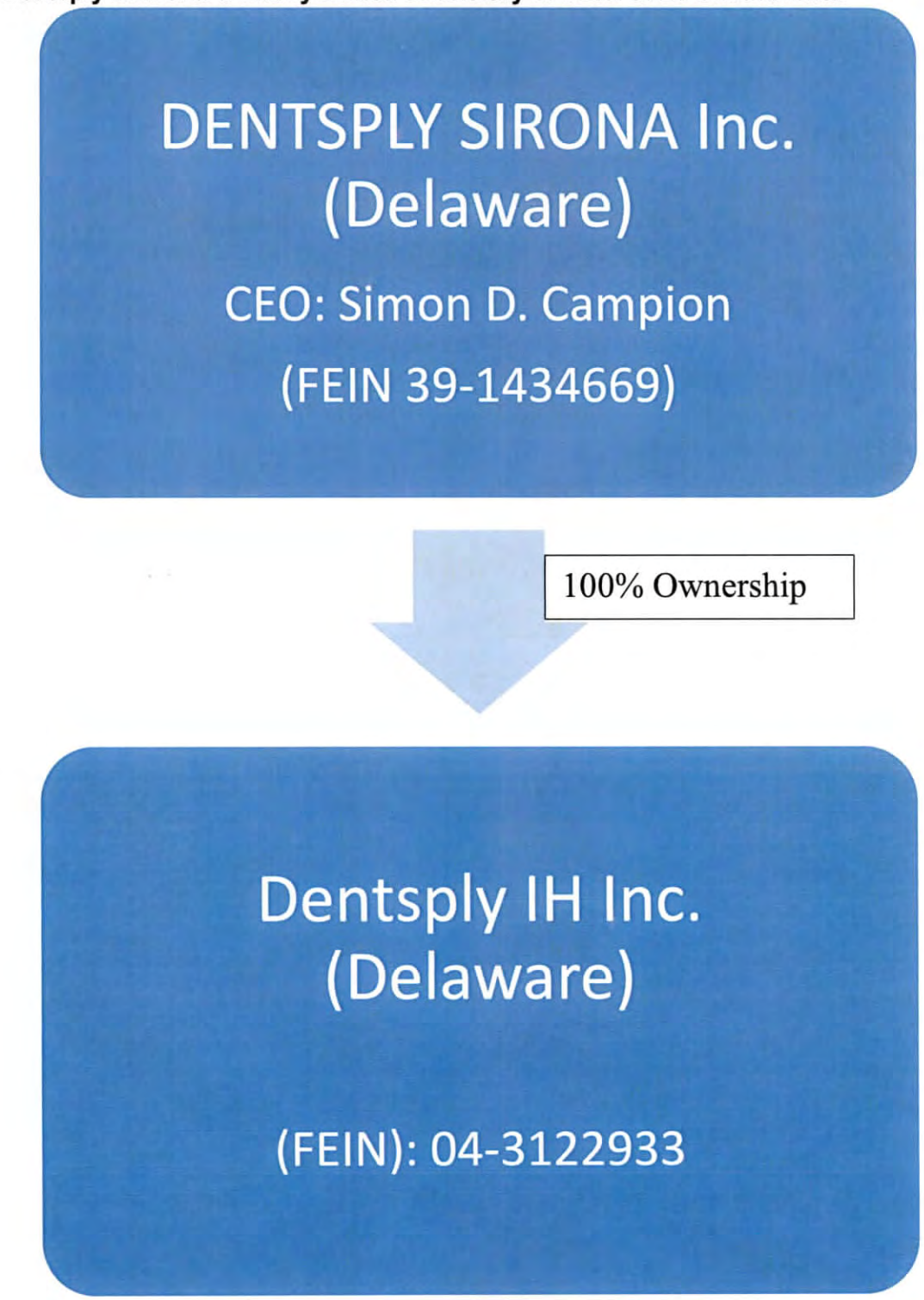
7/1/2022

Date

Board Use Only	Date Received: 10/25/22	Amount: $1000.00 CC

Beneficial Ownership of Dentsply IH Inc. Chart

Dentsply IH Inc. is a wholly owned subsidiary of DENTSPLY SIRONA Inc.:



ALL OWNERSHIP PERCENTAGES 100%
CONFIDENTIAL AND PROPRIETARY

List of Officers and Directors of Dentsply IH Inc. (NOT OWNERS):

Tony Susino, President

- Business address: 13320-B Ballantyne Corporate Place, Charlotte, NC 28277
- Personal address: [redacted] Ancient Oak Lane, Charlotte, NC 28277
- DOB: [redacted]
- Phone: [redacted]
- Tony.Susino@dentsplysirona.com

Justin Huntly McCarthy II, Secretary

- Business address: 13320-B Ballantyne Corporate Place, Charlotte, NC 28277
- Personal address: [redacted] Lindsey Drive, Plano, TX 75093
- DOB: [redacted]
- Phone: [redacted]
- Justin.Mccarthy@dentsplysirona.com

Barbra Beaulieu, Vice President

- Business address: 13320-B Ballantyne Corporate Place, Charlotte, NC 28277
- Personal address: [redacted] Old Course Drive, Charlotte, NC 28277
- DOB: [redacted]
- Phone: [redacted]
- Barbra.Beaulieu@dentsplysirona.com

List of DENTSPLY SIRONA Inc. Section 16 Officers (NOT OWNERS)

Business address for Corporation and Section 16 Officers:

DENTSPLY SIRONA Inc.
13320-B Ballantyne Corporate Place
Charlotte, NC 28277
Phone: 704-587-0453

Senior Vice President	Johnson, Cherée
Chief Legal Officer	Johnson, Cherée
General Counsel	Johnson, Cherée
Secretary	Johnson, Cherée
Chief Human Resources Officer	Yankie, Lisa
Senior Vice President	Yankie, Lisa
Executive Vice President	Coleman, Glenn
Chief Financial Officer	Coleman, Glenn
Interim Chief Financial Officer (through 10-24-2022)	Bodem, Barbara
Chief Executive Officer	Campion, Simon D.
President	Campion, Simon D.
Vice President	Wagner, Richard
Chief Accounting Officer	Wagner, Richard
Senior Vice President	Staehler, Cord
Chief Technology Officer	Staehler, Cord
Executive Vice President Product Group	Frank, Andreas
Senior Vice President	Brackett, Erania
Chief Marketing Officer	Brackett, Erania

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DENTSPLY IH INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DENTSPLY IH INC." WAS INCORPORATED ON THE TENTH DAY OF JUNE, A.D. 1991.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2265375 8300

SR# 20222597263

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203576921

Date: 06-02-22

Help (./help/index.html)

DRLM Home (mainMenu.htm)

✔ Facility

✔ Products Listing

Annual Registration Successful

Facility: DENTSPLY IH Inc., North Waltham, Massachusetts, UNITED STATES

You have successfully updated your registration and listing information for 2022.

Your registration will be valid through Dec 31, 2022.

Be sure to print this page for your records.

The next registration renewal period is October 1 - December 31, 2022.

Registering your facility and listing devices does not, in any way, constitute FDA approval of your facility or devices.

You may contact the FDA with any questions at reglist@cdrh.fda.gov.

The Owner/Operator Number for this Registration is: 2511302.

Facility Information

Registration Number:
1222802

Initial Importer:
Y

Facility Name:
DENTSPLY IH Inc.

Legal Name:

Address:
590 LINCOLN STREET,
North Waltham, Massachusetts, 02451, UNITED STATES

DUNS Number:

Foreign Trade Zone:
N

Facility URL:

Other Business Trade Name(s):

Establishment located on a campus:

Owner/Operator Information

Owner/Operator Number:
2511302

Contact Name:
Courtney Clark

Company:
DENTSPLY SIRONA INC

Address: **221 WEST PHILADELPHIA ST. , SUITE 60W**
York, PENNSYLVANIA, 17401, UNITED STATES

Telephone:
248 - 8954379

Fax:
717 - 8494343

E-mail: **courtney.clark@dentsplysirona.com**

DUNS Number:

Official Correspondent Information

Contact Name:
Courtney Clark

Company:
DENTSPLY SIRONA INC

Address: **221 WEST PHILADELPHIA ST. , SUITE 60W**
York, PENNSYLVANIA, 17401, UNITED STATES

Telephone:
248 - 8954379

Fax:
717 - 8494343

E-mail: **courtney.clark@dentsplysirona.com**

DUNS Number:

Device Listings

Listing Number	Premarket Submission Number	Premarket Submission Type	Product Code(s)	Device Name(s)	Activities
D161039	K120414		DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	Manufacturer
D151234	K120338		NHA	Abutment, implant, dental, endosseous	Manufacturer

D161040	K111287		NHA	Abutment, implant, dental, endosseous	Manufacturer
			DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	
D206096	K121810		NHA	Abutment, implant, dental, endosseous	Manufacturer
D206095	K130999		NHA	Abutment, implant, dental, endosseous	Manufacturer
			DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	
D305722	K083871		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305720	K093483		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305721	K091920		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305711	K070833		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305712	K113003		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305713	K112138		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305714	K072483		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305710	K063734		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305719	K093780		NHA	Abutment, implant, dental, endosseous	Manufacturer

D305715	K981858		DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	Manufacturer
D305716	K073540		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305717	K101004		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305701	K110356		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305702	K110640		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305703	K081666		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305708	K071946		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305709	K073258		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305704	K062069		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305705	K062197		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305706	K053654		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305707	K062277		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305747	K130216		NHA	Abutment, implant, dental, endosseous	Manufacturer
D379109	K193064		NHA	Abutment, implant, dental, endosseous	Manufacturer

D311303	K172225		NHA	Abutment, implant, dental, endosseous	Manufacturer
R037851		510(k) exempt	NDP	Accessories, implant, dental, endosseous	Contract Manufacturer
D274294	K161030		NHA	Abutment, implant, dental, endosseous	Manufacturer
D274295	K160626		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305692	K052070		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305694	K151039		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305695	K053450		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305690	K051011		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305691	K152247		EIH	POWDER, PORCELAIN	Manufacturer
D305696	K053373		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305697	K103020		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305699	K103759		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305689	K051652		NHA	Abutment, implant, dental, endosseous	Manufacturer
D305688	K050052		NHA	Abutment, implant, dental, endosseous	Manufacturer

D326337	K181189		NHA	Abutment, implant, dental, endosseous	Contract Manufacturer
E503943		510(k) exempt	ELZ	CROWN, PREFORMED	Manufacturer

Imported Products and Manufacturers

Manufacturer(s) Name	Address	Product Code	Device Name	Premarket Submission Number
AESCULAP AG	AM AESCULAP PLATZ, TUTTLINGEN, DONAU, Baden-Wurttemberg, D-78532, GERMANY	KCT	Sterilization wrap containers, trays, cassettes & other accessories	K112671
CENDRES+METAUX SA	Rue de Boujean 122, Biel/Bienne, Bern, CH-2501, SWITZERLAND	EJX	ANCHOR, PREFORMED	
CENDRES+METAUX SA	Rue de Boujean 122, Biel/Bienne, Bern, CH-2501, SWITZERLAND	NDP	Accessories, implant, dental, endosseous	
W&H DENTALWERK BUERMOOS GMBH	53 IGNAZ-GLASER-STRASSE, BUERMOOS, Salzburg, 5111, AUSTRIA	EBW	Controller, foot, handpiece and cord	K060287
W&H DENTALWERK BUERMOOS GMBH	53 IGNAZ-GLASER-STRASSE, BUERMOOS, Salzburg, 5111, AUSTRIA	EBW	Controller, foot, handpiece and cord	K002469
W&H DENTALWERK BUERMOOS GMBH	53 IGNAZ-GLASER-STRASSE, BUERMOOS, Salzburg, 5111, AUSTRIA	EGS	Handpiece, contra- and right-angle attachment, dental	K011061
OMNIA SRL	VIA F.DELNEVO 190, FIDENZA, Parma, 43036, ITALY	EME	PUNCH, BIOPSY, SURGICAL	
DENTSPLY Implants N.V.	Research Campus 10, Hasselt, Limburg, B-3500, BELGIUM	NDP	Accessories, implant, dental, endosseous	
ROWEMED AG	Juri Gagarin Ring 4, Parchim, Mecklenburg-Western Pomerania, 19370, GERMANY	GBX	CATHETER, IRRIGATION	

TALLADIUM ESPANA, SL	C/ Virginia Woolf 17, LLEIDA, Lerida, 25005, SPAIN	NDP	Accessories, implant, dental, endosseous	
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K053384
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	EIH	POWDER, PORCELAIN	K152247
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	NHA	Abutment, implant, dental, endosseous	K023631
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K120414
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	NHA	Abutment, implant, dental, endosseous	K101005
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K101732
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	NHA	Abutment, implant, dental, endosseous	K080156
		DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	NHA	Abutment, implant, dental, endosseous	K080396
		DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	NHA	Abutment, implant, dental, endosseous	K072624
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K063779
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K990304

DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K974738
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K974737
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K980698
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K931767
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	NHA	Abutment, implant, dental, endosseous	K130999
		DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	NHA	Abutment, implant, dental, endosseous	K121810
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	NHA	Abutment, implant, dental, endosseous	K163350
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	NHA	Abutment, implant, dental, endosseous	K183079
DENTSPLY Implants (a Division of DENTSPLY IH AB)	AMINOGATAN 1, MOLNDAL, Vastra Gotaland, S-431 21, SWEDEN	NDP	Accessories, implant, dental, endosseous	
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	EMM	CHISEL, OSTEOTOME, SURGICAL	
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	EGS	Handpiece, contra- and right-angle attachment, dental	K011061
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K013067
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K013438

Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K021318
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K013867
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K024004
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K030639
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K032302
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K032750
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K040170
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K041509
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K945847
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K980630
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K982576
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K994376
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	NHA	Abutment, implant, dental, endosseous	K050208
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K994174

Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	NHA	Abutment, implant, dental, endosseous	K073073
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	NHA	Abutment, implant, dental, endosseous	K072730
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K073075
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K083805
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	NHA	Abutment, implant, dental, endosseous	K073067
		DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	EBW	Controller, foot, handpiece and cord	K060287
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	NHA	Abutment, implant, dental, endosseous	K122268
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	NHA	Abutment, implant, dental, endosseous	K131644
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K140347
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	GFA	BLADE, SAW, GENERAL & PLASTIC SURGERY, SURGICAL	
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	NHA	Abutment, implant, dental, endosseous	K183079
Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	EKD	INSTRUMENT, CUTTING, OPERATIVE	

Dentsply Implants Manufacturing GmbH	Rodenbacher Chaussee 4, Hanau, Hesse, 63457, GERMANY	NDP	Accessories, implant, dental, endosseous	
ZEST ANCHORS, LLC	2875 Loker Avenue East, Carlsbad, California, 92010, UNITED STATES	DZE	IMPLANT, ENDOSSEOUS, ROOT-FORM	K994257
ZEST ANCHORS, LLC	2875 Loker Avenue East, Carlsbad, California, 92010, UNITED STATES	NHA	Abutment, implant, dental, endosseous	K072878
ZEST ANCHORS, LLC	2875 Loker Avenue East, Carlsbad, California, 92010, UNITED STATES	NDP	Accessories, implant, dental, endosseous	
MIS Implants Technologies Ltd.	BAR LEV INDUSTRIAL PARK P.O.BOX 7, BAR LEV INDUSTRIAL PARK, Northern, 2015600, ISRAEL	LYC	Bone grafting material, synthetic	K051885
MIS Implants Technologies Ltd.	BAR LEV INDUSTRIAL PARK P.O.BOX 7, BAR LEV INDUSTRIAL PARK, Northern, 2015600, ISRAEL	KMW	HANDPIECE, ROTARY BONE CUTTING	K080939
MIS Implants Technologies Ltd.	BAR LEV INDUSTRIAL PARK P.O.BOX 7, BAR LEV INDUSTRIAL PARK, Northern, 2015600, ISRAEL	OAT	Implant, endosseous, orthodontic	K073461
MIS Implants Technologies Ltd.	BAR LEV INDUSTRIAL PARK P.O.BOX 7, BAR LEV INDUSTRIAL PARK, Northern, 2015600, ISRAEL	LYC	Bone grafting material, synthetic	K101014
MIS Implants Technologies Ltd.	BAR LEV INDUSTRIAL PARK P.O.BOX 7, BAR LEV INDUSTRIAL PARK, Northern, 2015600, ISRAEL	EGG	ATTACHMENT, PRECISION, ALL	K925700
MIS Implants Technologies Ltd.	BAR LEV INDUSTRIAL PARK P.O.BOX 7, BAR LEV INDUSTRIAL PARK, Northern, 2015600, ISRAEL	LYC	Bone grafting material, synthetic	K121177
MIS Implants Technologies Ltd.	BAR LEV INDUSTRIAL PARK P.O.BOX 7, BAR LEV INDUSTRIAL PARK, Northern, 2015600, ISRAEL	NPL	Barrier, animal source, intraoral	K053260
MIS Implants Technologies Ltd.	BAR LEV INDUSTRIAL PARK P.O.BOX 7, BAR LEV INDUSTRIAL PARK, Northern, 2015600, ISRAEL	NPL	Barrier, animal source, intraoral	K153549

MIS Implants Technologies Ltd.	BAR LEV INDUSTRIAL PARK P.O.BOX 7, BAR LEV INDUSTRIAL PARK, Northern, 2015600, ISRAEL	NPM	BONE GRAFTING MATERIAL, ANIMAL SOURCE	K163714
MIS Implants Technologies Ltd.	BAR LEV INDUSTRIAL PARK P.O.BOX 7, BAR LEV INDUSTRIAL PARK, Northern, 2015600, ISRAEL	PNP	Dental abutment design software for dental laboratory	K191152
		NHA	Abutment, implant, dental, endosseous	
MIS Implants Technologies Ltd.	BAR LEV INDUSTRIAL PARK P.O.BOX 7, BAR LEV INDUSTRIAL PARK, Northern, 2015600, ISRAEL	EGG	ATTACHMENT, PRECISION, ALL	
MIS Implants Technologies Ltd.	BAR LEV INDUSTRIAL PARK P.O.BOX 7, BAR LEV INDUSTRIAL PARK, Northern, 2015600, ISRAEL	DZP	INSTRUMENT, DIAMOND, DENTAL	
Sirona Dental Systems GmbH	FABRIKSTRASSE 31, Bensheim, Hesse, D-64625, GERMANY	EIC	SYRINGE, PERIODONTIC, ENDODONTIC, IRRIGATING	

Date of Initial Registration: 2017-10-27 14:33:44.0

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Dentsply IH Inc. MDEG License # (if applicable) _____

Physical Address 590 Lincoln St.

City Waltham State MA Zip 02451

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 781-810-6462 Website www.dentsplysirona.com

Licensing Company Email dsstatelic@dentsplysirona.com

Section 2: Personal Information

First Joseph Middle _____ Last Bova

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]Lincoln St.

City Waltham State MA Zip 02451

Telephone [redacted] Email dsstatelic@dentsplysirona.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF MASS - LOWELL		09/88 - 05/93	
Address	**City**	**State**	**Zip**
220 PAWTUCKET AVE	LOWELL	MA	01854
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE - M.S.			

School Name		From - To (MM/YY – MM/YY)	
CHRISTOPHER COLUMBUS HIGH SCHOOL		09/86 - 05/88	
Address	**City**	**State**	**Zip**
NORTH BENNET ST	BOSTON	MA	02113
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
BOSTON LATIN ACADEMY		09/84 - 05/86	
Address	**City**	**State**	**Zip**
205 TOWNSEND ST	BOSTON	MA	02121
Diploma/Degree obtained, if any			
N/A - TRANSFER			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/13 - 09-22	[redacted] MARGARET ST - current address	BOSTON	MA	02113
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: DENTSPLY SIRONA IMPLANTS			From - To (MM/YY – MM/YY): 04/13 – Current 09/22
Business Address: 590 LINCOLN ST	City: WALTHAM	State: MA	Zip: 02451
Phone: 781-810-6462	Title: DIRECTOR, QUALITY ASSURANCE & REGULATORY AFFAIRS		Number of Employed Hours: 18,000
Description of Duties: - Responsible for the QMS for the DSI Waltham Facility - Responsible for Regulatory Compliance for the DSI Waltham Facility			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Sep 9, 2022
Date

I, Joseph Bova, **certify that as the MDEG Administrator for**

Dentsply IH Inc.,

that I (initial that you have read and meet the following requirements):

1. JB Have a high school diploma or its equivalent;
2. JB Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Bova
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Sep 9, 2022
Date

Board Use Only	Date Received:

Dentsply Sirona
13320-B Ballantyne Corporate PL
Charlotte, NC 28277
USA

May 12, 2022

Re: Letter regarding Insurance Coverage

To Whom it May Concern:

DENTSPLY SIRONA Inc. (the "**Company**") maintains a robust global insurance coverage program for its facilities and operations located around the world. Specifically, the Company maintains Commercial General Liability coverage totaling approximately $130 Million USO. That total includes Primary Coverage of $5 Million USO, as well as Umbrella and Excess Coverage Limits of $125 Million USO. This coverage extends to the Company's subsidiaries and affiliates. Please see the attached Certificate of Liability Insurance which (1) details the Primary, Umbrella, and Excess Coverage, and (2) lists the subsidiaries to which the insurance coverage applies.

The Company developed its global insurance coverage program with the help of leading third-party advisors, after an examination of the market and extensive benchmarking. The benchmarking focused on a peer group of seventeen (17) Healthcare, Manufacturing & Life Science entities and demonstrates that the Company carries higher Commercial General Liability coverage limits than the third highest quartile of the peer group. The Company's review and benchmarking ensure that its Commercial General Liability Coverage is reasonable and appropriate to protect the Company and to protect and respond to customers and consumers based upon the risk profile of its products.

Please see the attached document reflecting the Company's benchmarking and demonstrating the higher limits of the Company's Commercial General Liability Coverage compared to the peer group.

Additional information concerning the Company's risks and insurance coverage can be found in the Company's public announcements and filings, including its Form 10-K for the fiscal year ended December 31, 2021, filed on March 1, 2022, which can be found on the US Securities and Exchange Commission's EDGAR system at the following location:

https://www.sec.gov/ix?doc=/Archives/edgar/data/818479/000081847922000015/xray-20211231.htm

Best regards,

Dane Baumgardner
Vice President, Legal & Assistant Secretary

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Willis Towers Watson Certificate Center
Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Insurance Company of the State of Pennsylv	19429
INSURER B: Allianz Global Corporate & Specialty SE (I	B5244
INSURER C: Great American Assurance Company	26344
INSURER D: Zurich Insurance PLC UK Branch	D2215
INSURER E: XL Insurance America Inc	24554
INSURER F:	

INSURED
Dentsply Sirona Inc.
Susquehanna Commerce Center
Attn: Jake Reynold
221 West Philadelphia Street Suite 60M
York, PA 17405

COVERAGES CERTIFICATE NUMBER: W24686138 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			8D0278943	05/01/2022	05/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 5,000,000 $ 2,000,000 $ 100,000 $ 1,000,000 $ 10,000,000 $ 10,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			B0801176050U22	05/01/2022	05/01/2023	EACH OCCURRENCE AGGREGATE	$ 25,000,000 $ 25,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
C	Excess 1st Layer			EXC 4138519	05/01/2022	05/01/2023	Each Occurrence Aggregate SIR	$25,000,000 $25,000,000 $0

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____

ACORD

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY	NAMED INSURED
Willis Towers Watson Southeast, Inc.	Dentsply Sirona Inc. Susquehanna Commerce Center Attn: Jake Kappoldt 221 West Philadelphia Street Suite 60W York PA 17405
POLICY NUMBER See Page 1	
CARRIER See Page 1 / NAIC CODE: See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Sirona Dental Systems GmbH is a named insured as evidenced by the attached named insured schedule.

INSURER AFFORDING COVERAGE: Zurich Insurance PLC UK Branch NAIC#: 02213
POLICY NUMBER: EO80117627022 EFF DATE: 05/01/2022 EXP DATE: 05/01/2023

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess 2nd layer	Each Occurrence:	$50,000,000
	Aggregate	$50,000,000
	SIR	$0

INSURER AFFORDING COVERAGE: XL Insurance America Inc NAIC#: 24554
POLICY NUMBER: US00065270LI22A EFF DATE: 05/01/2022 EXP DATE: 05/01/2023

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess 3rd Layer	Each Occurrence	$25,000,000
	Aggregate	$25,000,000
	SIR	$0

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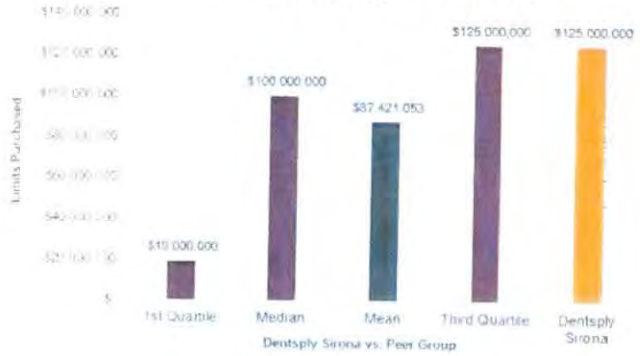
Dentsply Sirona

Umbrella / Excess Liability

Program Decision Analysis

- Total Umbrella & Excess Limit: $125M
- Umbrella Limit: $25M
- Umbrella Carrier: Allianz
- Benchmarking (noted below)

WTW Benchmarking – Total Limits



Peers Healthcare, Manufacturing, Life Science & Fleets greater than 250

wtw.com
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Dentsply Sirona

Subsidiaries of DENTSPLY SIRONA Inc. (the "Company") – January 1, 2022

1. Augma Bio Materials Ltd. (Israel, 20%)
2. Barracuda Partners, L.P. (Delaware, 25%)
3. Byte AU Pty. Ltd. (Australia)
4. Byte AU Unit Trust (Australia)
5. Byte LLC (Nevada)
6. Byteme Aligners Limited (United Kingdom)
7. Datum Biotech Ltd. (Israel)
8. Datum Dental Ltd. (Israel)
9. DeguDent GmbH (Germany)
10. Dentsply - Sirona Poland SP.z.o.o (Poland)
11. Dentsply (Tianjin) International Trading Co. Ltd. (China)
12. Dentsply Argentina S.A.C e.I. (Argentina)
13. Dentsply BX Sarl (Luxembourg)
14. Dentsply Canada Ltd. (Canada)
15. Dentsply CH Sarl (Luxembourg)
16. Dentsply Chile Comercial Limitada (Chile)
17. Dentsply De Trey GmbH (Germany)
18. Dentsply Dental (Tianjin) Co. Ltd. (China)
19. Dentsply Dental B.V. (Netherlands)
20. Dentsply Dental S.a.r.l. (Luxembourg)
21. Dentsply Europe S.a.r.l. (Luxembourg)
22. DENTSPLY Finance Co. LLC (Delaware)
23. Dentsply GAC Europe SAS (France)
24. Dentsply Germany Investments GmbH (Germany)
25. Dentsply IH A/S (Denmark)
26. Dentsply IH AB (Sweden)
27. Dentsply IH AS (Norway)
28. Dentsply IH GmbH (Germany)
29. Dentsply IH Holdings GmbH (Germany)
30. Dentsply IH Inc. (Delaware)
31. Dentsply IH Ltd (United Kingdom)
32. Dentsply IH O.O.O. (Russia)
33. Dentsply IH Oy (Finland)
34. DENTSPLY Implants (China) Co. Limited (Hong Kong)
35. DENTSPLY Implants (HK) Co. Limited (Hong Kong)
36. Dentsply Implants Manufacturing GmbH (Germany)
37. Dentsply Implants NV (Belgium)
38. Dentsply India Pvt. Ltd. (India)
39. Dentsply Industria e Comercio Ltda. (Brazil)
40. Dentsply Israel Ltd. (Israel)
41. Dentsply Limited (Cayman Islands)
42. Dentsply LLC (Delaware)
43. Dentsply Mexico, S.A. de C.V. (Mexico)
44. Dentsply Nordics AB (Sweden)
45. DENTSPLY North America LLC (Delaware)
46. Dentsply Peru SAC (Peru)
47. Dentsply Russia Limited (United Kingdom)
48. Dentsply Sirona (N.Z.) Limited (New Zealand)
49. DENTSPLY SIRONA (PHILS.), INC. (Philippines)
50. Dentsply Sirona (Schweiz) AG (Switzerland)

51. Dentsply Sirona (Thailand) Ltd. (Thailand)
52. Dentsply Sirona Austria GmbH (Austria)
53. Dentsply Sirona Benelux B.V. (Netherlands)
54. Dentsply Sirona Dental Solutions (Shanghai) Co. Ltd. (China)
55. Dentsply Sirona Deutschland GmbH (Germany)
56. Dentsply Sirona Europe GmbH (Austria)
57. Dentsply Sirona France S.A.S. (France)
58. Dentsply Sirona Holdings Inc. (Delaware)
59. Dentsply Sirona Iberia S.A. (Spain)
60. Dentsply Sirona Implants Taiwan Co., Ltd. (Taiwan)
61. Dentsply Sirona Italia SrL (Italy)
62. DENTSPLY Sirona K.K. (Japan)
63. DENTSPLY Sirona Korea Limited (Korea)
64. Dentsply Sirona Malaysia Sdn Bhd (Malaysia)
65. Dentsply Sirona O.O.O. (Russia)
66. Dentsply Sirona Orthodontics Inc. (Delaware)
67. Dentsply Sirona Pty. Ltd. (Australia)
68. Dentsply Sirona Real Estate GmbH (Germany)
69. Dentsply Sirona Singapore Pte. Ltd. (Singapore)
70. Dentsply Sirona Slovakia s.r.o. (Slovakia)
71. Dentsply Sirona South Africa (Proprietary) Limited (South Africa)
72. Dentsply Sirona Switzerland Sarl (Switzerland)
73. Dentsply Sirona Vietnam Company Limited (Vietnam)
74. Dentsply South Africa (Pty.) Ltd. (South Africa)
75. Dentsply Sweden AB (Sweden)
76. Dentsply Turkey Diş Hekimliği Ürünleri A.Ş (Turkey)
77. Dentsply Ukraine LLC (Ukraine)
78. Dentsply US Inc. (Delaware)
79. DS Dental Instruments Sarl (Switzerland)
80. DS Dental Instruments SRL (Barbados)
81. DS International Services Inc. (Delaware)
82. DS Rep B.V. (Netherlands)
83. E.S. Healthcare NV (Belgium)
84. E.S. Tooling NV (Belgium)
85. GAC Deutschland GmbH (Germany)
86. GAC International Asia Pte. Ltd. (Singapore, 50%)
87. GAC SA (Switzerland)
88. JCM International Inc. (Delaware)
89. Maillefer Instruments Holding S.a.r.l. (Switzerland)
90. Maillefer Instruments Plus Sarl (Switzerland)
91. Megalopolis Dental S.A. de C.V. (Mexico)
92. MHT Optic Research AG (Switzerland)
93. Minnesota Medical Technologies Corporation (Minnesota – 10.71%)
94. MIS Asia Pacific Limited (Hong Kong)
95. MIS Implants Technologies HK Limited (Hong Kong)
96. MIS Implants Technologies Ltd. (Israel)
97. MIS Implants Technologies UK Limited (United Kingdom)
98. MİSDENT Implants Diş Ürünleri Sanayi Ticaret Anonim Şirketi (Turkey)
99. New Britain Medical Supplies, Inc. (Connecticut)
100. Oasis Medikal Urunler Kimya Turizm Sanayi Ve Ticaret Anonim Sirketi (Turkey)
101. Ohio IC Company (Delaware)
102. OraMetrix GmbH (Germany)
103. OraMetrix Pty. Ltd. (Australia)

104. OraMetrix S.R.L. (Costa Rica)
105. Ortho Concept Sarl (France)
106. Orthodental, S.A. de C.V. (Mexico)
107. Prident (Shanghai) Dental Medical Devices Co., Ltd. (China)
108. Prident International, Inc. (California)
109. PT Dedent Supply (Indonesia)
110. PT Dentsply Indonesia (Indonesia)
111. Qi An Hua Rui (Beijing) Technology Ltd. (China)
112. SCI 2R (France)
113. Sirona Dental a/s (Denmark)
114. Sirona Dental Comércio de Produtos e Sistemas Odontológicos Ltda. (Brazil)
115. Sirona Dental GmbH (Austria)
116. Sirona Dental Limited Sirketi (Turkey)
117. Sirona Dental Mexico, S. de R.L. de C.V. (Mexico)
118. Sirona Dental Services GmbH (Germany)
119. Sirona Dental Systems (Foshan) Co., Ltd. (China)
120. Sirona Dental Systems (HK) Ltd. (Hong Kong)
121. Sirona Dental Systems Co., Ltd (Thailand, 74.649%)
122. SIRONA Dental Systems GmbH (Germany)
123. Sirona Dental Systems LLC (Delaware)
124. Sirona Dental Systems O.O.O. (Russia)
125. Sirona Dental Systems Private Ltd. (India)
126. Sirona Dental Systems Trading, LLC (United Arab Emirates, 49%)
127. Sirona Dental, Inc. (Delaware)
128. SIRONA Immobilien GmbH (Germany)
129. Sirona Technologie GmbH & Co. KG (Germany)
130. SIRONA Verwaltungs GmbH (Germany)
131. Societe de Recherche Techniques Dentaires SAS (France)
132. Straight Smile Limitada (Costa Rica)
133. Straight Smile, LLC (Delaware)
134. Teeth Network Limited (United Kingdom)
135. The Dental Trading Co., Ltd. (Thailand, 49.8%)
136. Trevally Holdings Limited (United Kingdom, 20%)
137. Tulsa Dental Products LLC (Delaware)
138. Tuzodent S.A. de C.V. (Mexico)
139. VDW GmbH (Germany)
140. VIPI Indústria, Comércio, Exportação e Importação de Produtos Odontológicos Ltda. (Brazil)
141. Wellspect AB (Sweden)
142. Wellspect ApS (Denmark)
143. Wellspect B.V. (Netherlands)
144. Wellspect Healthcare GmbH (Austria)
145. Wellspect Inc. (Delaware)
146. Wellspect Ltd. (United Kingdom)
147. Wellspect AS (Norway)
148. Wellspect Oy (Finland)
149. Wellspect S.A.S. (France)
150. Wellspect S.L. (Spain)
151. Wellspect Srl (Italy)
152. Zetta25 AG (Switzerland)
153. Zhermack GmbH Deutschland (Germany)
154. Zhermack SpA (Italy)
155. ZST Holdings Inc. (Canada, 16.2%)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended **December 31, 2021**
Commission File Number **0-16211**

DENTSPLY SIRONA Inc.

(Exact name of registrant as specified in its charter)

Delaware	**39-1434669**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
13320 Ballantyne Corporate Place, Charlotte, North Carolina	**28277-3607**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: **(844) 848-0137**

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, par value $.01 per share	**XRAY**	**The Nasdaq Stock Market LLC**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.
Yes x No o

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.
Yes o No x

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.
Yes x No o

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).
Yes x No o

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer x Accelerated Filer o Non-Accelerated Filer o Smaller Reporting Company ☐
Emerging Growth Company ☐ If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. o

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C.7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act) Yes ☐ No x

The aggregate market value of the voting common stock held by non-affiliates of the registrant computed by reference to the closing price as of the last business day of the registrant's most recently completed second quarter ended June 30, 2021, was $13,791,201,522. Based on the closing price on June 30, 2021. For purpose of this calculation only, without determining whether the following are affiliates of the registrant, the registrant has assumed that (i) its directors and executive officers are affiliates, and (ii) no party who has filed a Schedule 13D or 13G is an affiliate.

The number of shares of the registrant's common stock outstanding as of the close of business on February 21, 2022 was 217,554,303.

DOCUMENTS INCORPORATED BY REFERENCE

Certain portions of the definitive Proxy Statement of DENTSPLY SIRONA Inc. (the "Proxy Statement") to be used in connection with the 2022 Annual Meeting of Stockholders are incorporated by reference into Part III of this Form 10-K to the extent provided herein. Except as specifically incorporated by reference herein the Proxy Statement is not deemed to be filed as part of this Form 10-K.

DENTSPLY SIRONA Inc.
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PART I

FORWARD-LOOKING STATEMENTS

Information included in or incorporated by reference in this Form 10-K, and other filings with the U.S. Securities and Exchange Commission (the "SEC") and the Company's press releases or other public statements, contains or may contain forward-looking statements. Please refer to a discussion of our forward-looking statements and associated risks in Item 1 "Business- Forward-Looking Statements and Associated Risks" and Item 1A "Risk Factors" of this Form 10-K.

GENERAL

Unless otherwise stated herein or the context otherwise indicates, reference throughout this Form 10-K to "Dentsply Sirona", or the "Company," "we," "us" or "our" refers to financial information and transactions of DENTSPLY SIRONA Inc., together with its subsidiaries on a consolidated basis.

INDUSTRY AND MARKET DATA

Unless indicated otherwise, the information concerning our industry contained in this Form 10-K is based on our general knowledge of and expectations concerning the industry. The Company's market position, market share and industry market size are based on estimates using our internal data and estimates, based on data from various industry analyses, our internal research and adjustments and assumptions we believe to be reasonable. The Company has not independently verified data from industry analyses and cannot guarantee their accuracy or completeness. In addition, we believe that data regarding the industry, market size and its market position and market share within such industry provide general guidance but are inherently imprecise. Further, the Company estimates and assumptions involve risks and uncertainties and are subject to change based on various factors, including those discussed in Item 1A "Risk Factors" of this Form 10-K. These and other factors could cause results to differ materially from those expressed in the estimates and assumptions.

Item 1. Business

Overview

DENTSPLY SIRONA Inc. ("Dentsply Sirona" or the "Company"), is the world's largest manufacturer of professional dental products and technologies, with a 135-year history of innovation and service to the dental industry and patients worldwide. Dentsply Sirona develops, manufactures, and markets comprehensive solutions including technologically-advanced dental equipment as well as dental and healthcare consumable products under a strong portfolio of world class brands. Dentsply Sirona's products provide innovative, high-quality and effective solutions to advance patient care and deliver better, safer and faster dentistry. The Company introduced the first dental electric drill over 130 years ago, the first dental X-ray unit approximately 100 years ago, the first dental computer-aided design/computer-aided manufacturing ("CAD/CAM") system over 30 years ago, and numerous other significant innovations including pioneering ultrasonic scaling to increase the speed, effectiveness and comfort of cleaning and revolutionizing both file and apex locater technology to make root canal procedures easier and safer. Dentsply Sirona continues to make significant investments in research and development ("R&D"), and its track record of innovative and profitable new products continues today. Dentsply Sirona's worldwide headquarters is located in Charlotte, North Carolina and its shares of common stock are listed in the United States on Nasdaq under the symbol XRAY.

The Company conducts its business through two reportable segments: (1) Technologies & Equipment ("T&E") and (2) Consumables. For the year ended December 31, 2021, T&E net revenues represented approximately 59.4% of worldwide net revenues, while Consumables net revenues represented the remaining 40.6% of worldwide net revenues.

The business is conducted in the United States of America ("U.S."), as well as in over 150 foreign countries, principally through its foreign subsidiaries. Dentsply Sirona has a long-established presence in the European market, particularly in Germany, Sweden, France, the United Kingdom ("UK"), Switzerland and Italy. The Company also has a significant market presence in the Asia-Pacific region, Central and South America, the Middle-East region, and Canada.

Principal Products and Product Categories

The worldwide professional dental industry encompasses the diagnosis, treatment and prevention of disease and ailments of the teeth, gums and supporting bone. The Company offers a broad suite of products which together provide digital workflows for dental practitioners to make the highest use of technological advancements throughout each stage of patient care. Dentsply Sirona's principal product categories are dental technology and equipment products and dental consumable products. Additionally, the Company manufactures and sells healthcare consumable products for urological applications. These products are produced by the Company globally and are distributed throughout the world under some of the most well-established brand names and trademarks in these industries, including but not limited to: AH PLUS, ANKYLOS, AQUASIL ULTRA, ARTICADENT, ASTRA TECH, ATLANTIS, AXEOS, BYTE, CALIBRA, CAULK, CAVITRON, CELTRA, CERAMCO, CERCON, CEREC, CEREC MCX, CITANEST, CONFORM FIT, DELTON, DENTSPLY, DETREY, DYRACT, ESTHET.X, FRIOS, GALILEOS, INLAB, INTEGO, IPN, LOFRIC, LUCITONE, MAILLEFER, MIDWEST, MTM, NUPRO, OMNICAM, ORAQIX, ORIGO, ORTHOPHOS, OSSEOSPEED, PALODENT PLUS, PRIME & BOND, PROFILE, PRIMEMILL, PRIMESCAN, PROGLIDER, PROTAPER, RECIPROC, PUREVAC, RINN, SANI-TIP, SCHICK, SIMPLANT, SINIUS, SIROLASER, SIRONA, SLIMLINE, STYLUS, SULTAN, SUREFIL, SURESMILE, SYMBIOS, T1, T2, T3, T4, TENEO, THERMAFIL, TRIODENT, TRUBYTE, TRUNATOMY, VIPI, WAVEONE, WELLSPECT, XENO, XIVE, XYLOCAINE and ZHERMACK.

Technologies & Equipment Segment

Equipment & Instruments

The Equipment & Instruments product category consists of basic and high-tech dental equipment such as treatment centers, imaging equipment, motorized dental handpieces, and other instruments for dental practitioners and specialists. Imaging equipment serves as the starting point for the Company's digital workflow offerings and consists of a broad range of diagnostic imaging systems for 2D or 3D, panoramic, and intra-oral applications. Treatment centers comprise a broad range of products from basic dentist chairs to sophisticated chair-based units with integrated diagnostic, hygiene and ergonomic functionalities, as well as specialist centers used in preventive treatment and for training purposes. This product group also includes other lab equipment such as amalgamators, mixing machines and porcelain furnaces.

CAD/CAM

Dental CAD/CAM technologies are products designed for dental offices to support numerous digital dental procedures including dental restorations. This product category includes a full-chairside economical restoration of aesthetic ceramic dentistry offering called CEREC, as well as stand-alone CAD/CAM, digital impressions ("DI") intra-oral scanners, mills, and services. The full-chairside offering enables dentists to practice same day or single visit dentistry.

Orthodontics

The Company's Orthodontic product group primarily includes a dentist-directed clear aligner solution, SureSmile, and a direct-to-consumer clear aligner solution, Byte. The Orthodontics product category also includes a High Frequency Vibration ("HFV") technology device known as VPro or as HyperByte within Byte's product offering. The clear aligners offerings include software technology that enables clear aligner treatment planning and for SureSmile seamless connectivity of a digital workflow from diagnostics through treatment delivery. Certain lower-margin products within the the Company's traditional Orthodontic business have been discontinued during the course of 2020 and 2021 as part of management's portfolio optimization restructuring actions as described further in Item 7, Management Discussion and Analysis.

Implants

The Implants product offering includes technology to support signature digital workflows for implant systems, a portfolio of innovative dental implant products, bone regenerative and restorative solutions, and educational programs, all of which provide dental professionals with a completely new way of practicing implantology. The Implants business is supported by key technologies including custom abutments, advanced tapered immediate load screws and regenerative bone growth factor.

Healthcare

This category consists mainly of urology catheters and other healthcare-related consumable products.

Consumables Segment

Dental consumable products consist of value-added dental supplies and small equipment used in dental offices for the treatment of patients. It also includes specialized treatment products used within the dental office and laboratory settings including products used in the preparation of dental appliances by dental laboratories.

Endodontic & Restorative Products

The Company's Endodontic and Restorative products frequently work together to provide a tandem solution in high-tech dental procedures. The Endodontic products include drills, filers, sealers, irrigation needles and other tools or single-use solutions which support root canal procedures. Restorative products include dental prosthetics, such as artificial teeth, dental ceramics, digital dentures, precious metal dental alloys, and crown and bridge porcelain products.

Other Consumables

The remaining consumables products include small equipment products such as intraoral curing light systems, dental diagnostic systems and ultrasonic scalers and polishers, as well as other dental supplies including dental anesthetics, prophylaxis paste, dental sealants, impression materials, teeth whiteners and topical fluoride. Certain lower-margin laboratory products within the Other Consumables category have been discontinued during the course of 2020 and 2021 as part of management's portfolio optimization restructuring actions as described further in Item 7, Management Discussion and Analysis.

Net sales for each product category as a percent of the Company's total net sales for the year ended December 31, 2021, were as follows:

	% of Net Sales
Equipment & Instruments	17.3 %
CAD/CAM	13.9 %
Orthodontics	6.4 %
Implants	14.7 %
Healthcare	7.1 %
Technology & Equipment segment revenue	59.4 %
Endodontic & Restorative	29.7 %
Other consumables	10.9 %
Consumables segment revenue	40.6 %
Total net sales	100.0 %

Markets, Sales and Distribution

The Company believes that the market for its products will grow over the long-term based on the following factors:

- Increasing worldwide population, including a shift towards aging demographics, which will require greater dental care.
- Natural teeth are being retained longer - individuals with natural teeth are much more likely to visit a dentist than those without any natural teeth.
- Increasing demand for aesthetic dentistry and the appeal of clear aligners as an orthodontic treatment.
- Continued opportunities in emerging markets related to the rise in discretionary incomes making dental services an increasing priority.

- Increasing demand for single visit dentistry versus historical multi-visit procedure requirements, and for higher quality of patient care in terms of comfort and ease of product use and handling.
- Increasing demand for earlier preventive care - dentistry has evolved from a profession primarily dealing with pain, infections, and tooth decay to one with increased emphasis on earlier diagnosis, preventive care, and the role oral health plays in overall health.
- Increasing demand for more efficiency and better workflow in the dental office, including digital and integrated solutions such as the enhanced power of diagnostic equipment through 3D imaging. The rapid pace of digital technology adoption including the digitization of clinical workflows is becoming a category standard versus traditional manual processes.
- The Company's business is less susceptible than many other industries to general downturns in the economies in which it operates.
- The Company is well positioned to meet macroeconomic challenges and execute on a strategy of delivering value through digital workflows due to its leading market offerings in all key areas of dental procedures (implants, endodontic, restorative and aligners) as well as digital infrastructure (CAD/CAM and imaging) utilized in dental practices around the globe.

Dentsply Sirona employs approximately 5,000 highly-trained, product-specific sales and technical staff to provide comprehensive marketing, and services tailored to the sales and technical support requirements of its distributors, dealers and end-users.

Sales and Distribution

Dentsply Sirona distributes approximately two-thirds of its dental consumable and technology and equipment products through third-party distributors. Certain highly technical products such as dental technology equipment, dental ceramics, crown and bridge porcelain products, endodontic instruments and materials, orthodontic clear aligners and appliances, and dental implants are often sold directly to the dental laboratory or dental professionals in some markets. Additionally, the Company's Byte business produces aligners which are sold direct to consumers under doctor-directed, personalized treatment plans.

For the year ended December 31, 2021, no customer accounted for 10% or more of consolidated net sales or consolidated accounts receivable balance. Customers that accounted for 10% or more of net sales and accounts receivable for the years ended December 31 were as follows:

	2020		2019	
	% of net sales	% of accounts receivable	% of net sales	% of accounts receivable
Henry Schein, Inc.	14 %	N/A	13 %	12 %
Patterson Companies, Inc.	10 %	18 %	N/A	17 %

Although a significant portion of the Company's sales are made to distributors, dealers and importers, Dentsply Sirona focuses much of its marketing efforts on the dentists, dental hygienists, dental assistants, dental laboratories and dental schools which are the end-users of its products. As part of this end-user "pull through" marketing approach, the Company conducts extensive distributor, dealer and end-user marketing programs. Additionally, the Company trains laboratory technicians, dental hygienists, dental assistants and dentists in the proper use of its products and introduces them to the latest technological developments at its educational courses conducted throughout the world. The Company also maintains ongoing consulting and educational relationships with various dental associations and recognized worldwide opinion leaders in the dental field.

Operating Principles

The Company's focus includes the creation of more meaningful solutions for dentists built around the following five key operating principles:

- *Approach customers as one:* Put the customer at the center of how Dentsply Sirona is organized. The Company has an integrated approach to customer service, direct and indirect selling, and clinical education to strengthen the relationship with the customer and better serve the customers' needs.

- *Create innovative solutions that customers love to use: A* comprehensive R&D program that prioritizes strategic spending building the next generation of digital workflow technologies and service offerings, resulting in more impactful innovations each year.

- *Think and act with positive intent and the highest integrity:* Execute the business in a way that empowers our people, respects the communities in which we do business, and establishes trust with our partners and stakeholders.

- *Operate sustainably in everything the Company does:* Take a thoughtful, proactive approach to creating a sustainable company through investments in our employees, customers, and the environment.

- *Use size and global breadth to our advantage:* The Company is focused on integrating its dental product portfolios to unlock operational efficiencies, including performance improvements in procurement, logistics, manufacturing, sales force and marketing programs; and at the same time simplifying the business on a worldwide scale. In combination, these initiatives will improve organizational efficiency and better leverage the Company's selling, general and administrative infrastructure.

Product Development

While the Company enjoys market leadership in several of its product categories, continuous innovation and product development are critical for it to continue to grow its share of the dental markets it serves. Many of Dentsply Sirona's existing products are undergoing brand extensions, and the Company also continues to focus efforts on successfully launching innovative products that have a more significant impact on how dental and clinical professionals treat their patients. During 2021 the Company continued to prioritize investments supporting digitally enhanced workflows through each stage of patient care, including imaging and scanning technologies used in diagnosis, treatment planning software, and customized products to deliver treatment. The Company's position as an integrated global business allows for the rapid deployment of these innovations throughout the markets it serves to achieve rapid globalization and economies of scale. New products introduced within the past three years accounted for approximately 24% of 2021 sales.

New advances in technology are also anticipated to have a significant influence on future products in digital dentistry, including both equipment and consumables. Through investments in research and development, the Company has accelerated multiple new product development initiatives during the year, such as the rollout of software upgrades for CEREC; the user interface for SureSmile aligners; introduction of PrimeTaper, a self-tapping implant with a tapered design; and ProTaper Ultimate, the next generation of endodontic files. During 2020, the Company introduced Axeos, a new digital imaging product with a 3D wide field of view. During 2021, the Company acquired key supporting technologies in OSSIX bone regenerative collagen through the purchase of Datum Dental, and the new VPro aligner treatment devices through the acquisition of substantially all of the assets of Propel Orthodontics LLC ("Propel").

R&D investments include activities to accelerate product and clinical innovation and develop potential improvements to the manufacturing process. These investments also support engineering efforts that incorporate customer feedback into continuous improvement for current and next-generation products, with an objective to achieve more frequent development and release cycles. The Company also undertakes pre-commercialization trials and testing of technological improvements prior to inception of the manufacturing process. As is true across its other functions, the Company is continually transforming how R&D is conducted by identifying best practices, driving efficiencies, and optimizing cost structure to enable a more effective development process and faster concept-to-market timelines. The Company is undergoing a strategic shift away from a budget dedicated to specific products and deliverables to a focus on strategic market areas with more agile funding. Focused, cross-functional teams are being increasingly utilized to offer innovative products efficiently, to concentrate resources on the most viable and clinically relevant technologies and to maximize cost and time savings as they are brought into production.

In addition to internal product development, the Company also pursues external research and development opportunities, including acquisitions, licensing, or other arrangements with third parties. Initiatives to support technological development also include collaborations with research institutions and dental and medical schools. The Company annually supports the achievements of dental students conducting innovative research through its 2021 *Student Competition for Advancing Dental Research and its Application Awards* (SCADA) program. The Company is also committed to participation in clinical research demonstrating the efficacy of our products prior to market introduction, for example the success of the implant registry site utilized for research involvement in conjunction with the PrimeTaper launch. During 2021, the Company announced that it was opening a 70,000-square-foot innovation center close to its corporate office, which will house key functions such as 3D printing and complement its other flagship innovation centers in Germany and Sweden. Through these internal research centers as well as through its collaborations with external research institutions, dental and medical schools, the Company directly invests in the development of new products, improvement of existing products and advances in technology. These investments include an emphasis on research in digital data sharing technology, including the incorporation of long-term artificial intelligence and machine learning. The continued development of these areas is a critical step in meeting the Company's strategic goal as a leader in defining the future of dentistry. The Company's long-term plans for investment in product development include an objective to maintain a level of research and development spend that is at least 4% of annual net sales with a focus on innovation and expansion of digital, software, services, and other platform offerings.

Acquisition Activities

Dentsply Sirona believes that the dental technology and consumable products industries continue to experience consolidation with respect to both product manufacturing and distribution, although they remain fragmented thereby creating a number of acquisition opportunities.

The Company views acquisitions as a key part of its growth strategy. These acquisition activities are intended to supplement the Company's organic growth and assure ongoing expansion of its business to capitalize on significant growth drivers, including new technologies, additional products, organizational strength and geographic breadth. During the year ended December 31, 2021, the Company continued this trend, beginning with the first quarter purchase of Datum Dental, Ltd., a producer and distributor of specialized regenerative dental material based in Israel, which provided the Company with a key technology to serve the Implants markets. The Company followed in the second quarter with the purchase of substantially all of the assets of Propel, a domestic company which manufactures and sells orthodontic devices and provides in-office and at-home orthodontic accessory devices, an investment which is expected to further accelerate the growth and profitability of the Company's combined clear aligners business. In the third quarter, the Company completed its acquisition of a partially owned affiliate based in Switzerland that primarily develops highly specialized software, which is expected to further accelerate the development of the Company's specialized software related to CAD/CAM systems. During the year ended December 31, 2020, the Company made various investments, including the acquisition of Byte, a direct-to-consumer clear aligners business, which complements the Company's existing clear aligner product by adding a digital component and is expected to enhance scale and accelerate the growth and profitability of the Company's combined clear aligners business going forward. This acquisition is representative of the Company's strategy of matching technological advancement in digital dentistry with innovative marketing and delivery in order to reach areas of high-growth potential for customer demand. For more information regarding the Company's acquisition activity, refer to Note 6, Business Combinations, in the Notes to the Consolidated Financial Statements in Part II, Item 8 of this Form 10-K.

Operating and Technical Expertise

Dentsply Sirona believes that its manufacturing capabilities are important to its success. The manufacturing processes of the Company's products require substantial and varied technical expertise. Complex materials technology and processes are necessary to manufacture the Company's products. Where it can improve quality and customer service and lower costs, the Company endeavors to automate its global manufacturing operations.

Financing

Information about Dentsply Sirona's working capital, liquidity and capital resources is provided in Part II, Item 7 "Management's Discussion and Analysis of Financial Condition and Results of Operations" of this Form 10-K.

Competition

The Company conducts its operations, both domestic and foreign, under highly competitive market conditions. Competition in the dental and healthcare consumable products and dental technology and equipment products industries is based primarily upon product performance, quality, safety and ease of use, as well as price, customer service, innovation and acceptance by clinicians, technicians and patients. Dentsply Sirona believes that its principal strengths include its well-established brand names, its reputation for high quality and innovative products, its leadership in product development and manufacturing, its global sales force, the breadth of its product line and distribution network, its commitment to customer satisfaction and support of the Company's products by dental and medical professionals.

The size and number of the Company's competitors vary by product line and from region to region. There are many companies that produce some, but no competitor produces all of the same types of products as those produced by the Company.

Regulation

The development, manufacture, sale and distribution of the Company's products are subject to comprehensive governmental regulation both within and outside the United States. The following sections describe certain, but not all, of the significant regulations that apply to the Company. For a description of the risks related to the regulations that the Company is subject to, please refer to Item 1A. "Risk Factors" of this Form 10-K.

The majority of the Company's products are classified as medical devices and are subject to restrictions under domestic and foreign laws, rules, regulations, self-regulatory codes, circulars and orders, including, but not limited to, the United States Food, Drug, and Cosmetic Act (the "FDCA"), Council Directive 93/42/EEC on Medical Devices ("MDD") (1993) in the European Union, which will be updated to the European Union Medical Device Regulation ("MDR") in 2021 (and implementing and local measures adopted thereunder) and similar international laws and regulations. The FDCA requires these products, when sold in the United States, to be safe and effective for their intended use and to comply with the regulations administered by the United States Food and Drug Administration ("FDA"). Certain medical device products are also regulated by comparable agencies in non-U.S. countries in which they are produced or sold.

Dental and medical devices of the types sold by Dentsply Sirona are generally classified by the FDA into a category that renders them subject to the same controls that apply to all medical devices, including regulations regarding alteration, misbranding, notification, record-keeping and good manufacturing practices. In the European Union, Dentsply Sirona's products are subject to the medical device laws of the various member states, which are based on a Directive of the European Commission. Such laws generally regulate the safety of the products in a similar way to the FDA regulations. Dentsply Sirona products in Europe bear the CE mark showing that such products comply with European regulations. The Company's products that fall in category of Class I as classified by EU Medical Device Directive were mandated to be certified under the new European Union Medical Device Regulation ("MDR"). These regulations also applied to all medical device manufacturers who market their medical devices in the EU and all such manufacturers had to perform significant upgrades to quality systems and processes including technical documentation and subject them to new certification under MDR in order to continue to sell those products in the European Union ("EU"). Although all medical device manufacturers were required to certify their Class I products by May 2021, the EU MDR regulations for additional Classes of medical devices is mandated to be fully enforceable by May 2024. This also includes completion of certified quality management systems to manufacturers quality management systems. Dentsply Sirona remains focused on ensuring that all its products that are considered to be medical device will be fully certified as required by the EU MDR dates and timelines.

The Company is also subject to domestic and foreign laws, rules, regulations, self-regulatory codes, circulars and orders regarding anti-bribery and anti-corruption, including, but not limited to, the United States Foreign Corrupt Practices Act ("FCPA"), the U.S. Federal Anti-Kickback Statute ("AKS"), the United Kingdom's Bribery Act 2010 (c.23), Brazil's Clean Company Act 2014 (Law No. 12,846) China's National Health and Family Planning Commission ("NHFPC") circulars No. 40 and No. 50, and similar international laws and regulations. The FCPA and similar anti-bribery and anti-corruption laws applicable in non-U.S. jurisdictions generally prohibit companies and their intermediaries from improperly offering or paying anything of value to foreign government officials for the purpose of obtaining or retaining business. Some of the Company's customer relationships are with governmental entities and therefore may be subject to such anti-bribery laws. The AKS and similar fraud and abuse laws applicable in non-U.S. jurisdictions prohibit persons from knowingly and willfully soliciting, offering, receiving or providing remuneration, directly or indirectly, in exchange for or to induce either the referral of an individual, or the furnishing or arranging for a good or service, for which payment may be made under a health care program, such as, in the United States, Medicare or Medicaid.

The Company's production and sale of products is further subject to regulations concerning the supply of conflict minerals, various environmental regulations such as the Federal Water Pollution Control Act (the "Clean Water Act") and others enforced by the Environmental Protection Agency ("EPA") or equivalent state agencies, and the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act (the "Health Care Reform Law"). In the sale, delivery and servicing of the Company's products to other countries, it must also comply with various domestic and foreign export control and trade embargo laws and regulations, including those administered by the Department of Treasury's Office of Foreign Assets Control ("OFAC"), the Department of Commerce's Bureau of Industry and Security ("BIS") and similar international governmental agencies, which may require licenses or other authorizations for transactions relating to certain countries and/or with certain individuals identified by the respective government. Despite the Company's internal compliance program, policies and procedures may not always protect it from reckless or criminal acts committed by its employees or agents. Violations of these requirements are punishable by criminal or civil sanctions, including substantial fines and imprisonment. Due in part to its direct-to-consumer model, the Company's Byte aligner business in the U.S. is subject to various state laws, rules and policies which govern the practice of dentistry within such state. Byte contracts with an expansive nationwide network of independent licensed dentists and orthodontists for the provision of clinical services, including the oversight and control of each customer's clinical treatment in order to comply with these regulations and ensure that the business does not violate rules pertaining to the corporate practice of dentistry.

The Company is subject to domestic and foreign laws, rules, regulations, self-regulatory codes, circulars and orders governing data privacy and transparency, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (the "HITECH Act"), the California Consumer Privacy Act, China's Personal Information Protection Law, the Physician Payments Sunshine Provisions of the Patient Protection and Affordable Care Act, the European Union's General Data Production Regulation, the EU Directive 2002/58/EC (and implementing and local measures adopted thereunder), France's Data Protection Act of 1978 (rev. 2004) and France's Loi Bertrand, certain rules issued by Denmark's Health and Medicines Authority, and similar international laws and regulations. HIPAA, as amended by the HITECH Act, and similar data-privacy laws applicable in non-U.S. jurisdictions, restrict the use and disclosure of personal health information, mandate the adoption of standards relating to the privacy and security of individually identifiable health information and require us to report certain breaches of unsecured, individually identifiable health information. The Physician Payments Sunshine Provisions of the Patient Protection and Affordable Care Act require the Company to record all transfers of value to physicians and teaching hospitals and to report this data to the Centers for Medicare and Medicaid Services for public disclosure. Similar reporting requirements have also been enacted in several states, and an increasing number of countries worldwide either have adopted or are considering similar laws requiring transparency of interactions with health care professionals.

The Company believes it is in substantial compliance with the laws and regulations that regulate its business. There are, however, significant uncertainties involving the application of various legal requirements, the violation of which could result in, among other things, sanctions. See Item 1A, "Risk Factors" of this Form 10-K for additional detail.

Sources and Supply of Raw Materials and Finished Goods

The Company manufactures the majority of the products that it sells. The Company sources the necessary raw materials from various suppliers, and no single supplier accounts for more than 10% of Dentsply Sirona's supply requirements.

Intellectual Property

Products manufactured by Dentsply Sirona are sold primarily under its own tradenames and trademarks. Dentsply Sirona also owns and maintains more than 5,000 patents throughout the world and has also licensed a number of patents owned by others.

Dentsply Sirona's policy is to protect its products and technology through patents and trademark registrations both in the U.S. and in significant international markets. The Company monitors trademark use worldwide and promotes enforcement of its patents and trademarks in a manner that is designed to balance the cost of such protection against obtaining the greatest value for the Company. Dentsply Sirona believes its patents and trademark properties are important and contribute to the Company's marketing position but it does not consider its overall business to be materially dependent upon any individual patent or trademark. Additional information regarding certain risks related to our intellectual property is included in Item 1A "Risk Factors" of this Form 10-K and is incorporated herein by reference.

Human Capital

We believe that our employees are true assets to our organization and contribute to the success of our business. On December 31, 2021, our organization and its subsidiaries employed approximately 15,000 employees across the globe who are relied on to accomplish the strategic objectives that enable us to lead the dental industry. Of these employees, approximately 3,600 were employed in the United States. Some employees outside of the United States are covered by collective bargaining, union contracts, worker councils or other similar programs. As an organization we value and invest in our talent which leads to our belief of a positive relationship with our employees. Our talent strategy focuses on attracting, engaging, developing and retaining talent to support our business strategy. We further strive to offer an inclusive environment where every employee can grow and perform.

Attract, Engage, Develop & Retain

In 2021, we continued to evolve our strategy for attracting, engaging, developing and retaining talent. Led by the feedback and engagement of our employees, we established a new Vision, Values, Mission and Operating Principles. We launched our first central emerging talent program focused on attracting early-career employees through strategic partnerships with core schools, Historically Black Colleges and Universities and local trade schools. The comprehensive program provides rotational assignments, on-the-job experiences, networking events, development sessions and executive interactions. We offer a global approach to learning and development through a partnership with LinkedIn Learning via thousands of on-demand learning modules in multiple languages. We deployed a custom leadership development framework to assess, develop and coach leaders at multiple levels. Our quarterly performance feedback, development planning and talent review processes have been automated for professional employees. A robust set of aids for goal setting and development planning has been designed to support future-focused growth. We are currently piloting employee-led experience mapping and virtual mentoring with the plan to launch globally. We continue to conduct virtual town halls and video chats, to keep our employees informed and to provide multiple opportunities for employees globally to ask questions of our leaders. We place an emphasis on employee feedback and evaluation, which are gathered through engagement surveys every 18 months to all employees in addition to pulse surveys strategically employed throughout the year.

Compensation and Benefits

As part of the Company's total rewards philosophy, we offer competitive compensation and benefit programs designed to attract and retain top talent. We are committed to providing and administering these programs in a way that treats our employees at all levels fairly and equitably. Our total rewards offerings vary by country and include an array of programs that support our employees' financial, physical and mental well-being, including annual performance incentive opportunities, pension and retirement savings programs, health and welfare benefits, paid time off, leave programs, flexible work schedules and employee assistance programs.

Diversity and Inclusion

We view diversity in our organization as a core source of strength and we seek to provide opportunities for all employees to bring their perspective, experience and whole self to the workplace. We believe our commitment to a diverse workforce drives innovation and customer-centricity. We have an established Diversity & Inclusion Council, helping create accountability for results, providing governance and oversight on diversity efforts and promoting organization-wide communication on progress. We have a Diversity & Inclusion functional leader who focuses on developing awareness through training, career coaching, networking and talent development. We measure our progress against key metrics using benchmarking data.

Diversity & Inclusion Council

Our Diversity & Inclusion Council is a group of demographically and functionally diverse employees from across the world dedicated to enabling the Diversity & Inclusion function and championing initiatives that support the organization internally and externally. A top priority of the Diversity & Inclusion Council is to increase the skills of our leaders on how to discuss and be accountable for driving sustained diversity, equity and inclusion goals.

Employee Resource Groups

The purpose of our Employee Resource Groups is to foster a diverse, equitable and inclusive environment enabling employees to fully participate in successfully executing our strategy. As of December 31, 2021, our employees have led the successful establishment of 7 Employee Resource Groups consisting of over 1,600 members. Our Employee Resource Groups have been focused on developing talent, increasing employee engagement and creating awareness. We consistently recognize high participation in Employee Resource Group-led events.

Training and Awareness

We offer a catalog of on-demand Diversity & Inclusion training options aimed at strengthening awareness. A standout option of our offerings is our ongoing Conversations of Understanding sessions. Employees are invited to register for these small group discussions where internal volunteers share experiences on varying diversity, equity and inclusion topics.

Talent Acquisition

Our organization has talent sourcing guidelines requiring diverse candidate interview slates for director-level and above roles. To increase internal mobility, we offer career development options and utilize our talent review processes to highlight diverse talent for open positions. We educate our hiring managers on inclusive hiring practices.

Measuring Progress

Executive management reviews our Diversity & Inclusion metrics regularly, including attraction, engagement, advancement and retention. We are actively partnering with an external consultancy to identify available talent pools in all our geographic markets and establish benchmarks throughout. All executive leaders have action plans in place and are accountable for progress.

Environmental, Health & Safety Matters

Dentsply Sirona believes that Environmental, Health & Safety ("EHS") is critical to the success of our customers and our Company. We are committed to environmental stewardship and to health and safety excellence in our global operations and distribution. As such, we have adopted policies that call for compliance with applicable laws and regulations governing the protection of the environment, health and safety of our employees, and neighboring communities. The Company believe that its operations comply in all material respects with applicable environmental laws and regulations.

Safety is integrated into the way we do business. Our safety program is structured on the foundation that every employee is engaged and committed to improving safe operating practices and eliminating or reducing the risk for injuries or illnesses. When health and safety incidents do occur, we strive to determine the causes and eliminate the potential for future similar incidents.

Our EHS policies and standards are a key element of the foundation upon which we develop, market, manufacture, and distribute products and services to our global customers. We operate our manufacturing facilities using a common set of internal standards. These standards support a consistent approach to EHS performance improvement.

Other Factors Affecting the Business

The Company's business is subject to quarterly fluctuations of consolidated net sales, net income and cash flows. The Company typically implements most of its price changes in the beginning of the first or fourth quarter. Price changes, other marketing and promotional programs including trade shows, management of inventory levels by distributors and the implementation of strategic initiatives, may impact sales levels in any given period. In addition, major new product introductions may also impact net sales as older products become less desirable compared to the new products. Sales for the industry and the Company are generally strongest in the second and fourth calendar quarters and weaker in the first and third calendar quarters, due to the effects of the items noted above and due to the impact of holidays and vacations, particularly throughout Europe.

The Company tries to maintain short lead times within its manufacturing, as such, the backlog on products is generally not material to the financial statements.

Securities Exchange Act Reports

The SEC maintains a website that contains reports, proxy and information statements, and other information regarding issuers, including the Company, that file electronically with the SEC. The public can obtain any documents that the Company files with the SEC at http://www.sec.gov. The Company files annual reports, quarterly reports, proxy statements and other documents with the SEC under the Securities Exchange Act of 1934, as amended ("Exchange Act").

Dentsply Sirona also makes available free of charge through its website at www.dentsplysirona.com its annual report on Form 10-K, quarterly reports on Form 10-Q, current reports on Form 8-K and amendments to these reports filed or furnished pursuant to Section 13(a) or 15(d) of the Exchange Act as soon as reasonably practicable after such materials are filed with or furnished to the SEC. Information on the Company's website does not constitute part of this document.

Forward-Looking Statements and Associated Risks

All statements in this Form 10-K that do not directly and exclusively relate to historical facts constitute "forward-looking statements." These statements represent current expectations and beliefs, and no assurance can be given that the results described in such statements will be achieved. Such statements are subject to numerous assumptions, risks, uncertainties and other factors that could cause actual results to differ materially from those described in such statements, many of which are outside of our control. Furthermore, many of these risks and uncertainties are currently amplified by and may continue to be amplified by the novel coronavirus ("COVID-19") pandemic and the impact of varying private and governmental responses that affect our customers, employees, vendors and the economies and communities where they operate. No assurance can be given that any expectation, belief, goal or plan set forth in any forward-looking statement can or will be achieved, and readers are cautioned not to place undue reliance on such statements which speak only as of the date they are made. We do not undertake any obligation to update or release any revisions to any forward-looking statement or to report any events or circumstances after the date of this Form 10-K or to reflect the occurrence of unanticipated events.

You should carefully consider these and other relevant factors, including those risk factors in Item 1A, "Risk Factors" of this Form 10-K and any other information included or incorporated by reference in this report, and information which may be contained in the Company's other filings with the SEC, when reviewing any forward-looking statement. Investors should understand it is impossible to predict or identify all such factors or risks. As such, you should not consider either foregoing lists, or the risks identified in the Company's SEC filings, to be a complete discussion of all potential risks or uncertainties associated with an investment in the Company.

Item 1A. Risk Factors

Summary

The following is a summary of the significant risk factors that could materially impact the Company's business, financial condition or future results, including risks related to COVID-19, risks related to our businesses, risks related to our international operations, risks related to our regulatory environments, risks related to ownership of our common stock, and general risks:

- The Company's revenue, results of operations, cash flow, and liquidity may be materially adversely impacted by the ongoing COVID-19 outbreak.
- The Company may be unable to execute key strategic activities due to competing priorities and strategies of its distribution partners and other factors, which may result in financial loss and operational inefficiencies.
- The Company relies heavily on information and technology to operate its business networks, and any cyber-attacks or other disruption to its technology infrastructure or the Internet could harm the Company's operations.
- Privacy concerns and laws, evolving regulation of cross-border data transfer restrictions and other regulations may adversely affect our business.
- Ineffective internal controls and lack of global standardized processes and/or centralization of transaction management and/or execution could result in control deficiencies and impact management's assertions and financial reporting.
- The success of our business depends in part on achieving our strategic objectives, including through acquisitions and dispositions, and strategic investments.
- The Company may be unable to develop innovative products or stimulate customer demand.
- The Company's ongoing business operations may be disrupted for a significant period of time, resulting in material operating costs and financial losses.
- The Company may fail to realize the expected benefits of its strategic initiatives, including its announced cost reduction and restructuring efforts.

- The Company has recognized substantial goodwill impairment charges, most recently in 2020, and may be required to recognize additional goodwill and indefinite-lived intangible asset impairment charges in the future.
- The Company's failure to obtain issued patents and, consequently, to protect the Company's proprietary technology could hurt the Company's competitive position.
- The Company's profitability could suffer if third parties infringe upon the Company's intellectual property rights or if the Company's products are found to infringe upon the intellectual property rights of others.
- Changes in the Company's credit ratings or macroeconomic impacts on credit markets may increase our cost of capital and limit financing options.
- The Company has a significant amount of indebtedness. A breach of the covenants under the Company's debt instruments outstanding from time to time could result in an event of default under the applicable agreement.
- The Company may not be able to repay its outstanding debt in the event that it does not generate sufficient cash flow to service its debts and cross default provisions may be triggered due to a breach of loan covenants.
- The Company hedging and cash management transactions may expose the Company to loss or limit the Company's potential gains.
- Certain of the Company's products are dependent on consumer discretionary spending.
- Due to the Company's international operations, the Company is exposed to the risk of changes in foreign exchange rates.
- Due to the international nature of our business, including increasing exposure to markets outside of the U.S. and Europe, political or economic changes or other factors could harm our business and financial performance.
- Changes in or interpretations of tax rules, operating structures, transfer pricing regulations, country profitability mix and regulations may adversely affect the Company's effective tax rates.
- The Company may be unable to obtain necessary product approvals and marketing clearances.
- Inadequate levels of reimbursement from governmental or other third-party payers for procedures using the Company's products may cause the Company's revenue to decline.
- Challenges may be asserted against the Company's products due to real or perceived quality, health or environmental issues.
- If we fail to comply with laws and regulations relating to health care fraud, we could suffer penalties or be required to make significant changes to the Company's operations, which could adversely affect the Company's business.
- The Company's business is subject to extensive, complex and changing domestic and foreign laws, rules, regulations, self-regulatory codes, directives, circulars and orders that failure to comply with which, if not complied with, could subject us to civil or criminal penalties or other liabilities.
- The Company's quarterly operating results and market price for the Company's common stock may continue to be volatile.
- Certain provisions in the Company's governing documents, and of Delaware law, may make it more difficult for a third party to acquire the Company.
- Talent gaps and failure to manage and retain top talent may impact the Company's ability to grow the business.
- The Company faces the inherent risk of litigation and claims.
- Climate change and related natural disasters could negatively impact the Company's business and financial results.

Below is a full description of each of such significant risk factors.

RISKS RELATED TO COVID-19

The Company's revenue, results of operations, cash flow and liquidity may be materially adversely impacted by the ongoing COVID-19 outbreak.

The Company continues to closely monitor the global impacts of the COVID-19 pandemic, including the recent resurgence of infections and associated COVID-19 variants, which may have a significant negative effect on, revenue, results of operations, cash flow, and liquidity. Governmental authorities and private enterprises globally are continuing to implement actions to mitigate the COVID-19 pandemic, including restrictions on public gatherings, travel and commercial operations, temporary closures or decreased operations of dental offices, as well as certain government mandates to limit certain dental procedures to those that could be considered emergency only. These measures and the impact of COVID-19 generally, may result in, or continue to result in:

- supply chain disruptions for products we sell, including the inability to obtain raw materials, the inflated price of inputs, disruptions of the operations of our logistics, service providers and the resulting delays in shipments;
- continuing or new partial or country-wide business lockdowns in various markets;

- temporary closures or significantly reduced operations at most of the Company's principal manufacturing and distribution locations, including furloughing employees related to these locations, which could reduce the Company's ability to manufacture and deliver products to customers;
- global reductions in customer demand for certain of the Company's products and services;
- a shift in service delivery options and customer expectations in regard to service delivery options;
- decreased financial viability of the Company's suppliers, which could cause them to change the terms on which they are willing to provide products;
- the inability or failure of customers to timely meet payment obligations or significant disruptions in their ability to do so, which may be caused by their own financial or operational difficulties, which may have a negative material impact on the Company's cash flow, liquidity and statements of operations;
- fear of exposure to or actual effects of the COVID-19 pandemic in countries where operations or customers are located and may lead to decreased procedures at dental offices. The impacts include, but are not limited to, significant reductions or volatility in demand and increased pricing pressures for one or more of the Company's products;
- a recession or prolonged period of economic slowdown, which may significantly reduce the Company's cash flow and negatively impact the cost and access to capital and funding sources for the Company;
- the Company's inability to maintain compliance with covenants under the revolving credit facilities; or
- the reduced availability of key employees or members of management due to quarantine or illness as a result of COVID-19 may temporarily affect the financial performance and results of operations. If the Company is unable to mitigate these or other similar risks, its business, results of operations, and financial condition may be adversely affected.

The Company does not yet know the full extent of the ultimate impact of the continued COVID-19 pandemic on its business, operations, or the global economy. Given the dynamic nature of the COVID-19 outbreak, it is very difficult to predict the severity of the impact on the Company's business. The extent of such impact will depend on future developments, which are highly uncertain and cannot be predicted with certainty, including new information which may emerge concerning the spread and severity of outbreak, including COVID-19 variants, and actions taken to address the impacts, among others. There are no comparable recent events which may provide guidance as to the effect of the spread of the COVID-19. To the extent that the COVID-19 outbreak continues to adversely affect the business and financial performance, it also could heighten many of the other risks described in this report.

RISKS RELATED TO OUR BUSINESSES

The Company may be unable to execute key strategic activities due to competing priorities and strategies of its distribution partners and other factors, which may result in financial loss and operational inefficiencies.

As part of the restructuring plan adopted in November 2018, the Company announced that it intends to grow revenues, expand margins and simplify the business. The Company continues to generate a substantial portion of its revenue through a limited number of distributors which provide important sales, distribution and service support to the end-user customers. Together, the Company's two largest distributors, Patterson and Henry Schein, accounted for approximately 13% of the Company's annual revenue for the year ended December 31, 2021, and it is anticipated that they will continue to be the largest distribution contributors to the Company's revenue through 2022. The Company may be unable to execute its key strategic activities and investments due to the competing priorities of its distribution partners which may introduce competing private label, generic, or low-cost products that compete with the Company's products at lower price points, particularly in the Technologies & Equipment segment products that are sold and serviced through distributor channels. If these competing products capture significant market share or result in a decrease in market prices overall, this could have a negative impact on the Company's results of operations and financial condition.

Additionally, some parts of the dental market continue to be impacted by price competition which are driven in part by the consolidation of dental practices, innovation and product advancements, and the price sensitivity of end-user customers. There can be no assurance that the Company's distribution partners will purchase any specified minimum quantity of products from the Company or that they will continue to purchase any products at all. If Patterson or Henry Schein ceases to purchase a significant volume of products from the Company, or if changes in the Company's promotional strategies and investments result in changes in the Company's distributor relationships or short-term uneven growth, it could have a material adverse effect on the Company's results of operations and financial condition.

List of employees

First Name	Last Name	Country/Region	SBU/RCO	Location	Division	Org Chart Title (English)	Function	Entity
Kevin	Smith	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	CE Materials Manager	FUN04-Clinical Education/ Professional	EN004000-DNA - USA
Maria	Ardizzoni	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Senior Clinical Education and Events Planner	FUN04-Clinical Education/ Professional	EN004000-DNA - USA
Aida	Kone	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Customer Services Specialist	FUN06-Customer Service	EN004000-DNA - USA
Cheryl	Mesropian	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Customer Services Supervisor	FUN06-Customer Service	EN004000-DNA - USA
Christian	Gassner	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Customer Service Representative	FUN06-Customer Service	EN004000-DNA - USA
Christopher	Foy	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	CS Specialist	FUN06-Customer Service	EN004000-DNA - USA
David	Metcalf	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Customer Services Specialist	FUN06-Customer Service	EN004000-DNA - USA
Dawn	Marcucci	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Technical Support Specialist	FUN06-Customer Service	EN004000-DNA - USA
Donal	Corbett	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Customer Service Manager	FUN06-Customer Service	EN004000-DNA - USA
Donna	Esposito	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Customer Services Specialist	FUN06-Customer Service	EN004000-DNA - USA
Elizabeth	Bonilla-Lopez	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Senior Customer Service Representative	FUN06-Customer Service	EN004000-DNA - USA
Jessica	Lemos	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Customer Services Representative	FUN06-Customer Service	EN004000-DNA - USA
John	Bizios	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	CS Specialist	FUN06-Customer Service	EN004000-DNA - USA

Judd	Markham	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	CS Specialist	FUN06-Customer Service	EN004000-DNA - USA
Kennedy	Berchie	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Technical Supt Specialist	FUN06-Customer Service	EN004000-DNA - USA
Kevin	Lopes	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Customer Service Team Lead	FUN06-Customer Service	EN004000-DNA - USA
Mario	Melendes	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	CS Specialist	FUN06-Customer Service	EN004000-DNA - USA
Mario	Robles	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Senior Digital Implant Solutions Specialist	FUN06-Customer Service	EN004000-DNA - USA
Nancy	Paris	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Customer Services Specialist	FUN06-Customer Service	EN004000-DNA - USA
Pauline	Parsons	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Customer Services Specialist	FUN06-Customer Service	EN004000-DNA - USA
Pierre	Cupidon	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Customer Services Specialist	FUN06-Customer Service	EN004000-DNA - USA
Scott	Clancy	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Customer Services Supervisor	FUN06-Customer Service	EN004000-DNA - USA
Carol	Lehr	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Technical Support Specialist, DS Implants	FUN23-Sales Support	EN004000-DNA - USA
Christopher	Byrne	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Technical Services Supervisor, Implants	FUN23-Sales Support	EN004000-DNA - USA
Dewayne	Jones	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Technical Support Specialist	FUN23-Sales Support	EN004000-DNA - USA
Efthimia	Paikos	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Technical Support Specialist	FUN23-Sales Support	EN004000-DNA - USA

Hugues	Orisma	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Direct Businesses Technical Support Manager	FUN23-Sales Support	EN004000-DNA - USA
Jarrad	Mack	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Technical Support Specialist	FUN23-Sales Support	EN004000-DNA - USA
Michelle	Vacheresse	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Technical Support Specialist, DS Implants	FUN23-Sales Support	EN004000-DNA - USA
Pamela	Orpin	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Technical Support Specialist	FUN23-Sales Support	EN004000-DNA - USA
Russell	Rousseau	United States	F200-Americas RCO	0186-Waltham, MA, USA	D005-DNA	Warehouse Associate	FUN29-Clinical Affairs	EN004000-DNA - USA
Gloria	Serpe	United States	F012-Corporate	0186-Waltham, MA, USA	D003-DENTSPLY Corporate	Senior FP&A Manager, Product Group COE	FUN01-Accounting & Finance	EN100000-Corporate
Douglas	Dromey	United States	F012-Corporate	0186-Waltham, MA, USA	D003-DENTSPLY Corporate	Transportation Manager, Americas	FUN16-Materials & Purchasing	EN100000-Corporate
Matthew	Zeiter	United States	F011-Implants	0186-Waltham, MA, USA	D003-DENTSPLY Corporate	Digital Content Manager	FUN29-Clinical Affairs	EN100000-Corporate
Daniel	Waples	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	North American Implants Accounting Controller	FUN01-Accounting & Finance	EN310081-IH - USA
Elaine	Psiakis	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Accountant / Analyst	FUN01-Accounting & Finance	EN310081-IH - USA

Keith	Curtis	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Controller	FUN01-Accounting & Finance	EN310081-IH - USA
Anton	Vendland	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Development Engineer	FUN08-Engineering	EN310081-IH - USA
Bryan	Sullivan	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Process Engineer - Equipment Specialist	FUN08-Engineering	EN310081-IH - USA
Chih - Yung	Huang	United States	F012-Corporate	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Chapter Lead Architecture	FUN08-Engineering	EN310081-IH - USA
Christopher	Jeffrey	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Director, Engineering, Machining & 3D Printing	FUN08-Engineering	EN310081-IH - USA
Dan	Nguyen	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Manager, Global Process Development	FUN08-Engineering	EN310081-IH - USA
Eric	Ostling	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Operations Application Manager	FUN08-Engineering	EN310081-IH - USA
James	Baker	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Metrology Technician	FUN08-Engineering	EN310081-IH - USA
Joas	Pena	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	CAM Development Engineer II	FUN08-Engineering	EN310081-IH - USA
Jordan	Jozwik	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Process Engineer	FUN08-Engineering	EN310081-IH - USA

Keron	Ali	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Process Development Engineer	FUN08-Engineering	EN310081-IH - USA
Phong	Khuu	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Process Engineer	FUN08-Engineering	EN310081-IH - USA
Sean	Stewart	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Manager, Operations Engineering	FUN08-Engineering	EN310081-IH - USA
Vadim	Vinitsker	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	CAM Development Engineer I	FUN08-Engineering	EN310081-IH - USA
Andrew	Gorman	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	End-User Support Specialist II	FUN14-Information Technology	EN310081-IH - USA
Andrew	Williamson	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Application Service Manager	FUN14-Information Technology	EN310081-IH - USA
Bartlomiej	Banburski	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Database Administrator	FUN14-Information Technology	EN310081-IH - USA
Janet	Lyons	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Manager, Technical Services	FUN14-Information Technology	EN310081-IH - USA
Jeffery	Todd	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Application Service Manager	FUN14-Information Technology	EN310081-IH - USA
Manish	Sachdeva	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	End-User Support Specialist II	FUN14-Information Technology	EN310081-IH - USA

Mark	Ouellette	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Infrastructure Engineer	FUN14-Information Technology	EN310081-IH - USA
Erin	Capano	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Demand Planning Manager, NA Implants	FUN16-Materials & Purchasing	EN310081-IH - USA
Alexander	Benmir	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	ADT II / Atlantis Design AD	FUN17-Operations & Production	EN310081-IH - USA
Alexander	Matos	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Lab Production Technician I	FUN17-Operations & Production	EN310081-IH - USA
Alexis	Pantojas	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Coordinator - Titanium Machining	FUN17-Operations & Production	EN310081-IH - USA
Angela	Thomas-Whittaker	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Technician II	FUN17-Operations & Production	EN310081-IH - USA
Atila	Alves	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Advanced Manufacturing Technician II	FUN17-Operations & Production	EN310081-IH - USA
Byron	Smith	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Lead - ADT III / Technical Specialist	FUN17-Operations & Production	EN310081-IH - USA
Chelsea	Centeio	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Associate/ Quality Technician	FUN17-Operations & Production	EN310081-IH - USA
Corbin	O'Brien	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	ADTII / Atlantis Design AD	FUN17-Operations & Production	EN310081-IH - USA

Daniel	Barrera	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	ADT III / AS Specialist	FUN17-Operations & Production	EN310081-IH - USA
Daniel	Parisi	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Advanced Manufacturing Technician II / Lead - Operational Excellence	FUN17-Operations & Production	EN310081-IH - USA
David	Chandler	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Manager, Machining	FUN17-Operations & Production	EN310081-IH - USA
David	Labollita	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Atlantis Design Coordinator	FUN17-Operations & Production	EN310081-IH - USA
David	Rueda	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Machinist III	FUN17-Operations & Production	EN310081-IH - USA
Donald	Guess	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Technician II	FUN17-Operations & Production	EN310081-IH - USA
Efigenio	Melendez	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Lead - Production Technician III	FUN17-Operations & Production	EN310081-IH - USA
Ernesto	Rodriguez	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Machinist II	FUN17-Operations & Production	EN310081-IH - USA
Fabricio	Asencio	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Machinist III - Lead (Zirconia)	FUN17-Operations & Production	EN310081-IH - USA

Fernanda	Nakayama Chan	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Atlantis Design Technician I	FUN17-Operations & Production	EN310081-IH - USA
Florencia	Fitte	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Atlantis Design Coordinator I	FUN17-Operations & Production	EN310081-IH - USA
Francisco	Barbosa	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Technician II	FUN17-Operations & Production	EN310081-IH - USA
Gabriel	Corbellini	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Director, Operations, Waltham	FUN17-Operations & Production	EN310081-IH - USA
Igor	Daciukas	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Lab Technician II	FUN17-Operations & Production	EN310081-IH - USA
Ilan	Mizrahi	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Technician III	FUN17-Operations & Production	EN310081-IH - USA
Imanuel	Bulludula	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Coordinator - Titanium Machining	FUN17-Operations & Production	EN310081-IH - USA
Jaime	Rondon	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Technician III	FUN17-Operations & Production	EN310081-IH - USA
Jason	Ross	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Manager, Production Control	FUN17-Operations & Production	EN310081-IH - USA
Jesse	Taormina	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Machinist II / Lead - Operational Excellence	FUN17-Operations & Production	EN310081-IH - USA

Jhohann	Santana	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Lead - Production Technician II	FUN17-Operations & Production	EN310081-IH - USA
John	Dillon	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Technician III	FUN17-Operations & Production	EN310081-IH - USA
John	Spaulding	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Technician II	FUN17-Operations & Production	EN310081-IH - USA
Joseph	Lalmond	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Machinist I	FUN17-Operations & Production	EN310081-IH - USA
Joshua	Gendron	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Operations Support Specialist	FUN17-Operations & Production	EN310081-IH - USA
Kelvin	Berrios	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Machinist II	FUN17-Operations & Production	EN310081-IH - USA
Kelvin	Morales	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Technician II / Lead - Operational Excellence	FUN17-Operations & Production	EN310081-IH - USA
Kenneth	Goldsmith	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Associate	FUN17-Operations & Production	EN310081-IH - USA
Kevin	Riordan	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Advanced Manufacturing Technician II	FUN17-Operations & Production	EN310081-IH - USA
Kyle	Buma	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	ADT II / Atlantis Design AD	FUN17-Operations & Production	EN310081-IH - USA

Lauren	Huoppi	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	ADT III / Technical Specialist / Lead - Operational Excellence	FUN17-Operations & Production	EN310081-IH - USA
Luis	Delossantos	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Atlantis Design Coordinator	FUN17-Operations & Production	EN310081-IH - USA
Marilyn	Goveia	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Associate III	FUN17-Operations & Production	EN310081-IH - USA
Matthew	McCarthy	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	ADT III / RDT Specialist	FUN17-Operations & Production	EN310081-IH - USA
Mazin	Osman	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Technical Specialist, Machining	FUN17-Operations & Production	EN310081-IH - USA
Melanie	Mann	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Atlantis Design Coordinator II / Guided Surgery	FUN17-Operations & Production	EN310081-IH - USA
Melissa	O'Brien	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	ADT II / Atlantis Design AD	FUN17-Operations & Production	EN310081-IH - USA
Michael	Parisi	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Atlantis Design Coordinator II / Guided Surgery	FUN17-Operations & Production	EN310081-IH - USA
Munevera	Adilovic	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	ADT III / Technical Specialist	FUN17-Operations & Production	EN310081-IH - USA

Nadine	Santiago	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Advanced Manufacturing Technician II	FUN17-Operations & Production	EN310081-IH - USA
Nathan	Macmillen	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Machining Supervisor	FUN17-Operations & Production	EN310081-IH - USA
Nazaret	Silva Adorno	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Machinist I	FUN17-Operations & Production	EN310081-IH - USA
Paulo	Silva	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Technical Specialist, Machining	FUN17-Operations & Production	EN310081-IH - USA
Peter	Liu	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Manager, 3D Printing COE, Ops Support and Facilities	FUN17-Operations & Production	EN310081-IH - USA
Phara	Phim	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Machinist II	FUN17-Operations & Production	EN310081-IH - USA
Rahul	Bajaj	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Advanced Manufacturing Technician II	FUN17-Operations & Production	EN310081-IH - USA
Robert	Widmer	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior CNC Equipment Service Engineer	FUN17-Operations & Production	EN310081-IH - USA
Saeed	Kamthewala	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Technician II	FUN17-Operations & Production	EN310081-IH - USA
Samuel	Correll	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Technician I	FUN17-Operations & Production	EN310081-IH - USA

Soliman	Salib	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Advanced Manufacturing Technician III	FUN17-Operations & Production	EN310081-IH - USA
Spencer	Shanshala	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	ADT III / Technical Specialist	FUN17-Operations & Production	EN310081-IH - USA
Stathis	Treon	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Advanced Manufacturing Technician III - Lead	FUN17-Operations & Production	EN310081-IH - USA
Tarek	El Bizri	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Atlantis Design Coordinator II / Technical	FUN17-Operations & Production	EN310081-IH - USA
Teresa	Stapleton	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Atlantis Design Coordinator II	FUN17-Operations & Production	EN310081-IH - USA
Timothy	Donovan	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	ADT III / RDT Specialist	FUN17-Operations & Production	EN310081-IH - USA
Trevor	Griffin	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Atlantis Suprastructures Lab Technician II	FUN17-Operations & Production	EN310081-IH - USA
Victor	Macedo	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Machinist I	FUN17-Operations & Production	EN310081-IH - USA
Victoria	Hanna	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Atlantis Design Coordinator III / Guided Surgery	FUN17-Operations & Production	EN310081-IH - USA
Wesley	Lewis	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Lab Production Technician I	FUN17-Operations & Production	EN310081-IH - USA

Ysacar	Espinal	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Production Technician II	FUN17-Operations & Production	EN310081-IH - USA
David	Ashworth	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Global Marketing Manager	FUN18-Product Marketing & Developme nt	EN310081-IH - USA
Jennifer	Landgren	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Head of the DP&S Solutions Hub	FUN18-Product Marketing & Developme nt	EN310081-IH - USA
Jeremy	Jo	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Manager Product Manageme nt - Atlantis Solutions	FUN18-Product Marketing & Developme nt	EN310081-IH - USA
Michael	Caselli	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Global Head of Manufactur ing Services	FUN18-Product Marketing & Developme nt	EN310081-IH - USA
Joseph	Bova	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Director, Quality Assurance and Regulatory Affairs	FUN19-Quality & Regulatory	EN310081-IH - USA
Juliana	Gutierrez	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Quality Assurance Engineer	FUN19-Quality & Regulatory	EN310081-IH - USA
Katie	Bianchi	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Quality and Regulatory Administrat or II	FUN19-Quality & Regulatory	EN310081-IH - USA
Kwame	Grier	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Quality Engineer	FUN19-Quality & Regulatory	EN310081-IH - USA

Narath	Serei	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Quality Engineer	FUN19-Quality & Regulatory	EN310081-IH - USA
Prema	Chandra	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Regulatory Compliance Manager	FUN19-Quality & Regulatory	EN310081-IH - USA
Alexandra	Steinmann	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior R&D Project Manager ESP/Biomaterials Regenerative Solutions	FUN20-Research and Development	EN310081-IH - USA
Barbara	Bouchard	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Software Engineer	FUN20-Research and Development	EN310081-IH - USA
Eugene	Guinsburg	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Quality Assurance Engineer	FUN20-Research and Development	EN310081-IH - USA
Gilbert	Choudury	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Principal Software Engineer	FUN20-Research and Development	EN310081-IH - USA
James	Zhang	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Software Engineer	FUN20-Research and Development	EN310081-IH - USA
Jeffrey	Ragazzini	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Manager, Patient Specific R&D	FUN20-Research and Development	EN310081-IH - USA
Jonathan	Caplan	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Software Engineer	FUN20-Research and Development	EN310081-IH - USA

Panekham	Vongvieng kham	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Quality Assurance Engineer	FUN20-Research and Development	EN310081-IH - USA
Phillip	Marathakis	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Software Engineer	FUN20-Research and Development	EN310081-IH - USA
Robert	Berger	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior DevOps	FUN20-Research and Development	EN310081-IH - USA
Scott	Deffer	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Software Engineer	FUN20-Research and Development	EN310081-IH - USA
Sean	Nimkar	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Product Development Engineer	FUN20-Research and Development	EN310081-IH - USA
Tom	Goon	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Senior Software Engineer	FUN20-Research and Development	EN310081-IH - USA
Yuriy	Bekker	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Quality Assurance Engineer	FUN20-Research and Development	EN310081-IH - USA
Susan	Fowler	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Office Administrator	FUN27-G & A Other	EN310081-IH - USA
Alison	Adams	United States	F011-Implants	0186-Waltham, MA, USA	D009-DENTSPLY Implants North America	Director, Global CE & KOL Management Implants	FUN29-Clinical Affairs	EN310081-IH - USA
Lewis	Ernst	United States	F013-Wellspect Healthcare	0186-Waltham, MA, USA	D022-Wellspect Healthcare	Customer Service Manager	FUN06-Customer Service	WELLSP-US-Wellspect Inc. - USA

Department	Manager	Pillar	Layer 2	Layer 3	Regular / Temp
E1103_5800-F054 - Clinical Education	Caroon, Callie M	Commercial	North America RCO	United States	Regular
E1103_5800-F054 - Clinical Education	Caroon, Callie M	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Mesropian, Cheryl	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Corbett, Donal	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Clancy, Scott	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Clancy, Scott	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Mesropian, Cheryl	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Clancy, Scott	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Biles, Steven	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Clancy, Scott	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Mesropian, Cheryl	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Clancy, Scott	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Clancy, Scott	Commercial	North America RCO	United States	Regular

E1103_5600-F053 - Customer Service	Mesropian, Cheryl	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Clancy, Scott	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Clancy, Scott	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Clancy, Scott	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Clancy, Scott	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Mesropian, Cheryl	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Clancy, Scott	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Clancy, Scott	Commercial	North America RCO	United States	Regular
E1103_5600-F053 - Customer Service	Corbett, Donal	Commercial	North America RCO	United States	Regular
E1103_5681-F053 - Customer Service	Byrne, Christopher J	Product Group	Digital Platform and Solutions	Equipment Management Global Services Group	Regular
E1103_5681-F053 - Customer Service	Orisma, Hugues	Product Group	Digital Platform and Solutions	Equipment Management Global Services Group	Regular
E1103_5681-F053 - Customer Service	Byrne, Christopher J	Product Group	Digital Platform and Solutions	Equipment Management Global Services Group	Regular
E1103_5681-F053 - Customer Service	Byrne, Christopher J	Product Group	Digital Platform and Solutions	Equipment Management Global Services Group	Regular

E1140_23161000-F061 - Finance	Keenan, Kenneth S	Central Functions	Finance		Regular
E1140_33482000-F020 - Other Cost of Sales	Nguyen, Dan K	Supply Chain	Machining and 3D Printing		Regular
E1140_10445000-F030 - Manufacturing Function	Stewart, Sean J.	Supply Chain	Machining and 3D Printing		Regular
E1140_33480000-F070 - R&D Function	Müller, Manfred	Product Group	Digital Platform and Solutions	Platform Software Developme nt Group	Regular
E1140_33485000-F020 - Other Cost of Sales	Holm, Magnus	Supply Chain	Machining and 3D Printing		Regular
E1140_33482000-F020 - Other Cost of Sales	Jeffrey, Christopher	Supply Chain	Machining and 3D Printing		Regular
E1140_10445000-F030 - Manufacturing Function	Stewart, Sean J.	Supply Chain	Machining and 3D Printing		Regular
E1140_10445000-F030 - Manufacturing Function	Stewart, Sean J.	Supply Chain	Machining and 3D Printing		Regular
E1140_33482000-F020 - Other Cost of Sales	Nguyen, Dan K	Supply Chain	Machining and 3D Printing		Regular
E1140_10445000-F030 - Manufacturing Function	Stewart, Sean J.	Supply Chain	Machining and 3D Printing		Regular

E1103_5681-F053 - Customer Service	Palker, Katrina	Product Group	Digital Platform and Solutions	Equipment Management Global Services Group	Regular
E1103_5681-F053 - Customer Service	Byrne, Christopher J	Product Group	Digital Platform and Solutions	Equipment Management Global Services Group	Regular
E1103_5681-F053 - Customer Service	Byrne, Christopher J	Product Group	Digital Platform and Solutions	Equipment Management Global Services Group	Regular
E1103_5681-F053 - Customer Service	Byrne, Christopher J	Product Group	Digital Platform and Solutions	Equipment Management Global Services Group	Regular
E1103_5800-F054 - Clinical Education	Smith, Kevin J.	Commercial	North America RCO	United States	Regular
E1135_6059-F061 - FINANCIAL PLANNING & ANALYSIS	Kim, Won-Joo	Central Functions	Finance		Regular
E1135_4097-F040 - SUPPLY CHAIN PLANNING - LOGISTICS AND SHIPPING	Shaaf, Ilyaas	Supply Chain	Logistics		Regular
E1135_5593-F055 - CLINICAL AFFAIRS	Jensen, Daniel	Product Group	Clinical Affairs		Regular
E1140_23161000-F061 - Finance	Anderson, Theresa L	Central Functions	Finance		Regular
E1140_23161000-F061 - Finance	Waples, Daniel	Central Functions	Finance		Regular

E1140_33482000-F020 - Other Cost of Sales	Nguyen, Dan K	Supply Chain	Machining and 3D Printing		Regular
E1140_10445000-F030 - Manufacturing Function	Stewart, Sean J.	Supply Chain	Machining and 3D Printing		Regular
E1140_10445000-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_33482000-F020 - Other Cost of Sales	Nguyen, Dan K	Supply Chain	Machining and 3D Printing		Regular
E1140_23163000-F062 - IT Function	Lyons, Janet L	Central Functions	Information Technology		Regular
E1140_23163000-F062 - IT Function	Lemaitre, Cedric	Central Functions	Information Technology		Regular
E1140_23163000-F062 - IT Function	Lemaitre, Cedric	Central Functions	Information Technology		Regular
E1140_23163000-F062 - IT Function	Reimers, Sven	Central Functions	Information Technology		Regular
E1140_23163000-F062 - IT Function	Lemaitre, Cedric	Central Functions	Information Technology		Regular
E1140_23163000-F062 - IT Function	Lyons, Janet L	Central Functions	Information Technology		Regular

E1140_23163000-F062 - IT Function	Lyons, Janet L	Central Functions	Information Technology		Regular
E1140_40170000-F040 - Distribution Costs	Björk, Johan	Supply Chain	Supply Chain Planning		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10443001-F030 - Manufacturing Function	Ross, Jason	Supply Chain	Machining and 3D Printing		Regular
E1140_10441001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular
E1140_10443001-F030 - Manufacturing Function	Ross, Jason	Supply Chain	Machining and 3D Printing		Regular
E1140_10448501-F030 - Manufacturing Function	Liu, Peter	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10446001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular

E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10448501-F030 - Manufacturing Function	Liu, Peter	Supply Chain	Machining and 3D Printing		Regular
E1140_10441000-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10441001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular
E1140_10443001-F030 - Manufacturing Function	Ross, Jason	Supply Chain	Machining and 3D Printing		Regular
E1140_10443001-F030 - Manufacturing Function	Ross, Jason	Supply Chain	Machining and 3D Printing		Regular
E1140_10441001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular
E1140_10441001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular

E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10443001-F030 - Manufacturing Function	Ross, Jason	Supply Chain	Machining and 3D Printing		Regular
E1140_10447000-F030 - Manufacturing Function	Holm, Magnus	Supply Chain	Machining and 3D Printing		Regular
E1140_10448001-F030 - Manufacturing Function	Liu, Peter	Supply Chain	Machining and 3D Printing		Regular
E1140_10443001-F030 - Manufacturing Function	Ross, Jason	Supply Chain	Machining and 3D Printing		Regular
E1140_10441001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular
E1140_10443001-F030 - Manufacturing Function	Ross, Jason	Supply Chain	Machining and 3D Printing		Regular
E1140_10443000-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10441001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular

E1140_10443001-F030 - Manufacturing Function	Ross, Jason	Supply Chain	Machining and 3D Printing		Regular
E1140_10443001-F030 - Manufacturing Function	Ross, Jason	Supply Chain	Machining and 3D Printing		Regular
E1140_10443001-F030 - Manufacturing Function	Ross, Jason	Supply Chain	Machining and 3D Printing		Regular
E1140_10441001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular
E1140_10441000-F030 - Manufacturing Function	Liu, Peter	Supply Chain	Machining and 3D Printing		Regular
E1140_10443001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular
E1140_10443001-F030 - Manufacturing Function	Ross, Jason	Supply Chain	Machining and 3D Printing		Regular
E1140_10446001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular
E1140_10448501-F030 - Manufacturing Function	Liu, Peter	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular

E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10446001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10441001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular

E1140_10448501-F030 - Manufacturing Function	Liu, Peter	Supply Chain	Machining and 3D Printing		Regular
E1140_10441000-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular
E1140_10441001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular
E1140_10441001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular
E1140_10446000-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10441001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular
E1140_10448501-F030 - Manufacturing Function	Liu, Peter	Supply Chain	Machining and 3D Printing		Regular
E1140_10441000-F030 - Manufacturing Function	Liu, Peter	Supply Chain	Machining and 3D Printing		Regular
E1140_10443001-F030 - Manufacturing Function	Ross, Jason	Supply Chain	Machining and 3D Printing		Regular
E1140_10443001-F030 - Manufacturing Function	Ross, Jason	Supply Chain	Machining and 3D Printing		Regular

E1140_10448501-F030 - Manufacturing Function	Liu, Peter	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10448501-F030 - Manufacturing Function	Liu, Peter	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10448001-F030 - Manufacturing Function	Liu, Peter	Supply Chain	Machining and 3D Printing		Regular
E1140_10446001-F030 - Manufacturing Function	Chandler, David	Supply Chain	Machining and 3D Printing		Regular
E1140_10444001-F030 - Manufacturing Function	Corbellini, Gabriel	Supply Chain	Machining and 3D Printing		Regular
E1140_10443001-F030 - Manufacturing Function	Ross, Jason	Supply Chain	Machining and 3D Printing		Regular

E1140_10443001-F030 - Manufacturing Function	Ross, Jason	Supply Chain	Machining and 3D Printing		Regular
E1140_27000003-F051 - Marketing Function	Goss, Patrick	Product Group	Implants		Regular
E1140_27100000-F051 - Marketing Function	Loop, Benjamin	Product Group	Digital Platform and Solutions	Equipment Management Global Services Group	Regular
E1140_27000005-F051 - Marketing Function	Billström, Camilla	Product Group	Implants		Regular
E1140_27000005-F051 - Marketing Function	Kelly, Jennifer	Product Group	Digital Platform and Solutions	Clinical & Lab Services	Regular
E1140_13449000-F020 - Other Cost of Sales	Ericson, Christina	Central Functions	Quality and Regulatory Affairs	Quality Assurance / Regulatory Compliance	Regular
E1140_13449000-F020 - Other Cost of Sales	Bova, Joseph S.	Central Functions	Quality and Regulatory Affairs	Quality Assurance / Regulatory Compliance	Regular
E1140_13449000-F020 - Other Cost of Sales	Bova, Joseph S.	Central Functions	Quality and Regulatory Affairs	Quality Assurance / Regulatory Compliance	Regular
E1140_13449000-F020 - Other Cost of Sales	Bova, Joseph S.	Central Functions	Quality and Regulatory Affairs		Regular

E1140_13449000-F020 - Other Cost of Sales	Bova, Joseph S.	Central Functions	Quality and Regulatory Affairs	Quality Assurance / Regulatory Compliance	Regular
E1140_17000001-F020 - Other Cost of Sales	Forsmalm, Göran	Central Functions	Quality and Regulatory Affairs		Regular
E1140_33489000-F070 - R&D Function	Cartier, Regis	Product Group	Implants		Regular
E1140_33480000-F070 - R&D Function	Bilinets, Maxym	Product Group	Digital Platform and Solutions	Device Software Development Group	Regular
E1140_33480000-F070 - R&D Function	Pape, Daniel	Product Group	Digital Platform and Solutions	Software Operations and Coding Group	Regular
E1140_33480000-F070 - R&D Function	Koza, Andre	Product Group	Digital Platform and Solutions	Device Software Development Group	Regular
E1140_33480000-F070 - R&D Function	Koza, Andre	Product Group	Digital Platform and Solutions	Device Software Development Group	Regular
E1140_33481000-F070 - R&D Function	Höij, Björn	Product Group	Implants		Regular
E1140_33480000-F070 - R&D Function	Van Meerbeeck, Bart	Product Group	Digital Platform and Solutions	Device Software Development Group	Regular

E1140_33480000-F070 - R&D Function	Guinsburg, Eugene	Product Group	Digital Platform and Solutions	Software Operations and Coding Group	Regular
E1140_33480000-F070 - R&D Function	Wirjadi, Oliver	Product Group	Digital Platform and Solutions	Device Software Developme nt Group	Regular
E1140_33480000-F070 - R&D Function	Eck, Simon	Product Group	Digital Platform and Solutions	Software Operations and Coding Group	Regular
E1140_33484000-F070 - R&D Function	Bilinets, Maxym	Product Group	Digital Platform and Solutions	Device Software Developme nt Group	Regular
E1140_33481000-F070 - R&D Function	Ragazzini, Jeffrey	Product Group	Implants		Regular
E1140_33480000-F070 - R&D Function	Koza, Andre	Product Group	Digital Platform and Solutions	Device Software Developme nt Group	Regular
E1140_33480000-F070 - R&D Function	Guinsburg, Eugene	Product Group	Digital Platform and Solutions	Software Operations and Coding Group	Regular
E1140_23160000-F060 - Other SG&A Function	Liu, Peter	Central Functions	General Administrat ion		Regular
E1140_21451000-F055 - Clinical Affairs	Marklew, Pamela	Product Group	Implants		Regular
E1143_53100-F053 - Customer Service	Nosek, Jörg	Wellspect	Wellspect		Regular

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(/) > Professional Licenses & Permits (/topics/professional-licenses-permits) > ... > Additional PMP Information (/additional-pmp-information) > MCSR for F

Manufacturer and distributor registration information

Learn about registration for manufacturers and distributors of medical devices and pharmaceuticals.

Medical device manufacturer and distributor registration

This policy is intended to assist manufacturers and/or distributors of medical devices in Massachusetts to ascertain whether they need to obtain a controlled substances registration from the Massachusetts Department of Public Health (MDPH). Such a controlled substances registration would be required under Massachusetts law and regulation (M.G.L. c. 94C and 105 CMR 700.000) if a company were to manufacture, distribute or dispense controlled substances in the Commonwealth, or possess controlled substances with the intent of manufacturing, distributing or dispensing. Please note that in accordance with Massachusetts law the term "controlled substance" denotes any prescription pharmaceutical (i.e., either a federally controlled substance or a "legend" drug). Thus, any medical device that contains a prescription pharmaceutical is considered to be a controlled substance in Massachusetts regardless of its standing as a medical device.

If you are a manufacturer and/or a distributor in Massachusetts and your company does not manufacture, dispense or distribute controlled substances within the Commonwealth, or possess controlled substances for such purposes your company does not need, and has no basis for obtaining, a controlled substances registration from Massachusetts.

Thus, for example, a manufacturer or distributor of a medical device is not required to register if:

1. the device does not contain any prescription pharmaceutical; or
2. the device does contain a prescription pharmaceutical but is not manufactured, stored, dispensed, or distributed within the Commonwealth.

Pharmaceutical manufacturer and distributor registration

This policy is intended to assist manufacturers and/or distributors of prescription pharmaceuticals to ascertain whether they need to obtain a controlled substances registration from the Massachusetts Department of

Public Health (MDPH). Such a controlled substances registration would be required under Massachusetts law and regulation (M.G.L. c. 94C and 105 CMR 700.000) if a company were to manufacture, distribute or dispense a controlled substance in the Commonwealth, or possess a controlled substance with the intent of manufacturing, distributing or dispensing. Please note that in accordance with Massachusetts law the term "controlled substance" denotes any prescription pharmaceutical (i.e., either a federally controlled substance or a "legend" drug).

If you are a manufacturer and/or a distributor in Massachusetts and your company does not manufacture, dispense or distribute a controlled substance within the Commonwealth, or possess a controlled substance for such purposes your company does not need, and has no basis for obtaining, a controlled substances registration from Massachusetts.

If you are a manufacturer and/or a distributor outside of Massachusetts and your company does not manufacture, dispense or distribute a controlled substance within the Commonwealth, or possess a controlled substance in the Commonwealth for such purposes your company does not need, and has no basis for obtaining, a controlled substances registration from Massachusetts.

Thus, for example, a manufacturer or distributor of a prescription pharmaceutical is not required to register if manufacture, storage and distribution of the pharmaceutical is handled from outside the state and the only activity within Massachusetts is direct delivery to a registered entity in the state.

CONTACT

Drug Control Program

Address

250 Washington Street, 3rd Floor, Boston, MA 02108

Directions (https://maps.google.com/?q=250+Washington+Street%2C+3rd+Floor%2C+Boston%2C+MA+02108)

Phone

(617) 973-0800 (tel:6179730800)

RELATED

Apply for, renew, or amend information for your facility MCSR
(/how-to/apply-for-renew-or-amend-information-for-your-facility-mcsr)

Verify an MCSR (/service-details/registration-verification-for-mcsr)

M.G.L. c. 94C (https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94C)

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

NON-REFUNDABLE $1,000.00 FEE

Rev (04/19/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Henry Schein, Inc.

Physical Address: 3701 Litsey Road

City: Fort Worth State: TX Zip: 76177

Mailing Address (if different from physical address): 135 Duryea Road, E-355

City: Melville State: NY Zip: 11747

Telephone: 817-505-1123 Website: www.henryschein.com

Name of Designated Representative (DR): Alan Juckem

Licensing Company Email: Licensure@henryschein.com DR Email: alan.juckem@henryschein.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - New Business, No Pharmaceutical Products Distributed

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: Henry Schein, Inc.

Mailing Address: 135 Duryea Road, E-355

City: Melville State: NY Zip: 11747

Telephone: 631-843-5500 Email: Licensure@henryschein.com

Contact Person Name: Regulatory Affairs Dept, Melinda Biegen

Date of SEC Registration: see 10-K | SEC Registration Number: see 10-K | Stock Exchange Symbol: HSIC

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Ettinger

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/14/22

Date

Board Use Only	Date Received: 9-19-22	Amount: 1000.00 CK-1577762

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

HENRY SCHEIN INC ATTN REGULATORY AFFAIRS
135 DURYEA RD E355
MELVILLE NY 11747

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

HENRY SCHEIN INC
3701 LITSEY RD
FORT WORTH, TX 76177

Pursuant to Health and Safety Code, Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1003460
Expires: May 9, 2024

NON-TRANSFERABLE

Commissioner

515762

NABP ACCREDITED

DRUG DISTRIBUTOR

Henry Schein, Inc.

located at

3701 Litsey Rd, Ft Worth, TX, 76177

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

04/22/2022 to 04/21/2025
Period of Accreditation

1189

HENRY SCHEIN®

GENERAL BUSINESS: 1-631-843-5500
FAX: 1-631-843-5680
www.henryschein.com

HENRY SCHEIN, INC
F.E.I.N 11-3136595
Officers:

Stanley M. Bergman	Chief Executive Officer	[redacted]UN Plaza, Apartment [redacted] New York, NY 10017 Date of Birth: [redacted] Drivers License # [redacted] Home Phone # [redacted]
James P. Breslawski	Vice Chairman and President Henry Schein Inc.	[redacted]Pheasant Run St. James, NY 11780 Date of Birth: [redacted] Drivers License # [redacted] Home Phone # [redacted]
Ronald N. South	Senior Vice President Chief Financial Officer	[redacted]Soundview Dr. Huntington, NY 11743 Date of Birth: [redacted] Drivers License # [redacted] Home Phone # [redacted]
Mark E. Mlotek	Executive Vice President Chief Strategic Officer	[redacted]First Ave, Apt[redacted] New York, NY 10016 Date of Birth: [redacted] Drivers License # [redacted] Home Phone # [redacted]
Michael S. Ettinger	Executive Vice President Chief Operating Officer	[redacted]Elm Street Woodbury, NY 11797 Date of Birth: [redacted] Drivers License # [redacted] Home Phone # [redacted]

Incorporated Delaware 12/23/1992

Top 5 Shareholders of Henry Schein, Inc.

1.	Name: The Vanguard Group, Inc.	SSN/TIN/FEIN# 23-1945930	Date of Birth: ☑ N/A	% of Ownership: 11.10
	Street Address: 100 Vanguard Blvd V26	City: Malvern	State: PA	Zip Code: 19355
2.	Name: Generation Investment Management LLP	SSN/TIN/FEIN# 98-0456791	Date of Birth: ☑ N/A	% of Ownership: 9.89
	Street Address: 20 Air Street	City: London	State: UK	Zip Code: W1B5AN UK
3.	Name: Longview Partners LLP	SSN/TIN/FEIN# N/A	Date of Birth: ☑ N/A	% of Ownership: 5.61
	Street Address: Thames Court 1 Queenhithe	City: London	State: UK	Zip Code: X0 EC4V3RL
4.	Name: BlackRock Institutional Trust Company, N.A.	SSN/TIN/FEIN# 32-0174431	Date of Birth: ☑ N/A	% of Ownership: 5.25
	Street Address: 400 Howard Street	City: San Francisco	State: CA	Zip Code: 94105
5.	Name: State Street Global Advisors (US)	SSN/TIN/FEIN# 90-0337987	Date of Birth: ☑ N/A	% of Ownership: 5.13
	Street Address: Channel Center, 1 Iron Street	City: Boston	State: MA	Zip Code: 02110

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
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- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
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- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

HENRY SCHEIN INC ATTN REGULATORY AFFAIRS
135 DURYEA RD E355
MELVILLE NY 11747

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

HENRY SCHEIN INC

3701 LITSEY RD
FORT WORTH, TX 76177

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1003460
Expires: May 9, 2024

NON-TRANSFERABLE

John Hellerstedt
Commissioner

515762

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HENRY SCHEIN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HENRY SCHEIN, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2320192 8300

SR# 20222551032

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203596265

Date: 06-04-22

HENRY SCHEIN®

GENERAL BUSINESS: 1-631-843-5500
FAX: 1-631-843-5680
www.henryschein.com

Fort Worth, TX

A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant

Alan Juckem – Operations Manager
Luis Nunez – Supervisor
Antwan Farris – Warehouse Specialist
Chris Cantu – Warehouse Specialist
Manuel Alonso – Warehouse Specialist
Otto Hernandez – Warehouse Specialist
Richard Tan – Warehouse Specialist
Mariah Dance – Security

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/25/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	**CONTACT NAME:** **PHONE (A/C. No. Ext):** (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105 **E-MAIL ADDRESS:**
INSURED Henry Schein, Inc., Subsidiaries & Affiliates 135 Duryea Road Melville NY 11747 USA	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A:** Berkshire Hathaway Specialty Ins Company — 22276 **INSURER B:** QBE Specialty Insurance Company — 11515 **INSURER C:** ProAssurance Specialty Insurance Company — 17400 **INSURER D:** Liberty Mutual Fire Ins Co — 23035 **INSURER E:** Liberty Insurance Corporation — 42404 **INSURER F:**

COVERAGES **CERTIFICATE NUMBER:** 570093233769 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
D	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [X] LOC OTHER:			TB2621093363032	06/01/2022	06/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $5,000,000 Excluded
D	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			AS2-621-093363-042	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$2,000,000
E	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION			TH7621093363072	06/01/2022	06/01/2023	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
E E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WA762D093363012 AOS WC7621093363022 WI	06/01/2022 06/01/2022	06/01/2023 06/01/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
C	Products Liab			N22NY380020 Claims Made	06/01/2022	06/01/2023	Each Occurrence Aggregate	$10,000,000 $10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance.

CERTIFICATE HOLDER

Henry Schein, Inc. and
its Subsidiary and Affiliated Companies
135 Duryea Road
Melville NY 11747 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier : EOC

Certificate No : 570093233769

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AGENCY CUSTOMER ID: 570000025511
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Henry Schein, Inc.,
POLICY NUMBER: See Certificate Number: 570093233769	
CARRIER: See Certificate Number: 570093233769 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
B	E&O-MPL-Primary			QPL2396220 Cyber Liab/Tech& E&O SIR applies per policy terms & conditions	10/31/2021	10/31/2022	Limit of Liability	$10,000,000
A	Fiduciary-Prim			47EPC31399301 Fiduciary Liability SIR applies per policy terms & conditions	02/07/2021	11/01/2022	Fiduciary Liability	$10,000,000

ACORD 101 (2008/01)

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AGENCY CUSTOMER ID: 570000025511
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Henry Schein, Inc.,
POLICY NUMBER: See Certificate Number: 570093233769	
CARRIER: See Certificate Number: 570093233769 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds

Henry Schein, Inc.
Ace Surgical Supply Company, Inc.
All Star Orthodontics
BIOHORIZONS IMPLANT SYSTEMS, INC.
Camlog
Dental Instrument Sales & Service, LLC
Dentrix Dental Systems
Exan Enterprises
G.I.V. Inc.
General Injectibles & Vaccines, Inc.
HF Acquisition Co. LLC
Hand Piece Parts & Repair, Inc.
Henry Schein and Schvadent
Henry Schein Dental, Inc.
Henry Schein Global Sourcing, Inc.
Henry Schein Medical
Henry Schein Practice Solutions
Henry Schein, Supply
HealthFirst
Impromed, LLC.
Insource, Inc.
Ortho Organizers, Inc.
Ortho Technology, Inc.
RXWORKS, INC.
Southern Anesthesia & Surgical
The Custom Milling Center, Inc.
Zahn Dental Company, Inc.
Zahn/Darby Lab
Edge Endo
Henry Schein Professional Practice Transitions
North American Rescue LLC and NAR Medical Depot, LLC
NAR Training
Lighthouse 360, Inc.
Hayes Handpiece Franchises, Inc.
Henry Schein One, LLC
US Endodontics
TDSC, Inc.
NAR Medical Depot LLC
Prism Medical Products - 12.31.20
Sesame Communications
eAssist Inc.
eAssist Publishing LLC

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Henry Schein, Inc. MDEG License # (if applicable) MP03023 and applying for NEW Wholesaler license

Physical Address 3701 Litsey Road

City Fort Worth State TX Zip 76177

Mailing Address (if different from physical address) 135 Duryea Rd, E-355

City Melville State NY Zip 11747

Telephone 631-843-5500 Website www.henryschein.com

Licensing Company Email Licensure@henryschein.com

Section 2: Personal Information

First Alan Middle Joseph Last Juckem

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN _____ Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Litsey Road

City Fort Worth State TX Zip 76177

Telephone [redacted] Email alan.juckem@henryschein.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin-Whitewater		1/99 – 12/01	
Address	**City**	**State**	**Zip**
800 W Main St	Whitewater	WI	53190
Diploma/Degree obtained, if any			
Bachelor's degree			

School Name		From - To (MM/YY – MM/YY)	
Waukesha South High School		09/90 – 06/93	
Address	**City**	**State**	**Zip**
401 E. ROBERTA AVE.	WAUKESHA	WI	53186
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/21-Current	[redacted]Lago St	Justin	TX	76247
06/18-11/21	[redacted]Open Range Dr	Fort Worth	TX	76177
02/08-06/18	[redacted]Vista Greens	Fort Worth	TX	76247
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Henry Schein, Inc.			04/21-Current	
Business Address		City	State	Zip
3701 Litsey Road		Fort Worth	TX	76177
Phone	Title		Number of Employed Hours	
817-505-1123	Operations Manager		Approx. 2,000+	
Description of Duties				
Responsible for on-site management of all operations				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. **Provide all the following *<u>where applicable</u>*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Alan Juckem, **certify that as the MDEG Administrator for**

Henry Schein, Inc.,

that I (initial that you have read and meet the following requirements):

1. AJ Have a high school diploma or its equivalent;
2. AJ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. AJ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. AJ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alan Juckem
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Nov. 9, 2022
Date

Board Use Only	Date Received:

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the fiscal year ended December 25, 2021

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the transition period from _____ to _____

Commission file number 0-27078

HENRY SCHEIN, INC.

(Exact name of registrant as specified in its charter)

Delaware	**11-3136595**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**

135 Duryea Road
Melville, New York
(Address of principal executive offices)
11747
(Zip Code)
(631) 843-5500
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $.01 per share	HSIC	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.
YES: ☒ NO: ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.
YES: ☐ NO: ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.
YES: ☒ NO: ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).
YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.
Large accelerated filer: ☒ Accelerated filer: ☐ Non-accelerated filer: ☐ Smaller reporting company: ☐ Emerging growth company: ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).
YES: ☐ NO: ☒

The aggregate market value of the registrant's voting stock held by non-affiliates of the registrant, computed by reference to the closing sales price as quoted on the Nasdaq Global Select Market on June 26, 2021, was approximately $10,405,142,000.

As of February 7, 2022, there were 137,172,800 shares of registrant's Common Stock, par value $.01 per share, outstanding.

Documents Incorporated by Reference:

Portions of the Registrant's definitive proxy statement to be filed pursuant to Regulation 14A not later than 120 days after the end of the fiscal year (December 25, 2021) are incorporated by reference in Part III hereof.

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PART I

ITEM 1. Business

General

Henry Schein, Inc. is a solutions company for health care professionals powered by a network of people and technology. We believe we are the world's largest provider of health care products and services primarily to office-based dental and medical practitioners, as well as alternate sites of care. Our philosophy is grounded in our commitment to help customers operate a more efficient and successful business so the practitioner can provide better clinical care.

With more than 89 years of experience distributing health care products, we have built a vast set of small, mid-sized and large customers in the dental and medical markets, serving more than one million customers worldwide across dental practices, laboratories, physician practices, and ambulatory surgery centers, as well as government, institutional health care clinics and other alternate care clinics.

We are headquartered in Melville, New York, employ more than 21,600 people (of which approximately 10,700 are based outside the United States) and have operations or affiliates in 32 countries and territories. Our broad global footprint has evolved over time through our organic success as well as through contribution from strategic acquisitions.

We offer a comprehensive selection of more than 120,000 branded products and Henry Schein private brand products in stock, as well as more than 180,000 additional products available as special-order items. Our infrastructure, including over 3.8 million square feet of space in 27 strategically located distribution centers around the world, enables us to historically provide rapid and accurate order fulfillment, better serve our customers and increase our operating efficiency. This infrastructure, together with broad product and service offerings at competitive prices, and a strong commitment to customer service, enables us to be a single source of supply for our customers' needs.

We conduct our business through two reportable segments: (i) health care distribution and (ii) technology and value-added services. These segments offer different products and services to the same customer base. Our dental businesses serve office-based dental practitioners, dental laboratories, schools, government and other institutions. Our medical businesses serve physician offices, urgent care centers, ambulatory care sites, emergency medical technicians, dialysis centers, home health, federal and state governments and large enterprises, such as group practices and integrated delivery networks, among other providers across a wide range of specialties.

The health care distribution reportable segment, combining our global dental and medical businesses, distributes consumable products, dental specialty products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products and vitamins. While our primary go-to-market strategy is in our capacity as a distributor, we also market and sell under our own private label portfolio of cost-effective, high-quality consumable merchandise products, and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.

The technology and value-added services reportable segment provides software, technology and other value-added services to health care practitioners. Henry Schein One, the largest contributor of sales to this category, offers dental practice management solutions for dental and medical practitioners. In addition, we offer dentists and physicians a broad suite of electronic health records, integrated revenue cycle management, patient communication services including electronic marketing and web-site design, analytics and patient demand generation. Finally, our value-added practice solutions include practice consultancy, education, and the facilitation of financial service offerings (on a non-recourse basis) to help dentists and physicians operate and expand their business operations. We believe our hands-on consultative approach to provide solutions to support practice decision-making is a key differentiator for our business.

Recent Developments

See "Management's Discussion and Analysis of Financial Condition and Results of Operations – Recent Developments" herein for a discussion related to the COVID-19 pandemic and recent corporate transactions.

Industry

The global health care distribution industry, as it relates to office-based health care practitioners, is fragmented and diverse. The industry ranges from sole practitioners working out of relatively small offices to mid-sized and large group practices ranging in size from a few practitioners to several hundred practices owned or operated by dental support organizations (DSOs), medical group purchasing organizations (GPOs), hospital systems or integrated delivery networks (IDNs).

Due in part to the inability of office-based health care practitioners to store and manage large quantities of supplies in their offices, the distribution of health care supplies and small equipment to office-based health care practitioners has been characterized by frequent, small quantity orders, and a need for rapid, reliable and substantially complete order fulfillment. The purchasing decisions within an office-based health care practice are typically made by the practitioner, hygienist or office manager. Supplies and small equipment are generally purchased from more than one distributor, with one generally serving as the primary supplier.

The health care distribution industry continues to experience growth due to demand driven by the aging population, increased health care awareness and the importance of preventative care, an increasing understanding of the connection between good oral health and overall health, improved access to care globally, the proliferation of medical technology and testing, new pharmacology treatments and expanded third-party insurance coverage, partially offset by the effects of unemployment on insurance coverage and technological improvements, including the advancement of software and services, prosthetic solutions and telemedicine. In addition, the non-acute market continues to benefit from the shift of procedures and diagnostic testing from acute care settings to alternate-care sites, particularly physicians' offices and ambulatory surgery centers.

We believe that consolidation within the industry will continue to result in a number of distributors, particularly those with limited financial, operating and marketing resources, seeking to combine with larger companies that can provide growth opportunities. This consolidation also may continue to result in distributors seeking to acquire companies that can enhance their current product and service offerings or provide opportunities to serve a broader customer base.

In addition, customer consolidation will likely lead to multiple locations under common management and the movement of more procedures from the hospital setting to the physician or alternate care setting as the health care industry is increasingly focused on efficiency and cost containment. This trend has benefited distributors capable of providing a broad array of products and services at low prices. It also has accelerated the growth of health maintenance organizations ("HMOs"), group practices, other managed care accounts and collective buying groups, which, in addition to their emphasis on obtaining products at competitive prices, tend to favor distributors capable of providing specialized management information support. We believe that the trend towards cost containment has the potential to favorably affect demand for technology solutions, including software, which can enhance the efficiency and facilitation of practice management.

Competition

The distribution and manufacture of health care supplies and equipment is highly competitive. Many of the health care products we sell are available to our customers from a number of suppliers. In addition, our competitors could obtain exclusive rights from manufacturers to market particular products. Manufacturers also could seek to sell directly to end-users, and thereby eliminate or reduce our role and that of other distributors. In certain parts of the dental end market, such as those related to dental specialty products, and medical end market manufacturers already sell directly to end customers.

In North America, we compete with other distributors, as well as several manufacturers, of dental and medical products, primarily on the basis of price, breadth of product line, e-commerce capabilities, customer service and

value-added products and services. In the dental market, our primary competitors in the U.S. are the Patterson Dental division of Patterson Companies, Inc. and Benco Dental Supply Company. In addition, we compete against a number of other distributors that operate on a national, regional and local level. Our primary competitors in the U.S. medical market, which accounts for the large majority of our global medical sales, are McKesson Corporation and Medline Industries, Inc., which are national distributors. We also compete with a number of regional and local medical distributors, as well as a number of manufacturers that sell directly to physicians. With regard to our dental software, we compete against numerous companies, including the Patterson Dental division of Patterson Companies, Inc., Carestream Health, Inc., Open Dental Software, Inc., PlanetDDS LLC, Good Methods Global Inc. (d.b.a. CareStack) and Curve Dental, LLC. In other software end markets, including revenue cycle management, patient relationship management and patient demand generation, we compete with companies such as Vyne Therapeutics Inc., EDI-Health Group, Inc. (d.b.a. Dental X Change, Inc.), Weave Communications, Inc., Solutionreach, Inc., ZocDoc, Inc., LocalMed Inc. and Prosites Inc. The medical practice management and electronic medical records market is fragmented and we compete with numerous companies such as the NextGen division of Quality Systems, Inc., eClinicalWorks, Allscripts Healthcare Solutions, Inc. and Epic Systems Corporation.

Outside of the U.S., we believe we are the only global distributor of supplies and equipment to dental practices and our competitors are primarily local and regional companies. We also face significant competition internationally, where we compete on the basis of price and customer service against several large competitors, including the GACD Group, Proclinic SA, Lifco AB, Planmeca Oy and Billericay Dental Supply Co. Ltd., as well as a large number of other dental and medical product distributors and manufacturers in international countries and territories we serve.

Competitive Strengths

We have more than 89 years of experience in distributing products to health care practitioners resulting in strong awareness of the Henry Schein® brand. Our competitive strengths include:

A focus on meeting our customers' unique needs. We are committed to providing customized solutions to our customers that are driven by our understanding of the end markets we serve and reflect the technology-driven products and services best suited for their practice needs. We are committed to continuing to enhance these offerings through organic investment in our products and our teams, as well as through the acquisition of new products and services that may help us better serve our customers.

Direct sales and marketing expertise. Our sales and marketing efforts are designed to establish and solidify customer relationships through personal or virtual visits by field sales representatives, frequent direct marketing and telesales contact, emphasizing our broad product lines, including exclusive distribution agreements, competitive prices and ease of order placement, particularly through our e-commerce platforms. The key elements of our direct sales and marketing efforts are:

- *Field sales consultants.* We have over 3,450 field sales consultants, including equipment sales specialists, covering major North American, European and other international markets. These consultants complement our direct marketing and telesales efforts and enable us to better market, service and support the sale of more sophisticated products and equipment.

- *Marketing.* During 2021, we marketed to existing and prospective office-based health care providers through a combination of owned, earned and paid digital channels, as well as through catalogs, flyers, direct mail and other promotional materials. Our strategies included an emphasis on educational content through webinars and content marketing initiatives. We continue to enhance our marketing technology to improve our targeting capability and the relevance of messaging and offers.

- *Telesales.* We support our direct marketing effort with approximately 2,100 inbound and outbound telesales representatives, who facilitate order processing, generate new sales through direct and frequent contact with customers and stay abreast of market developments and the hundreds of new products, services and technologies introduced each year to educate practice personnel.

- *Electronic commerce solutions.* We provide our customers and sales teams with innovative and competitive e-commerce solutions. We continue to invest in our e-commerce platform to offer enhanced content management so customers can more easily find the products they need and to enable an engaging purchase experience, supported by excellent customer service.

- *Social media.* Our operating entities and employees engage our customers and supplier partners through various social media platforms, which are an important element of our communications and marketing efforts. We continue to expand our social media presence to raise awareness about issues, engage customers beyond a sale and deliver services and solutions to specialized audiences.

Broad product and service offerings at competitive prices. We offer a broad range of products and services to our customers, at competitive prices, in the following categories:

- *Consumable supplies and equipment.* We distribute consumable products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, dental specialty products, diagnostic tests, infection-control products and vitamins. We offer over 120,000 Stock Keeping Units, or SKUs, to our customers. We offer over 180,000 additional SKUs to our customers in the form of special order items. We also market and sell our own private label portfolio of cost-effective, high-quality consumable merchandise products and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.

- *Technology and other value-added products and services.* We sell practice management, business analytics, patient engagement and patient demand creation software solutions to our dental customers. Our practice management solutions provide practitioners with electronic medical records, patient treatment history, analytics, billing, accounts receivable analyses and management, appointment calendars, electronic claims processing and word processing programs, network and hardware services, e-commerce and electronic marketing services, sourcing third party patient payment plans, transition services and training and education programs for practitioners. We also sell medical software for practice management, certified electronic health records ("EHR") and e-Prescribe medications and prescription solutions through MicroMD®. We have approximately 950 technical representatives supporting customers using our practice management solutions and services. As of December 25, 2021, we had an active user base of approximately 95,700 practices and 400,000 consumers, including users of AxiUm, Dentally®, Dentrix Ascend®, Dental Vision®, Dentrix® Dental Systems, Dentrix® Enterprise, Easy Dental®, EndoVision®, Evolution® and EXACT®, Gesden®, Jarvis Analytics™, Julie® Software, Oasis, OMSVision®, Orisline®, PBS Endo®, PerioVision®, Power Practice® Px, PowerDent, and Viive® and subscriptions for Demandforce®, Sesame, and Lighthouse360® for dental practices and DentalPlans.com® for dental patients; and MicroMD® for physician practices.

- *Repair services.* We have over 140 equipment sales and service centers worldwide that provide a variety of repair, installation and technical services for our health care customers. Our over 2,175 technicians provide installation and repair services for: dental handpieces; dental and medical small equipment; table-top sterilizers and large dental equipment.

- *Financial services.* We offer our customers solutions in operating their practices more efficiently by providing access to a number of financial services and products provided by third party suppliers (including non-recourse financing for equipment, technology and software products, non-recourse practice financing for leasehold improvements, business debt consolidation and commercial real estate, non-recourse patient financing and credit card processing) at rates that we believe are generally lower than what our customers would be able to secure independently. We also provide staffing services, dental practice valuation and brokerage services.

Commitment to superior customer service. We maintain a strong commitment to providing superior customer service. We frequently monitor our customer service through customer surveys, focus groups and statistical reports. Our customer service policy primarily focuses on:

- *Exceptional order fulfillment.* We ship an average of approximately 156,000 cartons daily. Historically, approximately 99% of items have been shipped without back ordering and were shipped on the same business day the order is received. Due to the significant increase in demand for personal protective equipment ("PPE"), as a result of COVID-19, during the year ended December 25, 2021, approximately 96% of items ordered were shipped without back ordering. As the demand for PPE stabilizes, we expect our percentage of items shipped without back-ordering and shipped on the same day to return to historical levels.

- *Comprehensive ordering process.* Customers may place orders 24 hours a day, 7 days a week via e-commerce solutions, telephone, fax, e-mail and mail.

Integrated management information systems. Our information systems generally allow for centralized management of key functions, including accounts receivable, inventory, accounts payable, payroll, purchasing, sales, order fulfillment and financial and operational reporting. These systems allow us to manage our growth, deliver superior customer service, properly target customers, manage financial performance and monitor daily operational statistics.

Cost-effective purchasing. We believe that cost-effective purchasing is a key element to maintaining and enhancing our position as a competitively priced provider of health care products. We continuously evaluate our purchase requirements and suppliers' offerings and prices in order to obtain products at the lowest possible cost. In 2021, our top 10 health care distribution suppliers and our single largest supplier accounted for approximately 30% and 4%, respectively, of our aggregate purchases.

Efficient distribution. We distribute our products from our strategically located distribution centers. We strive to maintain optimal inventory levels in order to satisfy customer demand for prompt delivery and complete order fulfillment. These inventory levels are managed on a daily basis with the aid of our management information systems. Once an order is entered, it is electronically transmitted to the distribution center nearest the customer's location for order fulfillment.

Products and Services

The following table sets forth the percentage of consolidated net sales by principal categories of products and services offered through our health care distribution and technology and value-added services reportable segments:

	December 25, 2021	December 26, 2020	December 28, 2019
Health care distribution:			
Dental products [1]	60.8%	58.4%	64.2%
Medical products [2]	34.0	35.8	29.8
Total health care distribution	94.8	94.2	94.0
Technology and value-added services:			
Software and related products and other value-added products [3]	5.2	5.1	5.2
Total excluding Corporate TSA revenues	100.0	99.3	99.2
Corporate TSA revenues [4]	-	0.7	0.8
Total	100.0	100.0	100.0

(1) Includes infection-control products, handpieces, preventatives, impression materials, composites, anesthetics, teeth, dental implants, gypsum, acrylics, articulators, abrasives, dental chairs, delivery units and lights, X-ray supplies and equipment, PPE, equipment repair and high-tech and digital restoration equipment.

(2) Includes branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products, X-ray products, equipment, PPE and vitamins.

(3) Consists of practice management software and other value-added products, which are distributed primarily to health care providers, and financial services on a non-recourse basis, e-services, continuing education services for practitioners, consulting and other services.

(4) Corporate TSA revenues represents sales of certain products to Covetrus under the transition services agreement entered into in connection with the Animal Health Spin-off, which ended in December 2020. See Note-23 Related Party Transactions for further information.

Business Strategy

Our objective is to continue to expand as a global value-added provider of health care products and services to office-based dental and medical practitioners by increasing their efficiency and success. To accomplish this, we apply our competitive strengths in executing the following strategies:

- *Increase penetration of our existing customer base.* We have over 1 million customers worldwide and we intend to increase sales to our existing customer base and enhance our position as their primary supplier. We believe our offering of a broad range of products, services and support, including software solutions that can help drive improved workflow efficiency and patient communications for practices, coupled with our full-service value proposition, helps us to retain and grow our customer base.

- *Increase the number of customers we serve.* This strategy includes increasing the productivity of our field sales consultants and telesales team, as well as using our customer database to focus our marketing efforts in all of our operating segments. In the dental business, we provide products and services to independent practices, mid-market groups, and large DSOs as well as community health centers and government sites of care. Leveraging our broad array of assets and capabilities, we offer solutions to address these new markets. In the medical business, we have expanded to serve customers located in settings outside of the traditional office, such as urgent care clinics, retail, occupational health and home health settings. As settings of health care shift, we remain committed to serving these practitioners and providing them with the products and services they need.

- *Leverage our value-added products and services.* We continue to increase cross-selling efforts for key product lines utilizing a consultative selling process. In the dental business, we have significant cross-selling opportunities between our dental software users and our dental distribution customers. In the medical business, we have opportunities to expand our vaccine, injectables and other pharmaceuticals sales to health care practitioners, as well as cross-selling EHR systems and software when we sell our core products. Our strategy extends to providing health systems, integrated delivery networks and other large group and multi-site health care organizations, including physician clinics, these same value added products and services. As physicians and health systems closely align, we have increased access to opportunities for cross-marketing and selling our product and service portfolios.

- *Pursue strategic acquisitions and joint ventures.* Our acquisition strategy is focused on investments in companies that add new customers and sales teams, increase our geographic footprint (whether entering a new country, such as emerging markets, or building scale where we have already invested in businesses), and finally, those that enable us to access new products and technologies.

Markets Served

Demographic trends indicate that our markets are growing, as an aging U.S. population is increasingly using health care services. According to the U.S. Census Bureau's International Database, between 2021 and 2031, the 45 and older population is expected to grow by approximately 11%. Between 2021 and 2041, this age group is expected to grow by approximately 22%. This compares with expected total U.S. population growth rates of approximately 7% between 2021 and 2031 and approximately 12% between 2021 and 2041.

In the dental industry, there is predicted to be a rise in oral health care expenditures as the 45-and-older segment of the population increases. There is increasing demand for new technologies that allow dentists to increase productivity, and this is being driven in the U.S. by lower insurance reimbursement rates. At the same time, there is an expected increase in dental insurance coverage.

In the medical market, there continues to be a migration of procedures from acute-care settings to physicians' offices and home health settings, a trend that we believe provides additional opportunities for us. There also is the continuing use of vaccines, injectables and other pharmaceuticals in alternate-care settings. We believe we have established a leading position as a vaccine supplier to the office-based physician practitioner.

We support our dental and medical professionals through the many SKUs that we offer, as well as through important value-added services, including practice management software, electronic claims processing, financial services and continuing education, all designed to help maximize a practitioner's efficiency.

Additionally, we seek to expand our dental full-service model and medical offerings in countries where opportunities exist. We do this through both direct sales and by partnering with local distribution companies.

For information on revenues and long-lived assets by geographic area, see Note 3 – Segment and Geographic Data of "Notes to Consolidated Financial Statements."

Seasonality and Other Factors Affecting Our Business and Quarterly Results

We experience fluctuations in quarterly earnings. As a result, we may fail to meet or exceed the expectations of securities analysts and investors, which could cause our stock price to decline.

Our business is subject to seasonal and other quarterly fluctuations. Sales and profitability generally have been higher in the third and fourth quarters due to the timing of sales of seasonal products (including influenza vaccine) purchasing patterns of office-based health care practitioners for certain products (including equipment and software) and year-end promotions. Sales and profitability may also be impacted by the timing of certain annual and biennial dental tradeshows where equipment promotions are offered. In addition, some dental practices delay equipment purchases in the U.S. until year-end due to tax incentives. We expect our historical seasonality of sales to continue in the foreseeable future.

Governmental Regulations

We strive to be compliant with the applicable laws, regulations and guidance described below, and believe we have effective compliance programs and other controls in place to ensure substantial compliance. However, compliance is not guaranteed either now or in the future, as certain laws, regulations and guidance may be subject to varying and evolving interpretations that could affect our ability to comply, as well as future changes, additions and enforcement approaches, including political changes. President Biden's administration (the "Biden Administration") has indicated that it will be more aggressive in its pursuit of alleged violations of law, and it has revoked certain guidance that would have limited governmental use of informal agency guidance to pursue potential violations, as well as that it was more prepared to pursue individuals for corporate law violations, including an aggressive approach to anti-corruption activities. Changes to applicable laws, regulations and guidance described below, as well as related administrative or judicial interpretations, may require us to update or revise our operations, services, marketing practices and compliance programs and controls, and may impose additional and unforeseen costs on us, pose new or previously immaterial risks to us, or may otherwise have a material adverse effect on our business.

Government

Certain of our businesses involve the distribution, importation, exportation, marketing and sale of, and third party payment for, pharmaceuticals and medical devices, and in this regard, we are subject to extensive local, state, federal and foreign governmental laws and regulations, including as applicable to our wholesale distribution of pharmaceuticals and medical devices, and as part of our specialty home medical supply business that distributes and sells medical equipment and supplies directly to patients. The federal government and state governments have also increased enforcement activity in the health care sector, particularly in areas of fraud and abuse, anti-bribery and corruption, controlled substances handling, medical device regulations and data privacy and security standards.

Government and private insurance programs fund a large portion of the total cost of medical care, and there have been efforts to limit such private and government insurance programs, including efforts, thus far unsuccessful, to seek repeal of the entire United States Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act, each enacted in March 2010, (as amended, the "ACA"). In addition, activities to control medical costs, including laws and regulations lowering reimbursement rates for pharmaceuticals, medical devices and/or medical treatments or services, are ongoing. Many of these laws and regulations are subject to change and their evolving implementation may impact our operations and our financial performance.

Our businesses are also generally subject to numerous other laws and regulations that could impact our financial performance, including securities, antitrust, consumer protection, anti-bribery and anti-kickback, customer interaction transparency, data privacy, data security, government contracting, price gouging and other laws and regulations.

Failure to comply with laws, rules or regulations could have a material adverse effect on our business.

Operating, Security and Licensure Standards

Certain of our businesses are subject to local, state and federal governmental laws and regulations relating to the distribution of pharmaceuticals and medical devices and supplies. Among the United States federal laws applicable to us are the Controlled Substances Act, the Federal Food, Drug, and Cosmetic Act, as amended ("FDC Act"), and Section 361 of the Public Health Service Act, as well as laws regulating the billing of and reimbursement from government programs, such as Medicare and Medicaid, and from commercial payers. We are also subject to comparable foreign regulations.

The FDC Act, the Controlled Substances Act, their implementing regulations, and similar foreign laws generally regulate the introduction, manufacture, advertising, marketing and promotion, sampling, pricing and reimbursement, labeling, packaging, storage, handling, returning or recalling, reporting, and distribution of, and record keeping for, pharmaceuticals and medical devices shipped in interstate commerce, and states may similarly regulate such activities within the state. Furthermore, Section 361 of the Public Health Service Act, which provides authority to prevent the introduction, transmission or spread of communicable diseases, serves as the legal basis for the United States Food and Drug Administration's ("FDA") regulation of human cells, tissues and cellular and tissue-based products, also known as "HCT/P products."

The Federal Drug Quality and Security Act of 2013 brought about significant changes with respect to pharmaceutical supply chain requirements. Title II of this measure, known as the Drug Supply Chain Security Act ("DSCSA"), is being phased in over a period of ten years, and is intended to build a national electronic, interoperable system by November 27, 2023, that will identify and trace certain prescription drugs as they are distributed in the United States. The law's track and trace requirements applicable to manufacturers, wholesalers, repackagers and dispensers (e.g., pharmacies) of prescription drugs took effect in January 2015, and continues to be implemented. The DSCSA product tracing requirements replace the former FDA drug pedigree requirements and pre-empt certain state requirements that are inconsistent with, more stringent than, or in addition to, the DSCSA requirements.

The DSCSA also establishes certain requirements for the licensing and operation of prescription drug wholesalers and third-party logistics providers ("3PLs"), and includes the eventual creation of national wholesaler and 3PL licenses in cases where states do not license such entities. The DSCSA requires that wholesalers and 3PLs distribute drugs in accordance with certain standards regarding the recordkeeping, storage and handling of prescription drugs. The DSCSA requires wholesalers and 3PLs to submit annual reports to the FDA, which include information regarding each state where the wholesaler or 3PL is licensed, the name and address of each facility and contact information. According to FDA guidance, states are pre-empted from imposing any licensing requirements that are inconsistent with, less stringent than, directly related to, or covered by the standards established by federal law in this area. Current state licensing requirements concerning wholesalers will remain in effect until the FDA issues new regulations as directed by the DSCSA. In addition, with respect to our specialty home medical supply business, we are subject to certain state licensure laws (including state pharmacy laws), and also certain accreditation standards, including to qualify for reimbursement from Medicare and other third-party payers.

The Food and Drug Administration Amendments Act of 2007 and the Food and Drug Administration Safety and Innovation Act of 2012 amended the FDC Act to require the FDA to promulgate regulations to implement a unique device identification ("UDI") system. The UDI rule phased in the implementation of the UDI regulations, generally beginning with the highest-risk devices (i.e., Class III medical devices) and ending with the lowest-risk devices. Most compliance dates were reached as of September 24, 2018, with a final set of requirements for low risk devices being reached on September 24, 2022, which will complete the phase in. However, in May 2021, the FDA issued an enforcement policy stating that it does not intend to object to the use of legacy identification numbers on device labels and packages for finished devices manufactured and labeled prior to September 24, 2023.

The UDI regulations require "labelers" to include unique device identifiers ("UDIs"), with a content and format prescribed by the FDA and issued under a system operated by an FDA-accredited issuing agency, on the labels and packages of medical devices (including, but not limited to, certain software that qualifies as a medical device under FDA rules), and to directly mark certain devices with UDIs. The UDI regulations also require labelers to submit certain information concerning UDI-labeled devices to the FDA, much of which information is publicly available on an FDA database, the Global Unique Device Identification Database. The UDI regulations and subsequent FDA guidance regarding the UDI requirements provide for certain exceptions, alternatives and time extensions. For example, the UDI regulations include a general exception for Class I devices exempt from the Quality System Regulation (other than record-keeping requirements and complaint files). Regulated labelers include entities such as device manufacturers, repackagers, reprocessors and relabelers that cause a device's label to be applied or modified, with the intent that the device will be commercially distributed without any subsequent replacement or modification of the label and include certain of our businesses.

Under the Controlled Substances Act, as a distributor of controlled substances, we are required to obtain and renew annually registrations for our facilities from the United States Drug Enforcement Administration ("DEA") permitting us to handle controlled substances. We are also subject to other statutory and regulatory requirements relating to the storage, sale, marketing, handling, reporting, record-keeping and distribution of such drugs, in accordance with the Controlled Substances Act and its implementing regulations, and these requirements have been subject to heightened enforcement activity in recent times. We are subject to inspection by the DEA. Certain of our businesses are also required to register for permits and/or licenses with, and comply with operating and security standards of, the DEA, the FDA, the United States Department of Health and Human Services ("HHS"), and various state boards of pharmacy, state health departments and/or comparable state agencies as well as comparable foreign agencies, and certain accrediting bodies, depending on the type of operations and location of product distribution, manufacturing or sale. These businesses include those that distribute, manufacture and/or repackage prescription pharmaceuticals and/or medical devices and/or HCT/P products, or own pharmacy operations, or install, maintain or repair equipment.

In addition, Section 301 of the National Organ Transplant Act, and a number of comparable state laws, impose civil and/or criminal penalties for the transfer of certain human tissue (for example, human bone products) for valuable consideration, while generally permitting payments for the reasonable costs incurred in procuring, processing, storing and distributing that tissue. We are also subject to foreign government regulation of such products. The DEA, the FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers, seize or order the recall of products and impose significant criminal, civil and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers.

EU Regulation of Medicinal and Dental Products

European Union ("EU") member states regulate their own healthcare systems, as does EU law. The latter regulates certain matters, most notably medicinal products and medical devices. Medicinal products are defined, broadly, as substances or combinations of substances having certain functionalities and may not include medical devices. EU "regulations" apply in all Member States, whereas "directives" are implemented by the individual laws of member states.

On medicines for humans, we are regulated under Directive No. 2001/83/EC of 6 November 2001, as amended by Directive 2003/63/EC of 25 June 2003, and EU Regulation (EC) No. 726/2004 of 31 March 2004. These rules provide for the authorization of products, and regulate their manufacture, importation, marketing and distribution. It implements requirements which may be implemented without warning, as well as a national pharmacovigilance system under which marketing authorizations may be withdrawn, and includes potential sanctions for breaches of the rules, and on other bases such as harmfulness or inefficiency.

EU Regulation No. 1223/2009 of 30 November 2009 *on cosmetic products* requires that cosmetic products (which includes dental products) be safe for human health when used under normal or reasonably foreseeable conditions of use and comply with certain obligations which apply to manufacturer, importer and distributor. It includes market surveillance, and non-compliance may result in the recall or withdrawal of products, along with other sanctions.

In the EU, the EU Medical Device Regulation No. 2017/745 of 5 April 2017 ("EU MDR") covers a wide scope of our activities, from dental material to X-ray machines, and certain software. It was meant to become applicable three years after publication (i.e., May 26, 2020). However, on April 23, 2020, to allow European Economic Area ("EEA") national authorities, notified bodies, manufacturers and other actors to focus fully on urgent priorities related to the COVID-19 pandemic, the European Council and Parliament adopted Regulation 2020/561, postponing the date of application of the EU MDR by one year (to May 26, 2021).

The EU MDR significantly modifies and intensifies the regulatory compliance requirements for the medical device industry as a whole. Among other things, the EU MDR:

- strengthens the rules on placing devices on the market and reinforces surveillance once they are available;
- establishes explicit provisions on manufacturers' responsibilities for the follow-up of the quality, performance and safety of devices placed on the market;
- improves the traceability of medical devices throughout the supply chain to the end-user or patient through a unique identification number;
- sets up a central database to provide patients, healthcare professionals and the public with comprehensive information on products available in the EU;
- strengthens rules for the assessment of certain high-risk devices, such as implants, which may have to undergo an additional check by experts before they are placed on the market; and
- identifies importers and distributors and medical device products through registration in a database (EUDAMED not due until May 26, 2022 and after).

In particular, the EU MDR imposes stricter requirements for the confirmation that a product meets the regulatory requirements, including regarding a product's clinical evaluation and a company's quality systems, and for the distribution, marketing and sale of medical devices, including post-market surveillance. Medical devices that have been assessed and/or certified under the EU Medical Device Directive may continue to be placed on the market until 2024 (or until the expiry of their certificates, if applicable and earlier); however, requirements regarding the distribution, marketing and sale including quality systems and post-market surveillance have to be observed by manufacturers, importers and distributors as of the application date.

Other EU regulations that may apply under appropriate circumstances include EU Regulation No. 1907/2006 of 18 December 2006 *concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals*, which requires importers to register substances or mixtures that they import in the EU beyond certain quantities, and the EU Regulation No. 1272/2008 of 16 December 2008 on classification, labelling and packaging of substances and mixtures, which sets various obligations with respect to the labelling and packaging of concerned substances and mixtures.

Furthermore, compliance with legal requirements has required and may in the future require us to delay product release, sale or distribution, or institute voluntary recalls of, or other corrective action with respect, to products we sell, each of which could result in regulatory and enforcement actions, financial losses and potential reputational harm. Our customers are also subject to significant federal, state, local and foreign governmental regulation, which may affect our interactions with customers, including the design and functionality of our products.

Certain of our businesses are subject to various additional federal, state, local and foreign laws and regulations, including with respect to the sale, transportation, storage, handling and disposal of hazardous or potentially hazardous substances, and safe working conditions. In addition, certain of our businesses must operate in compliance with a variety of burdensome and complex billing and record-keeping requirements in order to substantiate claims for payment under federal, state and commercial healthcare reimbursement programs. One of these businesses was recently suspended by CMS from receiving payments from Medicare, although it is permitted to continue to perform and bill for Medicare services. The amounts billed are being deposited in an escrow account pending resolution of an audit. The Company has not recognized revenue for these services and has currently deferred slightly over $4 million in revenue.

Certain of our businesses also maintain contracts with governmental agencies and are subject to certain regulatory requirements specific to government contractors.

Antitrust and Consumer Protection

The federal government of the United States, most U.S. states and many foreign countries have antitrust laws that prohibit certain types of conduct deemed to be anti-competitive, as well as consumer protection laws that seek to protect consumers from improper business practices. At the U.S. federal level, the Federal Trade Commission oversees enforcement of these types of laws, and states have similar government agencies. Violations of antitrust or consumer protection laws may result in various sanctions, including criminal and civil penalties. Private plaintiffs may also bring civil lawsuits against us in the United States for alleged antitrust law violations, including claims for treble damages. EU law also regulates competition and provides for detailed rules protecting consumers. The Biden Administration has indicated increased antitrust enforcement and has been more aggressive in enforcement activities.

Health Care Fraud

Certain of our businesses are subject to federal and state (and similar foreign) health care fraud and abuse, referral and reimbursement laws and regulations with respect to their operations. Some of these laws, referred to as "false claims laws," prohibit the submission or causing the submission of false or fraudulent claims for reimbursement to federal, state and other health care payers and programs. Other laws, referred to as "anti-kickback laws," prohibit soliciting, offering, receiving or paying remuneration in order to induce the referral of a patient or ordering, purchasing, leasing or arranging for, or recommending ordering, purchasing or leasing of, items or services that are paid for by federal, state and other health care payers and programs. Certain additional state and federal laws, such as the federal Physician Self-Referral Law, commonly known as the "Stark Law," prohibit physicians and other health professionals from referring a patient to an entity with which the physician (or family member) has a financial relationship, for the furnishing of certain designated health services (for example, durable medical equipment and medical supplies), unless an exception applies. Violations of Anti-Kickback Statutes or the Stark Law may be enforced as violations of the federal False Claims Act.

The fraud and abuse laws and regulations have been subject to heightened enforcement activity over the past few years, and significant enforcement activity has been the result of "relators" who serve as whistleblowers by filing complaints in the name of the United States (and if applicable, particular states) under applicable false claims laws, and who may receive up to 30% of total government recoveries. Penalties under fraud and abuse laws may be severe, including treble damages and substantial civil penalties under the federal False Claims Act, as well as potential loss of licenses and the ability to participate in federal and state health care programs, criminal penalties, or imposition of a corporate compliance monitor which could have a material adverse effect on our business. Also, these measures may be interpreted or applied by a prosecutorial, regulatory or judicial authority in a manner that could require us to make changes in our operations or incur substantial defense and settlement expenses. Even unsuccessful challenges by regulatory authorities or private relators could result in reputational harm and the incurring of substantial costs. Most states have adopted similar state false claims laws, and these state laws have their own penalties, which may be in addition to federal False Claims Act penalties, as well as other fraud and abuse laws.

With respect to measures of this type, the United States government (among others) has expressed concerns about financial relationships between suppliers on the one hand and physicians and dentists on the other. As a result, we regularly review and revise our marketing practices as necessary to facilitate compliance.

We also are subject to certain United States and foreign laws and regulations concerning the conduct of our foreign operations, including the U.S. Foreign Corrupt Practices Act, the U.K. Bribery Act, German anti-corruption laws and other anti-bribery laws and laws pertaining to the accuracy of our internal books and records, which have been the focus of increasing enforcement activity globally in recent years.

While we believe that we are substantially compliant with applicable fraud and abuse laws and regulations, and have adequate compliance programs and controls in place to ensure substantial compliance, we cannot predict whether changes in applicable law, or interpretation of laws, or changes in our services or marketing practices in response to changes in applicable law or interpretation of laws, or failure to comply with applicable law, could have a material adverse effect on our business.

Affordable Care Act and Other Insurance Reform

The ACA increased federal oversight of private health insurance plans and included a number of provisions designed to reduce Medicare expenditures and the cost of health care generally, to reduce fraud and abuse, and to provide access to increased health coverage. The ACA also materially expanded the number of individuals in the United States with health insurance.

The ACA has faced frequent legal challenges, including litigation seeking to invalidate and Congressional action seeking to repeal some of or all of the law or the manner in which it has been implemented. In 2012, the United States Supreme Court, in upholding the constitutionality of the ACA and its individual mandate provision requiring that people buy health insurance or else face a penalty, simultaneously limited ACA provisions requiring Medicaid expansion, making such expansion a state-by-state decision. In addition, one of the major political parties in the United States remains committed to seeking the ACA's legislative repeal, but legislative efforts to do so have previously failed to pass both chambers of Congress. Under President Trump's administration, a number of administrative actions were taken to materially weaken the ACA, including, without limitation, by permitting the use of less robust plans with lower coverage and eliminating "premium support" for insurers providing policies under the ACA. The Tax Cuts and Jobs Act enacted in 2017, which contains a broad range of tax reform provisions that impact the individual and corporate tax rates, international tax provisions, income tax add-back provisions and deductions, also effectively repealed the ACA's individual mandate by zeroing out the penalty for non-compliance. In the most recent ACA litigation, the federal Fifth Circuit Court of Appeals found the individual mandate to be unconstitutional, and returned the case to the District Court for the Northern District of Texas for consideration of whether the remainder of the ACA could survive the excision of the individual mandate. The Fifth Circuit's decision was appealed to the United States Supreme Court. The Supreme Court issued a decision on June 17, 2021. Without reaching the merits of the case, the Supreme Court held that the plaintiffs in the case did not have standing to challenge the ACA. Any outcomes of future cases that change the ACA, in addition to future legislation, regulation, guidance and/or Executive Orders that do the same, could have a significant impact on the U.S. healthcare industry. For instance, the American Rescue Plan Act of 2021 enhanced premium tax credits, which has resulted in an expansion of the number of people covered under the ACA. These changes are time-limited, with some enhancements in place for 2021 only and others available through the end of 2022.

An ACA provision, generally referred to as the Physician Payment Sunshine Act or Open Payments Program (the "Sunshine Act"), imposes annual reporting and disclosure requirements for drug and device manufacturers and distributors with regard to payments or other transfers of value made to certain covered recipients (including physicians, dentists, teaching hospitals, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthesiologist assistants, and certified nurse midwives), and for such manufacturers and distributors and for group purchasing organizations, with regard to certain ownership interests held by covered recipients in the reporting entity. The Centers for Medicare and Medicaid Services ("CMS") publishes information from these reports on a publicly available website, including amounts transferred and physician, dentist, teaching hospital, and non-physician practitioner identities. The Sunshine Act pre-empts similar state reporting laws, although we or our subsidiaries may be required to report under certain state transparency laws that address circumstances not covered by the Sunshine Act, and some of these state laws, as well as the federal law, can be unclear. We are also subject to foreign regulations requiring transparency of certain interactions between suppliers and their customers.

In the United States, government actions to seek to increase health-related price transparency may also affect our business.

Another notable Medicare health care reform initiative, the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA"), enacted on April 16, 2015, established a new payment framework, which modified certain Medicare payments to "eligible clinicians," including physicians, dentists and other practitioners. Under MACRA, certain eligible clinicians are required to participate in Medicare through the Merit-Based Incentive Payment System ("MIPS") or Advanced Alternative Payment Models, through which Medicare reimbursement to eligible clinicians includes both positive and negative payment adjustments that take into account quality, promoting interoperability, cost and improvement activities. Data collected in the first MIPS performance year (2017) determined payment adjustments that began January 1, 2019. MACRA standards and payment levels continue to evolve, and reflect a fundamental change in physician reimbursement that is expected to provide substantial

financial incentives for physicians to participate in risk contracts, and to increase physician information technology and reporting obligations. The implications of the implementation of MACRA are uncertain and will depend on future regulatory activity and physician activity in the marketplace. New state-level payment and delivery system reform programs, including those modeled after such federal programs, are also increasingly being rolled out through Medicaid administrators, as well as through the private sector, which may further alter the marketplace and impact our business.

Recently, in addition to other government efforts to control health care costs, there has been increased scrutiny on drug pricing and concurrent efforts to control or reduce drug costs by Congress, the President, executive branch agencies and various states. At the state level, several states have adopted laws that require drug manufacturers to provide advance notice of certain price increases and to report information relating to those price increases, while others have taken legislative or administrative action to establish prescription drug affordability boards or multi-payer purchasing pools to reduce the cost of prescription drugs. At the federal level, several related bills have been introduced and regulations proposed which, if enacted or finalized, respectively, would impact drug pricing and related costs.

As a result of political, economic and regulatory influences, the health care distribution industry in the United States is under intense scrutiny and subject to fundamental changes. We cannot predict what further reform proposals, if any, will be adopted, when they may be adopted, or what impact they may have on us.

EU Directive on the pricing and reimbursement of medicinal products

EU law provides for the regulation of the pricing of medicinal products which are implemented by EU member states (Directive No. 89/105/EC of 21 December 1988 *relating to the transparency of measures regulating the pricing of medicinal products for human use and their inclusion in the scope of national health insurance systems*). Member states may, subject notably to transparency conditions and to the statement of reasons based upon objective and verifiable criteria, regulate the price charged (or its increases) for authorized medicines and their level of reimbursement, or they may freeze prices, place controls on the profitability of persons responsible for placing medicinal products on the market, and include or exclude the medicine on the list of products covered by national health insurance systems.

EU law does not expressly include provisions like those of the Sunshine Act in the United States, but a growing number of EU member states (such as France since 2011) have enacted laws to increase the transparency of relationships in the healthcare sector. The scope of these laws varies from one member state to another and may, for example, include the relations between healthcare industry players and physicians or their associations, students preparing for medical professions or their associations, teachers, health establishments or publishers of prescription and dispensing assistance software.

Regulated Software; Electronic Health Records

The FDA has become increasingly active in addressing the regulation of computer software and digital health products intended for use in health care settings. The 21st Century Cures Act (the "Cures Act"), signed into law on December 13, 2016, among other things, amended the medical device definition to exclude certain software from FDA regulation, including clinical decision support software that meets certain criteria. On September 27, 2019, the FDA issued a suite of guidance documents on digital health products, which incorporated applicable Cures Act standards, including regarding the types of clinical decision support tools and other software that are exempt from regulation by the FDA as medical devices, and continues to issue new guidance in this area. Certain of our businesses involve the development and sale of software and related products to support physician and dental practice management, and it is possible that the FDA or foreign government authorities could determine that one or more of our products is a medical device, which could subject us or one or more of our businesses to substantial additional requirements with respect to these products.

In addition, our businesses that involve physician and dental practice management products, and our specialty home medical supply business, include electronic information technology systems that store and process personal health, clinical, financial and other sensitive information of individuals. These information technology systems may be vulnerable to breakdown, wrongful intrusions, data breaches and malicious attack, which could require us to

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

NON-REFUNDABLE $1,000.00 FEE

Rev (04/19/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Henry Schein, Inc.

Physical Address: 6055 Commerce Drive

City: Whitestown State: IN Zip: 46075

Mailing Address (if different from physical address): 135 Duryea Road, E-355

City: Melville State: NY Zip: 11747

Telephone: 317-614-3873 Website: www.henryschein.com

Name of Designated Representative (DR): Michael Ampil

Licensing Company Email: Licensure@henryschein.com DR Email: mike.ampil@henryschein.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - New Business, No Pharmaceutical Products Distributed

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: Henry Schein, Inc.

Mailing Address: 135 Duryea Road, E-355

City: Melville State: NY Zip: 11747

Telephone: 631-843-5500 Email: Licensure@henryschein.com

Contact Person Name: Regulatory Affairs Dept, Melinda Biegen

Date of SEC Registration: see 10-K | SEC Registration Number: see 10-K | Stock Exchange Symbol: HSIC

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Ettinger

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/14/22

Date

Board Use Only	Date Received: _____	Amount: _____

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record

Personal Information

Facility Name:	Henry Schein, Inc.
Address:	6055 Commerce Drive Whitestown, IN 46075
Owner Name:	

License Information

Number Issued:	48002530A
License Type:	Wholesale Drug Distributor
Status:	Active
Issue date:	06/03/2022
Expiration Date:	09/30/2024
Obtained By:	Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at http://www.in.gov/pla/boards.htm.

Digitally Certified on: Mon Oct 24 12:35:45 PM EST 2022

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

License Number	Expire Date
48002530A	09/30/2024

Henry Schein, Inc.

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

License Number	Expire Date
48002530A	09/30/2024

Henry Schein, Inc.

Signature _____

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: Henry Schein, Inc.

I, Deborah J. Frye, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to
https://secure.in.gov/apps/pla/search/verify/
and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Deborah J. Frye

Deborah J. Frye, Executive Director
Mon Oct 24 12:35:45 PM EST 2022

NABP ACCREDITED
DRUG DISTRIBUTOR

Henry Schein, Inc.

located at

6055 Commerce Dr, Whitestown, IN, 46075

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

05/22/2022 to 05/21/2025
Period of Accreditation

HENRY SCHEIN®

GENERAL BUSINESS: 1-631-843-5500
FAX: 1-631-843-5680
www.henryschein.com

HENRY SCHEIN, INC
F.E.I.N 11-3136595
Officers:

Stanley M. Bergman	Chief Executive Officer	[redacted]UN Plaza, Apartment [redacted] New York, NY 10017 Date of Birth: [redacted] Drivers License #[redacted] Home Phone # [redacted]
James P. Breslawski	Vice Chairman and President Henry Schein Inc.	[redacted]Pheasant Run St. James, NY 11780 Date of Birth: [redacted] Drivers License #[redacted] Home Phone # [redacted]
Ronald N. South	Senior Vice President Chief Financial Officer	[redacted]Soundview Dr. Huntington, NY 11743 Date of Birth: [redacted] Drivers License #[redacted] Home Phone #[redacted]
Mark E. Mlotek	Executive Vice President Chief Strategic Officer	[redacted]First Ave, [redacted] New York, NY 10016 Date of Birth: [redacted] Drivers License #[redacted] Home Phone #[redacted]
Michael S. Ettinger	Executive Vice President Chief Operating Officer	[redacted]Elm Street Woodbury, NY 11797 Date of Birth: [redacted] Drivers License #[redacted] Home Phone #[redacted]

Incorporated Delaware 12/23/1992

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HENRY SCHEIN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HENRY SCHEIN, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2320192 8300

SR# 20222551032

Authentication: 203596265

Date: 06-04-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Top 5 Shareholders of Henry Schein, Inc.

1.	Name:	SSN/TIN/FEIN#	Date of Birth: ☑ N/A	% of Ownership:
	The Vanguard Group, Inc.	23-1945930		11.10
	Street Address:	City:	State:	Zip Code:
	100 Vanguard Blvd V26	Malvern	PA	19355
2.	Name:	SSN/TIN/FEIN#	Date of Birth: ☑ N/A	% of Ownership:
	Generation Investment Management LLP	98-0456791		9.89
	Street Address:	City:	State:	Zip Code:
	20 Air Street	London	UK	W1B5AN UK
3.	Name:	SSN/TIN/FEIN#	Date of Birth: ☑ N/A	% of Ownership:
	Longview Partners LLP	N/A		5.61
	Street Address:	City:	State:	Zip Code:
	Thames Court 1 Queenhithe	London	UK	X0 EC4V3RL
4.	Name:	SSN/TIN/FEIN#	Date of Birth: ☑ N/A	% of Ownership:
	BlackRock Institutional Trust Company, N.A.	32-0174431		5.25
	Street Address:	City:	State:	Zip Code:
	400 Howard Street	San Francisco	CA	94105
5.	Name:	SSN/TIN/FEIN#	Date of Birth: ☑ N/A	% of Ownership:
	State Street Global Advisors (US)	90-0337987		5.13
	Street Address:	City:	State:	Zip Code:
	Channel Center, 1 Iron Street	Boston	MA	02110

HENRY SCHEIN®

GENERAL BUSINESS: 1-631-843-5500
FAX: 1-631-843-5680
www.henryschein.com

Whitestown, IN

A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant

Michael Ampil – Operations Manager
Jason Dalrymple – Supervisor
Sheryl Castaneda – Warehouse Specialist
Jhoanna Graham – Warehouse Specialist
Tarence French – Warehouse Specialist
Keith Graham – Warehouse Specialist
Lamont Stokes – Warehouse Specialist

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/25/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Berkshire Hathaway Specialty Ins Company	22276
INSURER B:	QBE Specialty Insurance Company	11515
INSURER C:	ProAssurance Specialty Insurance Company	17400
INSURER D:	Liberty Mutual Fire Ins Co	23035
INSURER E:	Liberty Insurance Corporation	42404
INSURER F:		

INSURED
Henry Schein, Inc.,
Subsidiaries & Affiliates
135 Duryea Road
Melville NY 11747 USA

COVERAGES **CERTIFICATE NUMBER: 570093233769** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
D	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			TB2621093363032	06/01/2022	06/01/2023	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC						GENERAL AGGREGATE	$5,000,000
							PRODUCTS - COMP/OP AGG	Excluded
	OTHER:							
D	AUTOMOBILE LIABILITY X ANY AUTO			AS2-621-093363-042	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
	OWNED AUTOS ONLY HIRED AUTOS ONLY						BODILY INJURY (Per person)	
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
E	X UMBRELLA LIAB X OCCUR			TH7621093363072	06/01/2022	06/01/2023	EACH OCCURRENCE	$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$5,000,000
	DED RETENTION							
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WA762D093363012 AOS	06/01/2022	06/01/2023	X PER STATUTE OTH-ER	
E	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC7621093363022 WI	06/01/2022	06/01/2023	E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
C	Products Liab			N22NY380020 Claims Made	06/01/2022	06/01/2023	Each Occurrence Aggregate	$10,000,000 $10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance.

CERTIFICATE HOLDER

Henry Schein, Inc. and
its Subsidiary and Affiliated Companies
135 Duryea Road
Melville NY 11747 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

Holder Identifier : EOC

Certificate No : 570093233769

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AGENCY CUSTOMER ID: 570000025511
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Henry Schein, Inc.,
POLICY NUMBER: See Certificate Number: 570093233769	
CARRIER: See Certificate Number: 570093233769 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES - If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
B	E&O-MPL-Primary			QPL2396220 Cyber Liab/Tech& E&O SIR applies per policy terms & conditions	10/31/2021	10/31/2022	Limit of Liability	$10,000,000
A	Fiduciary-Prim			47EPC31399301 Fiduciary Liability SIR applies per policy terms & conditions	02/07/2021	11/01/2022	Fiduciary Liability	$10,000,000

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AGENCY CUSTOMER ID: 570000025511
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Henry Schein, Inc.,
POLICY NUMBER	
See Certificate Number: 570093233769	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570093233769	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds

Henry Schein, Inc.
Ace Surgical Supply Company, Inc.
All Star Orthodontics
BIOHORIZONS IMPLANT SYSTEMS, INC.
Camlog
Dental Instrument Sales & Service, LLC
Dentrix Dental Systems
Exan Enterprises
G.I.V. Inc.
General Injectibles & Vaccines, Inc.
HF Acquisition Co. LLC
Hand Piece Parts & Repair, Inc.
Henry Schein and Schvadent
Henry Schein Dental, Inc.
Henry Schein Global Sourcing, Inc.
Henry Schein Medical
Henry Schein Practice Solutions
Henry Schein, Supply
HealthFirst
Impromed, LLC.
Insource, Inc.
Ortho Organizers, Inc.
Ortho Technology, Inc.
RXWORKS, INC.
Southern Anesthesia & Surgical
The Custom Milling Center, Inc.
Zahn Dental Company, Inc.
Zahn/Darby Lab
Edge Endo
Henry Schein Professional Practice Transitions
North American Rescue LLC and NAR Medical Depot, LLC
NAR Training
Lighthouse 360, Inc.
Hayes Handpiece Franchises, Inc.
Henry Schein One, LLC
US Endodontics
TDSC, Inc.
NAR Medical Depot LLC
Prism Medical Products - 12.31.20
Sesame Communications
eAssist Inc.
eAssist Publishing LLC

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Henry Schein, Inc. MDEG License # (if applicable): MP03081 and applying for NEW Wholesaler license

Physical Address: 6055 Commerce Drive

City: Whitestown State: IN Zip: 46075

Mailing Address (if different from physical address): 135 Duryea Rd, E-355

City: Melville State: NY Zip: 11747

Telephone: 631-843-5500 Website: www.henryschein.com

Licensing Company Email: Licensure@henryschein.com

Section 2: Personal Information

First: Michael Middle: Angelo Last: Ampil

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Commerce Drive

City: Whitestown State: IN Zip: 46075

Telephone: [redacted] Email: mike.ampil@henryschein.com

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	N/A	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	N/A	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	N/A	

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Purdue University (Indiana University/Purdue University Campus)		09/90 – 05/02	
Address	**City**	**State**	**Zip**
420 University Blvd.	Indianapolis	IN	46202
Diploma/Degree obtained, if any			
Bachelor of Arts – Psychology			

School Name		From - To (MM/YY – MM/YY)	
Roncalli High School		09/86 – 05/90	
Address	**City**	**State**	**Zip**
3300 Prague Road	Indianapolis	IN	46227
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/04-Current	[redacted] Flicker Court	Indianapolis	IN	46237
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)
Henry Schein, Inc.		04/21-Current
Business Address	**City**	**State / Zip**
6055 Commerce Drive	Whitestown	IN 46075
Phone	**Title**	**Number of Employed Hours**
317-614-3873	Operations Manager	Approx. 2,000+
Description of Duties		
Responsible for on-site management of all operations		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Michael Ampil, certify that as the MDEG Administrator for

Henry Schein, Inc.,

that I (initial that you have read and meet the following requirements):

1. MA Have a high school diploma or its equivalent;
2. MA Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MA Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MA Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Ampil
Print Name (First, Last)

Michael Ampil
Original Signature (electronic, copies or stamps not accepted)

10/21/2022
Date

Board Use Only	Date Received:

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the fiscal year ended December 25, 2021

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the transition period from _____ to _____

Commission file number 0-27078

HENRY SCHEIN, INC.

(Exact name of registrant as specified in its charter)

Delaware	**11-3136595**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**

135 Duryea Road
Melville, New York
(Address of principal executive offices)
11747
(Zip Code)

(631) 843-5500
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $.01 per share	HSIC	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.
YES: ☒ NO: ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.
YES: ☐ NO: ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.
YES: ☒ NO: ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).
YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.
Large accelerated filer: ☒ Accelerated filer: ☐ Non-accelerated filer: ☐ Smaller reporting company: ☐ Emerging growth company: ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).
YES: ☐ NO: ☒

The aggregate market value of the registrant's voting stock held by non-affiliates of the registrant, computed by reference to the closing sales price as quoted on the Nasdaq Global Select Market on June 26, 2021, was approximately $10,405,142,000.

As of February 7, 2022, there were 137,172,800 shares of registrant's Common Stock, par value $.01 per share, outstanding.

Documents Incorporated by Reference:

Portions of the Registrant's definitive proxy statement to be filed pursuant to Regulation 14A not later than 120 days after the end of the fiscal year (December 25, 2021) are incorporated by reference in Part III hereof.

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PART I

ITEM 1. Business

General

Henry Schein, Inc. is a solutions company for health care professionals powered by a network of people and technology. We believe we are the world's largest provider of health care products and services primarily to office-based dental and medical practitioners, as well as alternate sites of care. Our philosophy is grounded in our commitment to help customers operate a more efficient and successful business so the practitioner can provide better clinical care.

With more than 89 years of experience distributing health care products, we have built a vast set of small, mid-sized and large customers in the dental and medical markets, serving more than one million customers worldwide across dental practices, laboratories, physician practices, and ambulatory surgery centers, as well as government, institutional health care clinics and other alternate care clinics.

We are headquartered in Melville, New York, employ more than 21,600 people (of which approximately 10,700 are based outside the United States) and have operations or affiliates in 32 countries and territories. Our broad global footprint has evolved over time through our organic success as well as through contribution from strategic acquisitions.

We offer a comprehensive selection of more than 120,000 branded products and Henry Schein private brand products in stock, as well as more than 180,000 additional products available as special-order items. Our infrastructure, including over 3.8 million square feet of space in 27 strategically located distribution centers around the world, enables us to historically provide rapid and accurate order fulfillment, better serve our customers and increase our operating efficiency. This infrastructure, together with broad product and service offerings at competitive prices, and a strong commitment to customer service, enables us to be a single source of supply for our customers' needs.

We conduct our business through two reportable segments: (i) health care distribution and (ii) technology and value-added services. These segments offer different products and services to the same customer base. Our dental businesses serve office-based dental practitioners, dental laboratories, schools, government and other institutions. Our medical businesses serve physician offices, urgent care centers, ambulatory care sites, emergency medical technicians, dialysis centers, home health, federal and state governments and large enterprises, such as group practices and integrated delivery networks, among other providers across a wide range of specialties.

The health care distribution reportable segment, combining our global dental and medical businesses, distributes consumable products, dental specialty products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products and vitamins. While our primary go-to-market strategy is in our capacity as a distributor, we also market and sell under our own private label portfolio of cost-effective, high-quality consumable merchandise products, and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.

The technology and value-added services reportable segment provides software, technology and other value-added services to health care practitioners. Henry Schein One, the largest contributor of sales to this category, offers dental practice management solutions for dental and medical practitioners. In addition, we offer dentists and physicians a broad suite of electronic health records, integrated revenue cycle management, patient communication services including electronic marketing and web-site design, analytics and patient demand generation. Finally, our value-added practice solutions include practice consultancy, education, and the facilitation of financial service offerings (on a non-recourse basis) to help dentists and physicians operate and expand their business operations. We believe our hands-on consultative approach to provide solutions to support practice decision-making is a key differentiator for our business.

Recent Developments

See "Management's Discussion and Analysis of Financial Condition and Results of Operations – Recent Developments" herein for a discussion related to the COVID-19 pandemic and recent corporate transactions.

Industry

The global health care distribution industry, as it relates to office-based health care practitioners, is fragmented and diverse. The industry ranges from sole practitioners working out of relatively small offices to mid-sized and large group practices ranging in size from a few practitioners to several hundred practices owned or operated by dental support organizations (DSOs), medical group purchasing organizations (GPOs), hospital systems or integrated delivery networks (IDNs).

Due in part to the inability of office-based health care practitioners to store and manage large quantities of supplies in their offices, the distribution of health care supplies and small equipment to office-based health care practitioners has been characterized by frequent, small quantity orders, and a need for rapid, reliable and substantially complete order fulfillment. The purchasing decisions within an office-based health care practice are typically made by the practitioner, hygienist or office manager. Supplies and small equipment are generally purchased from more than one distributor, with one generally serving as the primary supplier.

The health care distribution industry continues to experience growth due to demand driven by the aging population, increased health care awareness and the importance of preventative care, an increasing understanding of the connection between good oral health and overall health, improved access to care globally, the proliferation of medical technology and testing, new pharmacology treatments and expanded third-party insurance coverage, partially offset by the effects of unemployment on insurance coverage and technological improvements, including the advancement of software and services, prosthetic solutions and telemedicine. In addition, the non-acute market continues to benefit from the shift of procedures and diagnostic testing from acute care settings to alternate-care sites, particularly physicians' offices and ambulatory surgery centers.

We believe that consolidation within the industry will continue to result in a number of distributors, particularly those with limited financial, operating and marketing resources, seeking to combine with larger companies that can provide growth opportunities. This consolidation also may continue to result in distributors seeking to acquire companies that can enhance their current product and service offerings or provide opportunities to serve a broader customer base.

In addition, customer consolidation will likely lead to multiple locations under common management and the movement of more procedures from the hospital setting to the physician or alternate care setting as the health care industry is increasingly focused on efficiency and cost containment. This trend has benefited distributors capable of providing a broad array of products and services at low prices. It also has accelerated the growth of health maintenance organizations ("HMOs"), group practices, other managed care accounts and collective buying groups, which, in addition to their emphasis on obtaining products at competitive prices, tend to favor distributors capable of providing specialized management information support. We believe that the trend towards cost containment has the potential to favorably affect demand for technology solutions, including software, which can enhance the efficiency and facilitation of practice management.

Competition

The distribution and manufacture of health care supplies and equipment is highly competitive. Many of the health care products we sell are available to our customers from a number of suppliers. In addition, our competitors could obtain exclusive rights from manufacturers to market particular products. Manufacturers also could seek to sell directly to end-users, and thereby eliminate or reduce our role and that of other distributors. In certain parts of the dental end market, such as those related to dental specialty products, and medical end market manufacturers already sell directly to end customers.

In North America, we compete with other distributors, as well as several manufacturers, of dental and medical products, primarily on the basis of price, breadth of product line, e-commerce capabilities, customer service and

value-added products and services. In the dental market, our primary competitors in the U.S. are the Patterson Dental division of Patterson Companies, Inc. and Benco Dental Supply Company. In addition, we compete against a number of other distributors that operate on a national, regional and local level. Our primary competitors in the U.S. medical market, which accounts for the large majority of our global medical sales, are McKesson Corporation and Medline Industries, Inc., which are national distributors. We also compete with a number of regional and local medical distributors, as well as a number of manufacturers that sell directly to physicians. With regard to our dental software, we compete against numerous companies, including the Patterson Dental division of Patterson Companies, Inc., Carestream Health, Inc., Open Dental Software, Inc., PlanetDDS LLC, Good Methods Global Inc. (d.b.a. CareStack) and Curve Dental, LLC. In other software end markets, including revenue cycle management, patient relationship management and patient demand generation, we compete with companies such as Vyne Therapeutics Inc., EDI-Health Group, Inc. (d.b.a. Dental X Change, Inc.), Weave Communications, Inc., Solutionreach, Inc., ZocDoc, Inc., LocalMed Inc. and Prosites Inc. The medical practice management and electronic medical records market is fragmented and we compete with numerous companies such as the NextGen division of Quality Systems, Inc., eClinicalWorks, Allscripts Healthcare Solutions, Inc. and Epic Systems Corporation.

Outside of the U.S., we believe we are the only global distributor of supplies and equipment to dental practices and our competitors are primarily local and regional companies. We also face significant competition internationally, where we compete on the basis of price and customer service against several large competitors, including the GACD Group, Proclinic SA, Lifco AB, Planmeca Oy and Billericay Dental Supply Co. Ltd., as well as a large number of other dental and medical product distributors and manufacturers in international countries and territories we serve.

Competitive Strengths

We have more than 89 years of experience in distributing products to health care practitioners resulting in strong awareness of the Henry Schein® brand. Our competitive strengths include:

A focus on meeting our customers' unique needs. We are committed to providing customized solutions to our customers that are driven by our understanding of the end markets we serve and reflect the technology-driven products and services best suited for their practice needs. We are committed to continuing to enhance these offerings through organic investment in our products and our teams, as well as through the acquisition of new products and services that may help us better serve our customers.

Direct sales and marketing expertise. Our sales and marketing efforts are designed to establish and solidify customer relationships through personal or virtual visits by field sales representatives, frequent direct marketing and telesales contact, emphasizing our broad product lines, including exclusive distribution agreements, competitive prices and ease of order placement, particularly through our e-commerce platforms. The key elements of our direct sales and marketing efforts are:

- *Field sales consultants.* We have over 3,450 field sales consultants, including equipment sales specialists, covering major North American, European and other international markets. These consultants complement our direct marketing and telesales efforts and enable us to better market, service and support the sale of more sophisticated products and equipment.

- *Marketing.* During 2021, we marketed to existing and prospective office-based health care providers through a combination of owned, earned and paid digital channels, as well as through catalogs, flyers, direct mail and other promotional materials. Our strategies included an emphasis on educational content through webinars and content marketing initiatives. We continue to enhance our marketing technology to improve our targeting capability and the relevance of messaging and offers.

- *Telesales.* We support our direct marketing effort with approximately 2,100 inbound and outbound telesales representatives, who facilitate order processing, generate new sales through direct and frequent contact with customers and stay abreast of market developments and the hundreds of new products, services and technologies introduced each year to educate practice personnel.

- *Electronic commerce solutions.* We provide our customers and sales teams with innovative and competitive e-commerce solutions. We continue to invest in our e-commerce platform to offer enhanced content management so customers can more easily find the products they need and to enable an engaging purchase experience, supported by excellent customer service.

- *Social media.* Our operating entities and employees engage our customers and supplier partners through various social media platforms, which are an important element of our communications and marketing efforts. We continue to expand our social media presence to raise awareness about issues, engage customers beyond a sale and deliver services and solutions to specialized audiences.

Broad product and service offerings at competitive prices. We offer a broad range of products and services to our customers, at competitive prices, in the following categories:

- *Consumable supplies and equipment.* We distribute consumable products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, dental specialty products, diagnostic tests, infection-control products and vitamins. We offer over 120,000 Stock Keeping Units, or SKUs, to our customers. We offer over 180,000 additional SKUs to our customers in the form of special order items. We also market and sell our own private label portfolio of cost-effective, high-quality consumable merchandise products and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.

- *Technology and other value-added products and services.* We sell practice management, business analytics, patient engagement and patient demand creation software solutions to our dental customers. Our practice management solutions provide practitioners with electronic medical records, patient treatment history, analytics, billing, accounts receivable analyses and management, appointment calendars, electronic claims processing and word processing programs, network and hardware services, e-commerce and electronic marketing services, sourcing third party patient payment plans, transition services and training and education programs for practitioners. We also sell medical software for practice management, certified electronic health records ("EHR") and e-Prescribe medications and prescription solutions through MicroMD®. We have approximately 950 technical representatives supporting customers using our practice management solutions and services. As of December 25, 2021, we had an active user base of approximately 95,700 practices and 400,000 consumers, including users of AxiUm, Dentally®, Dentrix Ascend®, Dental Vision®, Dentrix® Dental Systems, Dentrix® Enterprise, Easy Dental®, EndoVision®, Evolution® and EXACT®, Gesden®, Jarvis Analytics™, Julie® Software, Oasis, OMSVision®, Orisline®, PBS Endo®, PerioVision®, Power Practice® Px, PowerDent, and Viive® and subscriptions for Demandforce®, Sesame, and Lighthouse360® for dental practices and DentalPlans.com® for dental patients; and MicroMD® for physician practices.

- *Repair services.* We have over 140 equipment sales and service centers worldwide that provide a variety of repair, installation and technical services for our health care customers. Our over 2,175 technicians provide installation and repair services for: dental handpieces; dental and medical small equipment; table-top sterilizers and large dental equipment.

- *Financial services.* We offer our customers solutions in operating their practices more efficiently by providing access to a number of financial services and products provided by third party suppliers (including non-recourse financing for equipment, technology and software products, non-recourse practice financing for leasehold improvements, business debt consolidation and commercial real estate, non-recourse patient financing and credit card processing) at rates that we believe are generally lower than what our customers would be able to secure independently. We also provide staffing services, dental practice valuation and brokerage services.

Commitment to superior customer service. We maintain a strong commitment to providing superior customer service. We frequently monitor our customer service through customer surveys, focus groups and statistical reports. Our customer service policy primarily focuses on:

- *Exceptional order fulfillment.* We ship an average of approximately 156,000 cartons daily. Historically, approximately 99% of items have been shipped without back ordering and were shipped on the same business day the order is received. Due to the significant increase in demand for personal protective equipment ("PPE"), as a result of COVID-19, during the year ended December 25, 2021, approximately 96% of items ordered were shipped without back ordering. As the demand for PPE stabilizes, we expect our percentage of items shipped without back-ordering and shipped on the same day to return to historical levels.

- *Comprehensive ordering process.* Customers may place orders 24 hours a day, 7 days a week via e-commerce solutions, telephone, fax, e-mail and mail.

Integrated management information systems. Our information systems generally allow for centralized management of key functions, including accounts receivable, inventory, accounts payable, payroll, purchasing, sales, order fulfillment and financial and operational reporting. These systems allow us to manage our growth, deliver superior customer service, properly target customers, manage financial performance and monitor daily operational statistics.

Cost-effective purchasing. We believe that cost-effective purchasing is a key element to maintaining and enhancing our position as a competitively priced provider of health care products. We continuously evaluate our purchase requirements and suppliers' offerings and prices in order to obtain products at the lowest possible cost. In 2021, our top 10 health care distribution suppliers and our single largest supplier accounted for approximately 30% and 4%, respectively, of our aggregate purchases.

Efficient distribution. We distribute our products from our strategically located distribution centers. We strive to maintain optimal inventory levels in order to satisfy customer demand for prompt delivery and complete order fulfillment. These inventory levels are managed on a daily basis with the aid of our management information systems. Once an order is entered, it is electronically transmitted to the distribution center nearest the customer's location for order fulfillment.

Products and Services

The following table sets forth the percentage of consolidated net sales by principal categories of products and services offered through our health care distribution and technology and value-added services reportable segments:

	December 25, 2021	December 26, 2020	December 28, 2019
Health care distribution:			
Dental products [1]	60.8%	58.4%	64.2%
Medical products [2]	34.0	35.8	29.8
Total health care distribution	94.8	94.2	94.0
Technology and value-added services:			
Software and related products and other value-added products [3]	5.2	5.1	5.2
Total excluding Corporate TSA revenues	100.0	99.3	99.2
Corporate TSA revenues [4]	-	0.7	0.8
Total	100.0	100.0	100.0

(1) Includes infection-control products, handpieces, preventatives, impression materials, composites, anesthetics, teeth, dental implants, gypsum, acrylics, articulators, abrasives, dental chairs, delivery units and lights, X-ray supplies and equipment, PPE, equipment repair and high-tech and digital restoration equipment.

(2) Includes branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products, X-ray products, equipment, PPE and vitamins.

(3) Consists of practice management software and other value-added products, which are distributed primarily to health care providers, and financial services on a non-recourse basis, e-services, continuing education services for practitioners, consulting and other services.

(4) Corporate TSA revenues represents sales of certain products to Covetrus under the transition services agreement entered into in connection with the Animal Health Spin-off, which ended in December 2020. See Note-23 Related Party Transactions for further information.

Business Strategy

Our objective is to continue to expand as a global value-added provider of health care products and services to office-based dental and medical practitioners by increasing their efficiency and success. To accomplish this, we apply our competitive strengths in executing the following strategies:

- *Increase penetration of our existing customer base.* We have over 1 million customers worldwide and we intend to increase sales to our existing customer base and enhance our position as their primary supplier. We believe our offering of a broad range of products, services and support, including software solutions that can help drive improved workflow efficiency and patient communications for practices, coupled with our full-service value proposition, helps us to retain and grow our customer base.

- *Increase the number of customers we serve.* This strategy includes increasing the productivity of our field sales consultants and telesales team, as well as using our customer database to focus our marketing efforts in all of our operating segments. In the dental business, we provide products and services to independent practices, mid-market groups, and large DSOs as well as community health centers and government sites of care. Leveraging our broad array of assets and capabilities, we offer solutions to address these new markets. In the medical business, we have expanded to serve customers located in settings outside of the traditional office, such as urgent care clinics, retail, occupational health and home health settings. As settings of health care shift, we remain committed to serving these practitioners and providing them with the products and services they need.

- *Leverage our value-added products and services.* We continue to increase cross-selling efforts for key product lines utilizing a consultative selling process. In the dental business, we have significant cross-selling opportunities between our dental software users and our dental distribution customers. In the medical business, we have opportunities to expand our vaccine, injectables and other pharmaceuticals sales to health care practitioners, as well as cross-selling EHR systems and software when we sell our core products. Our strategy extends to providing health systems, integrated delivery networks and other large group and multi-site health care organizations, including physician clinics, these same value added products and services. As physicians and health systems closely align, we have increased access to opportunities for cross-marketing and selling our product and service portfolios.

- *Pursue strategic acquisitions and joint ventures.* Our acquisition strategy is focused on investments in companies that add new customers and sales teams, increase our geographic footprint (whether entering a new country, such as emerging markets, or building scale where we have already invested in businesses), and finally, those that enable us to access new products and technologies.

Markets Served

Demographic trends indicate that our markets are growing, as an aging U.S. population is increasingly using health care services. According to the U.S. Census Bureau's International Database, between 2021 and 2031, the 45 and older population is expected to grow by approximately 11%. Between 2021 and 2041, this age group is expected to grow by approximately 22%. This compares with expected total U.S. population growth rates of approximately 7% between 2021 and 2031 and approximately 12% between 2021 and 2041.

In the dental industry, there is predicted to be a rise in oral health care expenditures as the 45-and-older segment of the population increases. There is increasing demand for new technologies that allow dentists to increase productivity, and this is being driven in the U.S. by lower insurance reimbursement rates. At the same time, there is an expected increase in dental insurance coverage.

In the medical market, there continues to be a migration of procedures from acute-care settings to physicians' offices and home health settings, a trend that we believe provides additional opportunities for us. There also is the continuing use of vaccines, injectables and other pharmaceuticals in alternate-care settings. We believe we have established a leading position as a vaccine supplier to the office-based physician practitioner.

We support our dental and medical professionals through the many SKUs that we offer, as well as through important value-added services, including practice management software, electronic claims processing, financial services and continuing education, all designed to help maximize a practitioner's efficiency.

Additionally, we seek to expand our dental full-service model and medical offerings in countries where opportunities exist. We do this through both direct sales and by partnering with local distribution companies.

For information on revenues and long-lived assets by geographic area, see Note 3 – Segment and Geographic Data of "Notes to Consolidated Financial Statements."

Seasonality and Other Factors Affecting Our Business and Quarterly Results

We experience fluctuations in quarterly earnings. As a result, we may fail to meet or exceed the expectations of securities analysts and investors, which could cause our stock price to decline.

Our business is subject to seasonal and other quarterly fluctuations. Sales and profitability generally have been higher in the third and fourth quarters due to the timing of sales of seasonal products (including influenza vaccine) purchasing patterns of office-based health care practitioners for certain products (including equipment and software) and year-end promotions. Sales and profitability may also be impacted by the timing of certain annual and biennial dental tradeshows where equipment promotions are offered. In addition, some dental practices delay equipment purchases in the U.S. until year-end due to tax incentives. We expect our historical seasonality of sales to continue in the foreseeable future.

Governmental Regulations

We strive to be compliant with the applicable laws, regulations and guidance described below, and believe we have effective compliance programs and other controls in place to ensure substantial compliance. However, compliance is not guaranteed either now or in the future, as certain laws, regulations and guidance may be subject to varying and evolving interpretations that could affect our ability to comply, as well as future changes, additions and enforcement approaches, including political changes. President Biden's administration (the "Biden Administration") has indicated that it will be more aggressive in its pursuit of alleged violations of law, and it has revoked certain guidance that would have limited governmental use of informal agency guidance to pursue potential violations, as well as that it was more prepared to pursue individuals for corporate law violations, including an aggressive approach to anti-corruption activities. Changes to applicable laws, regulations and guidance described below, as well as related administrative or judicial interpretations, may require us to update or revise our operations, services, marketing practices and compliance programs and controls, and may impose additional and unforeseen costs on us, pose new or previously immaterial risks to us, or may otherwise have a material adverse effect on our business.

Government

Certain of our businesses involve the distribution, importation, exportation, marketing and sale of, and third party payment for, pharmaceuticals and medical devices, and in this regard, we are subject to extensive local, state, federal and foreign governmental laws and regulations, including as applicable to our wholesale distribution of pharmaceuticals and medical devices, and as part of our specialty home medical supply business that distributes and sells medical equipment and supplies directly to patients. The federal government and state governments have also increased enforcement activity in the health care sector, particularly in areas of fraud and abuse, anti-bribery and corruption, controlled substances handling, medical device regulations and data privacy and security standards.

Government and private insurance programs fund a large portion of the total cost of medical care, and there have been efforts to limit such private and government insurance programs, including efforts, thus far unsuccessful, to seek repeal of the entire United States Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act, each enacted in March 2010, (as amended, the "ACA"). In addition, activities to control medical costs, including laws and regulations lowering reimbursement rates for pharmaceuticals, medical devices and/or medical treatments or services, are ongoing. Many of these laws and regulations are subject to change and their evolving implementation may impact our operations and our financial performance.

Our businesses are also generally subject to numerous other laws and regulations that could impact our financial performance, including securities, antitrust, consumer protection, anti-bribery and anti-kickback, customer interaction transparency, data privacy, data security, government contracting, price gouging and other laws and regulations.

Failure to comply with laws, rules or regulations could have a material adverse effect on our business.

Operating, Security and Licensure Standards

Certain of our businesses are subject to local, state and federal governmental laws and regulations relating to the distribution of pharmaceuticals and medical devices and supplies. Among the United States federal laws applicable to us are the Controlled Substances Act, the Federal Food, Drug, and Cosmetic Act, as amended ("FDC Act"), and Section 361 of the Public Health Service Act, as well as laws regulating the billing of and reimbursement from government programs, such as Medicare and Medicaid, and from commercial payers. We are also subject to comparable foreign regulations.

The FDC Act, the Controlled Substances Act, their implementing regulations, and similar foreign laws generally regulate the introduction, manufacture, advertising, marketing and promotion, sampling, pricing and reimbursement, labeling, packaging, storage, handling, returning or recalling, reporting, and distribution of, and record keeping for, pharmaceuticals and medical devices shipped in interstate commerce, and states may similarly regulate such activities within the state. Furthermore, Section 361 of the Public Health Service Act, which provides authority to prevent the introduction, transmission or spread of communicable diseases, serves as the legal basis for the United States Food and Drug Administration's ("FDA") regulation of human cells, tissues and cellular and tissue-based products, also known as "HCT/P products."

The Federal Drug Quality and Security Act of 2013 brought about significant changes with respect to pharmaceutical supply chain requirements. Title II of this measure, known as the Drug Supply Chain Security Act ("DSCSA"), is being phased in over a period of ten years, and is intended to build a national electronic, interoperable system by November 27, 2023, that will identify and trace certain prescription drugs as they are distributed in the United States. The law's track and trace requirements applicable to manufacturers, wholesalers, repackagers and dispensers (e.g., pharmacies) of prescription drugs took effect in January 2015, and continues to be implemented. The DSCSA product tracing requirements replace the former FDA drug pedigree requirements and pre-empt certain state requirements that are inconsistent with, more stringent than, or in addition to, the DSCSA requirements.

The DSCSA also establishes certain requirements for the licensing and operation of prescription drug wholesalers and third-party logistics providers ("3PLs"), and includes the eventual creation of national wholesaler and 3PL licenses in cases where states do not license such entities. The DSCSA requires that wholesalers and 3PLs distribute drugs in accordance with certain standards regarding the recordkeeping, storage and handling of prescription drugs. The DSCSA requires wholesalers and 3PLs to submit annual reports to the FDA, which include information regarding each state where the wholesaler or 3PL is licensed, the name and address of each facility and contact information. According to FDA guidance, states are pre-empted from imposing any licensing requirements that are inconsistent with, less stringent than, directly related to, or covered by the standards established by federal law in this area. Current state licensing requirements concerning wholesalers will remain in effect until the FDA issues new regulations as directed by the DSCSA. In addition, with respect to our specialty home medical supply business, we are subject to certain state licensure laws (including state pharmacy laws), and also certain accreditation standards, including to qualify for reimbursement from Medicare and other third-party payers.

The Food and Drug Administration Amendments Act of 2007 and the Food and Drug Administration Safety and Innovation Act of 2012 amended the FDC Act to require the FDA to promulgate regulations to implement a unique device identification ("UDI") system. The UDI rule phased in the implementation of the UDI regulations, generally beginning with the highest-risk devices (i.e., Class III medical devices) and ending with the lowest-risk devices. Most compliance dates were reached as of September 24, 2018, with a final set of requirements for low risk devices being reached on September 24, 2022, which will complete the phase in. However, in May 2021, the FDA issued an enforcement policy stating that it does not intend to object to the use of legacy identification numbers on device labels and packages for finished devices manufactured and labeled prior to September 24, 2023.

The UDI regulations require "labelers" to include unique device identifiers ("UDIs"), with a content and format prescribed by the FDA and issued under a system operated by an FDA-accredited issuing agency, on the labels and packages of medical devices (including, but not limited to, certain software that qualifies as a medical device under FDA rules), and to directly mark certain devices with UDIs. The UDI regulations also require labelers to submit certain information concerning UDI-labeled devices to the FDA, much of which information is publicly available on an FDA database, the Global Unique Device Identification Database. The UDI regulations and subsequent FDA guidance regarding the UDI requirements provide for certain exceptions, alternatives and time extensions. For example, the UDI regulations include a general exception for Class I devices exempt from the Quality System Regulation (other than record-keeping requirements and complaint files). Regulated labelers include entities such as device manufacturers, repackagers, reprocessors and relabelers that cause a device's label to be applied or modified, with the intent that the device will be commercially distributed without any subsequent replacement or modification of the label and include certain of our businesses.

Under the Controlled Substances Act, as a distributor of controlled substances, we are required to obtain and renew annually registrations for our facilities from the United States Drug Enforcement Administration ("DEA") permitting us to handle controlled substances. We are also subject to other statutory and regulatory requirements relating to the storage, sale, marketing, handling, reporting, record-keeping and distribution of such drugs, in accordance with the Controlled Substances Act and its implementing regulations, and these requirements have been subject to heightened enforcement activity in recent times. We are subject to inspection by the DEA. Certain of our businesses are also required to register for permits and/or licenses with, and comply with operating and security standards of, the DEA, the FDA, the United States Department of Health and Human Services ("HHS"), and various state boards of pharmacy, state health departments and/or comparable state agencies as well as comparable foreign agencies, and certain accrediting bodies, depending on the type of operations and location of product distribution, manufacturing or sale. These businesses include those that distribute, manufacture and/or repackage prescription pharmaceuticals and/or medical devices and/or HCT/P products, or own pharmacy operations, or install, maintain or repair equipment.

In addition, Section 301 of the National Organ Transplant Act, and a number of comparable state laws, impose civil and/or criminal penalties for the transfer of certain human tissue (for example, human bone products) for valuable consideration, while generally permitting payments for the reasonable costs incurred in procuring, processing, storing and distributing that tissue. We are also subject to foreign government regulation of such products. The DEA, the FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers, seize or order the recall of products and impose significant criminal, civil and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers.

EU Regulation of Medicinal and Dental Products

European Union ("EU") member states regulate their own healthcare systems, as does EU law. The latter regulates certain matters, most notably medicinal products and medical devices. Medicinal products are defined, broadly, as substances or combinations of substances having certain functionalities and may not include medical devices. EU "regulations" apply in all Member States, whereas "directives" are implemented by the individual laws of member states.

On medicines for humans, we are regulated under Directive No. 2001/83/EC of 6 November 2001, as amended by Directive 2003/63/EC of 25 June 2003, and EU Regulation (EC) No. 726/2004 of 31 March 2004. These rules provide for the authorization of products, and regulate their manufacture, importation, marketing and distribution. It implements requirements which may be implemented without warning, as well as a national pharmacovigilance system under which marketing authorizations may be withdrawn, and includes potential sanctions for breaches of the rules, and on other bases such as harmfulness or inefficiency.

EU Regulation No. 1223/2009 of 30 November 2009 *on cosmetic products* requires that cosmetic products (which includes dental products) be safe for human health when used under normal or reasonably foreseeable conditions of use and comply with certain obligations which apply to manufacturer, importer and distributor. It includes market surveillance, and non-compliance may result in the recall or withdrawal of products, along with other sanctions.

In the EU, the EU Medical Device Regulation No. 2017/745 of 5 April 2017 ("EU MDR") covers a wide scope of our activities, from dental material to X-ray machines, and certain software. It was meant to become applicable three years after publication (i.e., May 26, 2020). However, on April 23, 2020, to allow European Economic Area ("EEA") national authorities, notified bodies, manufacturers and other actors to focus fully on urgent priorities related to the COVID-19 pandemic, the European Council and Parliament adopted Regulation 2020/561, postponing the date of application of the EU MDR by one year (to May 26, 2021).

The EU MDR significantly modifies and intensifies the regulatory compliance requirements for the medical device industry as a whole. Among other things, the EU MDR:

- strengthens the rules on placing devices on the market and reinforces surveillance once they are available;
- establishes explicit provisions on manufacturers' responsibilities for the follow-up of the quality, performance and safety of devices placed on the market;
- improves the traceability of medical devices throughout the supply chain to the end-user or patient through a unique identification number;
- sets up a central database to provide patients, healthcare professionals and the public with comprehensive information on products available in the EU;
- strengthens rules for the assessment of certain high-risk devices, such as implants, which may have to undergo an additional check by experts before they are placed on the market; and
- identifies importers and distributors and medical device products through registration in a database (EUDAMED not due until May 26, 2022 and after).

In particular, the EU MDR imposes stricter requirements for the confirmation that a product meets the regulatory requirements, including regarding a product's clinical evaluation and a company's quality systems, and for the distribution, marketing and sale of medical devices, including post-market surveillance. Medical devices that have been assessed and/or certified under the EU Medical Device Directive may continue to be placed on the market until 2024 (or until the expiry of their certificates, if applicable and earlier); however, requirements regarding the distribution, marketing and sale including quality systems and post-market surveillance have to be observed by manufacturers, importers and distributors as of the application date.

Other EU regulations that may apply under appropriate circumstances include EU Regulation No. 1907/2006 of 18 December 2006 *concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals*, which requires importers to register substances or mixtures that they import in the EU beyond certain quantities, and the EU Regulation No. 1272/2008 of 16 December 2008 on classification, labelling and packaging of substances and mixtures, which sets various obligations with respect to the labelling and packaging of concerned substances and mixtures.

Furthermore, compliance with legal requirements has required and may in the future require us to delay product release, sale or distribution, or institute voluntary recalls of, or other corrective action with respect, to products we sell, each of which could result in regulatory and enforcement actions, financial losses and potential reputational harm. Our customers are also subject to significant federal, state, local and foreign governmental regulation, which may affect our interactions with customers, including the design and functionality of our products.

Certain of our businesses are subject to various additional federal, state, local and foreign laws and regulations, including with respect to the sale, transportation, storage, handling and disposal of hazardous or potentially hazardous substances, and safe working conditions. In addition, certain of our businesses must operate in compliance with a variety of burdensome and complex billing and record-keeping requirements in order to substantiate claims for payment under federal, state and commercial healthcare reimbursement programs. One of these businesses was recently suspended by CMS from receiving payments from Medicare, although it is permitted to continue to perform and bill for Medicare services. The amounts billed are being deposited in an escrow account pending resolution of an audit. The Company has not recognized revenue for these services and has currently deferred slightly over $4 million in revenue.

Certain of our businesses also maintain contracts with governmental agencies and are subject to certain regulatory requirements specific to government contractors.

Antitrust and Consumer Protection

The federal government of the United States, most U.S. states and many foreign countries have antitrust laws that prohibit certain types of conduct deemed to be anti-competitive, as well as consumer protection laws that seek to protect consumers from improper business practices. At the U.S. federal level, the Federal Trade Commission oversees enforcement of these types of laws, and states have similar government agencies. Violations of antitrust or consumer protection laws may result in various sanctions, including criminal and civil penalties. Private plaintiffs may also bring civil lawsuits against us in the United States for alleged antitrust law violations, including claims for treble damages. EU law also regulates competition and provides for detailed rules protecting consumers. The Biden Administration has indicated increased antitrust enforcement and has been more aggressive in enforcement activities.

Health Care Fraud

Certain of our businesses are subject to federal and state (and similar foreign) health care fraud and abuse, referral and reimbursement laws and regulations with respect to their operations. Some of these laws, referred to as "false claims laws," prohibit the submission or causing the submission of false or fraudulent claims for reimbursement to federal, state and other health care payers and programs. Other laws, referred to as "anti-kickback laws," prohibit soliciting, offering, receiving or paying remuneration in order to induce the referral of a patient or ordering, purchasing, leasing or arranging for, or recommending ordering, purchasing or leasing of, items or services that are paid for by federal, state and other health care payers and programs. Certain additional state and federal laws, such as the federal Physician Self-Referral Law, commonly known as the "Stark Law," prohibit physicians and other health professionals from referring a patient to an entity with which the physician (or family member) has a financial relationship, for the furnishing of certain designated health services (for example, durable medical equipment and medical supplies), unless an exception applies. Violations of Anti-Kickback Statutes or the Stark Law may be enforced as violations of the federal False Claims Act.

The fraud and abuse laws and regulations have been subject to heightened enforcement activity over the past few years, and significant enforcement activity has been the result of "relators" who serve as whistleblowers by filing complaints in the name of the United States (and if applicable, particular states) under applicable false claims laws, and who may receive up to 30% of total government recoveries. Penalties under fraud and abuse laws may be severe, including treble damages and substantial civil penalties under the federal False Claims Act, as well as potential loss of licenses and the ability to participate in federal and state health care programs, criminal penalties, or imposition of a corporate compliance monitor which could have a material adverse effect on our business. Also, these measures may be interpreted or applied by a prosecutorial, regulatory or judicial authority in a manner that could require us to make changes in our operations or incur substantial defense and settlement expenses. Even unsuccessful challenges by regulatory authorities or private relators could result in reputational harm and the incurring of substantial costs. Most states have adopted similar state false claims laws, and these state laws have their own penalties, which may be in addition to federal False Claims Act penalties, as well as other fraud and abuse laws.

With respect to measures of this type, the United States government (among others) has expressed concerns about financial relationships between suppliers on the one hand and physicians and dentists on the other. As a result, we regularly review and revise our marketing practices as necessary to facilitate compliance.

We also are subject to certain United States and foreign laws and regulations concerning the conduct of our foreign operations, including the U.S. Foreign Corrupt Practices Act, the U.K. Bribery Act, German anti-corruption laws and other anti-bribery laws and laws pertaining to the accuracy of our internal books and records, which have been the focus of increasing enforcement activity globally in recent years.

While we believe that we are substantially compliant with applicable fraud and abuse laws and regulations, and have adequate compliance programs and controls in place to ensure substantial compliance, we cannot predict whether changes in applicable law, or interpretation of laws, or changes in our services or marketing practices in response to changes in applicable law or interpretation of laws, or failure to comply with applicable law, could have a material adverse effect on our business.

Affordable Care Act and Other Insurance Reform

The ACA increased federal oversight of private health insurance plans and included a number of provisions designed to reduce Medicare expenditures and the cost of health care generally, to reduce fraud and abuse, and to provide access to increased health coverage. The ACA also materially expanded the number of individuals in the United States with health insurance.

The ACA has faced frequent legal challenges, including litigation seeking to invalidate and Congressional action seeking to repeal some of or all of the law or the manner in which it has been implemented. In 2012, the United States Supreme Court, in upholding the constitutionality of the ACA and its individual mandate provision requiring that people buy health insurance or else face a penalty, simultaneously limited ACA provisions requiring Medicaid expansion, making such expansion a state-by-state decision. In addition, one of the major political parties in the United States remains committed to seeking the ACA's legislative repeal, but legislative efforts to do so have previously failed to pass both chambers of Congress. Under President Trump's administration, a number of administrative actions were taken to materially weaken the ACA, including, without limitation, by permitting the use of less robust plans with lower coverage and eliminating "premium support" for insurers providing policies under the ACA. The Tax Cuts and Jobs Act enacted in 2017, which contains a broad range of tax reform provisions that impact the individual and corporate tax rates, international tax provisions, income tax add-back provisions and deductions, also effectively repealed the ACA's individual mandate by zeroing out the penalty for non-compliance. In the most recent ACA litigation, the federal Fifth Circuit Court of Appeals found the individual mandate to be unconstitutional, and returned the case to the District Court for the Northern District of Texas for consideration of whether the remainder of the ACA could survive the excision of the individual mandate. The Fifth Circuit's decision was appealed to the United States Supreme Court. The Supreme Court issued a decision on June 17, 2021. Without reaching the merits of the case, the Supreme Court held that the plaintiffs in the case did not have standing to challenge the ACA. Any outcomes of future cases that change the ACA, in addition to future legislation, regulation, guidance and/or Executive Orders that do the same, could have a significant impact on the U.S. healthcare industry. For instance, the American Rescue Plan Act of 2021 enhanced premium tax credits, which has resulted in an expansion of the number of people covered under the ACA. These changes are time-limited, with some enhancements in place for 2021 only and others available through the end of 2022.

An ACA provision, generally referred to as the Physician Payment Sunshine Act or Open Payments Program (the "Sunshine Act"), imposes annual reporting and disclosure requirements for drug and device manufacturers and distributors with regard to payments or other transfers of value made to certain covered recipients (including physicians, dentists, teaching hospitals, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthesiologist assistants, and certified nurse midwives), and for such manufacturers and distributors and for group purchasing organizations, with regard to certain ownership interests held by covered recipients in the reporting entity. The Centers for Medicare and Medicaid Services ("CMS") publishes information from these reports on a publicly available website, including amounts transferred and physician, dentist, teaching hospital, and non-physician practitioner identities. The Sunshine Act pre-empts similar state reporting laws, although we or our subsidiaries may be required to report under certain state transparency laws that address circumstances not covered by the Sunshine Act, and some of these state laws, as well as the federal law, can be unclear. We are also subject to foreign regulations requiring transparency of certain interactions between suppliers and their customers.

In the United States, government actions to seek to increase health-related price transparency may also affect our business.

Another notable Medicare health care reform initiative, the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA"), enacted on April 16, 2015, established a new payment framework, which modified certain Medicare payments to "eligible clinicians," including physicians, dentists and other practitioners. Under MACRA, certain eligible clinicians are required to participate in Medicare through the Merit-Based Incentive Payment System ("MIPS") or Advanced Alternative Payment Models, through which Medicare reimbursement to eligible clinicians includes both positive and negative payment adjustments that take into account quality, promoting interoperability, cost and improvement activities. Data collected in the first MIPS performance year (2017) determined payment adjustments that began January 1, 2019. MACRA standards and payment levels continue to evolve, and reflect a fundamental change in physician reimbursement that is expected to provide substantial

financial incentives for physicians to participate in risk contracts, and to increase physician information technology and reporting obligations. The implications of the implementation of MACRA are uncertain and will depend on future regulatory activity and physician activity in the marketplace. New state-level payment and delivery system reform programs, including those modeled after such federal programs, are also increasingly being rolled out through Medicaid administrators, as well as through the private sector, which may further alter the marketplace and impact our business.

Recently, in addition to other government efforts to control health care costs, there has been increased scrutiny on drug pricing and concurrent efforts to control or reduce drug costs by Congress, the President, executive branch agencies and various states. At the state level, several states have adopted laws that require drug manufacturers to provide advance notice of certain price increases and to report information relating to those price increases, while others have taken legislative or administrative action to establish prescription drug affordability boards or multi-payer purchasing pools to reduce the cost of prescription drugs. At the federal level, several related bills have been introduced and regulations proposed which, if enacted or finalized, respectively, would impact drug pricing and related costs.

As a result of political, economic and regulatory influences, the health care distribution industry in the United States is under intense scrutiny and subject to fundamental changes. We cannot predict what further reform proposals, if any, will be adopted, when they may be adopted, or what impact they may have on us.

EU Directive on the pricing and reimbursement of medicinal products

EU law provides for the regulation of the pricing of medicinal products which are implemented by EU member states (Directive No. 89/105/EC of 21 December 1988 *relating to the transparency of measures regulating the pricing of medicinal products for human use and their inclusion in the scope of national health insurance systems*). Member states may, subject notably to transparency conditions and to the statement of reasons based upon objective and verifiable criteria, regulate the price charged (or its increases) for authorized medicines and their level of reimbursement, or they may freeze prices, place controls on the profitability of persons responsible for placing medicinal products on the market, and include or exclude the medicine on the list of products covered by national health insurance systems.

EU law does not expressly include provisions like those of the Sunshine Act in the United States, but a growing number of EU member states (such as France since 2011) have enacted laws to increase the transparency of relationships in the healthcare sector. The scope of these laws varies from one member state to another and may, for example, include the relations between healthcare industry players and physicians or their associations, students preparing for medical professions or their associations, teachers, health establishments or publishers of prescription and dispensing assistance software.

Regulated Software; Electronic Health Records

The FDA has become increasingly active in addressing the regulation of computer software and digital health products intended for use in health care settings. The 21st Century Cures Act (the "Cures Act"), signed into law on December 13, 2016, among other things, amended the medical device definition to exclude certain software from FDA regulation, including clinical decision support software that meets certain criteria. On September 27, 2019, the FDA issued a suite of guidance documents on digital health products, which incorporated applicable Cures Act standards, including regarding the types of clinical decision support tools and other software that are exempt from regulation by the FDA as medical devices, and continues to issue new guidance in this area. Certain of our businesses involve the development and sale of software and related products to support physician and dental practice management, and it is possible that the FDA or foreign government authorities could determine that one or more of our products is a medical device, which could subject us or one or more of our businesses to substantial additional requirements with respect to these products.

In addition, our businesses that involve physician and dental practice management products, and our specialty home medical supply business, include electronic information technology systems that store and process personal health, clinical, financial and other sensitive information of individuals. These information technology systems may be vulnerable to breakdown, wrongful intrusions, data breaches and malicious attack, which could require us to

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Y

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* Grandparent becoming parent - See attachment ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02347	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Catalent Pharma Solutions, LLC

Physical Address: 3031 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Mailing Address (if different from physical address): Same

City: Same State: Same Zip: Same

Telephone: 215-501-1210 Website: www.catalent.com

Name of Designated Representative (DR): Nicholas Lenarduzzi

Licensing Company Email: GMB-CPSLLC-PHL@catalent.com DR Email: GMB-CPSLLC-PHL@catalent.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	■ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 **. Provide all the following *where applicable*:** See Attachment 1

Date of Event/Arrest	Disposition Date	State	City	County
4/25/2017	4/25/2017	SC	Columbia	County of Lexington
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PY 17234		South Carolina Board of Pharmacy		
Reason/Charge				
See Attachment 1				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
Catalent Pharma Solutions, LLC				

Provide explanation below:

South Carolina Board of Pharmacy – PHILADELPHIA

On April 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a $5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of clinical trial product into South Carolina without a license.

DocuSigned by:
Steven Fasman
Original Signature (electronic, copies or stamps not accepted)

29-Sep-2022
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: AmerisourceBergen
Address: 5100 Jaindl Blvd. City: Bethlehem State: PA Zip: 18107
Name: McKessen Memphis
Address: 4100 Quest Way City: Memphis State: TN Zip: 38115
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation n/a

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Catalent Pharma Solutions, Inc.
Corporation/Organization Name: Catalent Pharma Solutions, LLC
Mailing Address: 3031 Red Lion Road
City: Philadelphia State: PA Zip: 19114
Telephone: 215-501-1210 Email: GMB-CPSLLC-PHL@catalent.com
Contact Person Name: Nicholas Lenarduzzi

Section 6: Partnership n/a

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner n/a

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

DocuSign Envelope ID: EE1BDBDF-1D3A-401E-9599-A164B9CB87D5

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification **See Attachment 2** 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. **See Attachment 3**		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration **See Attachment 4** 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. **See Attachment 3**		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment 5	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** **N/A**	✓			
• **List of all corporation shareholders and their percent ownership.** **See Attachment 5**		✓		
• **List of all partners and their percent ownership.** **N/A**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** **See Attachment 6**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ **See Attachment 7**		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ **N/A - Reference Attachment 5**		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** See Attachment 8	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) **N/A**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** **See Attachment 9**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** **See Attachment 10**	✓	✓	✓	✓
• [3]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ **N/A**	✓	✓	✓	✓
• **If providing [3]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). **N/A**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: **N/A** http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. **N/A**		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Catalent Pharma Solutions, LLC

Facility Name

Steven Fasman

Print Name of Authorized Person Submitting Application

DocuSigned by:
Steven Fasman

Original signature of Authorized Person (copies or stamps not accepted)

28-Sep-2022

Date

Board Use Only	Date Received: 10-3-22	Amount: 1000.00 CC	10/7/22

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 **. Provide all the following *where applicable*:** See Attachment 1

Date of Event/Arrest	Disposition Date	State	City	County
7/25/2017	7/25/2017	AL	Birmingham	Shelby County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
17-L-0071		Alabama State Board of Pharmacy		
Reason/Charge				
See Attachment 1				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
N/A		N/A		
Name of Business/Industry/Entity				
Catalent Pharma Solutions, LLC				

Provide explanation below:

Alabama Board of Pharmacy - PHILADELPHIA

On July 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a $1,500 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline from the South Carolina BOP regarding the shipment of clinical trial product into South Carolina without a license. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, South Carolina's regulations) constitutes a violation of Alabama's regulations.

DocuSigned by:
Steven Fasman

Original Signature (electronic, copies or stamps not accepted)

29-Sep-2022

Date

Attachment 1

Catalent

14 Schoolhouse Road
Somerset, NJ 08873
catalent.com

+ 1 888 SOLUTION (76588466)

Explanations of Disciplinary Actions

Catalent Pharma Solutions, LLC, 3031 Red Lion Road, Philadelphia, PA 19114

1. South Carolina Board of Pharmacy – PHILADELPHIA

On April 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a $5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of clinical trial product into South Carolina without a license.

2. Alabama Board of Pharmacy - PHILADELPHIA

On July 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a $1,500 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline from the South Carolina BOP regarding the shipment of clinical trial product into South Carolina without a license. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, South Carolina's regulations) constitutes a violation of Alabama's regulations.

Attachment 1

IN THE MATTER OF:	)	**BEFORE THE ALABAMA**
	)	
CATALENT PHARMACY SOLUTIONS	)	**STATE BOARD OF PHARMACY**
	)	
Manufacturer/Wholesaler/ Distributor Applicant	)	**CASE NO: 17-L-0071**
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent Pharma Solutions, LLC (hereinafter referred to as "Catalent") relating to disciplinary action in the State of South Carolina.

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties, through counsel, have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out above; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 3031 Red Lion Road, Philadelphia, PA 19114 expressly contingent upon the payment of a fine in the amount of One Thousand Five Hundred and NO/100 Dollars ($1,500.00) within thirty (30) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Catalent attempt to discharge the same.

2. That Catalent expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama

(1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Catalent further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

5. That Catalent agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Catalent acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DONE this the 1 day of August, 2017.

CATALENT PHARMA SOLUTIONS, LLC

By: _____
Its: VP & Deputy GC

_____
Michael Whisonant, Attorney for Catalent Pharma Solutions, LLC

DONE this the _____ day of 8/8/2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph.
President

By: _____
James S. Ward
Its Attorney

WARD & WILSON, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

Attachment 1

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY

In the Matter of: **Catalent Pharma Solutions, LLC,** **Applicant.**	**ORDER**

This matter first came before the Nonresident Permit Subcommittee ("Committee"), appointed by the State Board of Pharmacy ("Board"), on April 25, 2017, for a hearing on the application of the above-named applicant ("Applicant") for a nonresident wholesaler/distributor/manufacturer permit. The Applicant appeared before the Committee through its designated representative, Terry Jackson, as well as its Associate General Counsel for Regulatory Matters, Robert Ciolek, Esquire. Applicant was represented by Jon Wallace, Esquire. At its June 14, 2017, meeting with a quorum present, the Board considered the Committee's recommendation and the transcript of the Committee's hearing. The Board adopted the Committee's recommendation that the application be approved, and the permit shall issued subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars for shipping into South Carolina without a permit. Since the hearing, Applicant has tendered the fine to the Board.

Applications of this type are governed by S.C. Code §§ 40-43-83, 40-43-86, 40-43-89 (2011, as amended), and/or Reg. 99-43, as amended.

FINDINGS OF FACT

1. Applicant applied for a permit for its facility located in Philadelphia, PA.

2. Applicant manufactures clinical supply materials.

3. Applicant's representative admitted that Applicant has previously shipped prescription drugs to South Carolina without first obtaining a permit from this Board.

4. Applicant otherwise meets the requirements for the Permit for which it applied.

CONCLUSIONS OF LAW

In an application hearing, "(t)he applicant shall demonstrate to the satisfaction of the board that the applicant meets all requirements for the issuance of a license." S.C. Code Ann. § 40-1-130 (2011, as amended). Thus, the burden of proof in an application for licensure or certification is on the Applicant to provide full, complete, and accurate responses to all questions on the application

and to demonstrate that it is qualified for the license sought.

S.C. Code Ann. §40-43-83(I)(2011) requires a permit for the sale or distribution of legend (prescription) drugs in this state, and expressly includes manufacturers within or without the state. S.C. Code Ann. § 40-43-89 (2011) requires a facility located outside of this State that distributes prescription drugs or devices in this State to have a permit issued by the Board prior to distribution. S.C. Code Ann. § 40-43-140(A)(3) states that facilities requiring permits may not operate unless a permit has been issued by the board. Pursuant to S.C. Code Ann. § 40-43-140(A)(1)(2011), the Board may suspend, revoke, deny, or refuse to renew the permit or impose disciplinary action authorized for violations of the Pharmacy Act. Pursuant to S.C. Code Ann. §§ 40-43-140(A)(2), a person who distributes or delivers drugs or devices in this State without a required permit, is subject to a fine imposed by the Board not to exceed one thousand dollars for each offense, in addition to such other disciplinary action the Board may take.

Applicant has met the qualifications for the permit, but violated the Pharmacy Practice Act by regularly distributing prescription drugs or devices into this State without a permit. Therefore, the Board concludes that it is appropriate to issue the permit subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars.

NOW, THEREFORE, IT IS ORDERED THAT:

The Application is approved, and the permit shall be issued subject to the payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars, receipt of which is hereby acknowledged by the Board.

AND IT IS SO ORDERED.

STATE BOARD OF PHARMACY

Carole Small Russell

CAROLE SMALL RUSSELL, R.Ph.
Board Chair

June 16, 2017

South Carolina Department of Labor, Licensing & Regulation

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

In the Matter of:

CATALENT PHARMA SOLUTIONS, LLC
PY . 17234

CERTIFICATE OF SERVICE BY MAIL

This is to certify that the undersigned has this date, June 16, 2017, served the Order in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party(ies) or their attorney(s) to the following address:

CATALENT PHARMA SOLUTIONS, LLC
3031 RED LION RD
PHILADELPHIA PA 19114

JONATHAN A. WALLACE, ESQUIRE
715 KING STREET
CHARLESTON, SC 29403

Karen Y Newton

Karen Y. Newton
Administrative Coordinator
SC Department of Labor, Licensing
and Regulation

Catalent

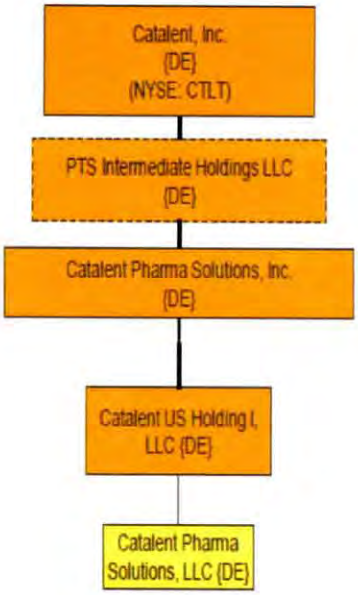
Attachment 0

Attachment

Ownership Change

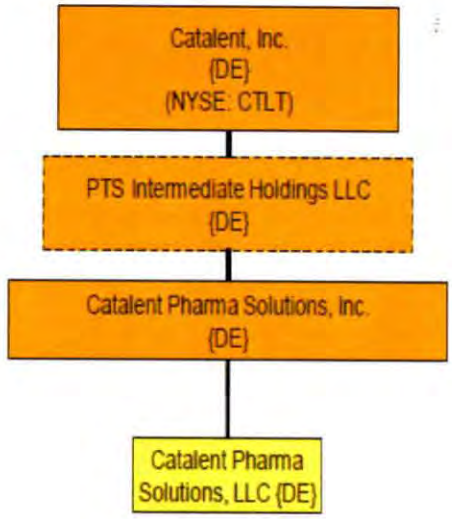
Effective September 1, 2022, Catalent Pharma Solution, LLC ("CPS, LLC") will change its ownership structure. Specifically, the current parent company of CPS, LLC, which is Catalent US Holding I, LLC, will merge into its parent company, Catalent Pharma Solutions, Inc. This change will result in the elimination of Catalent US Holding I, LLC and will make Catalent Pharma Solutions, Inc. the new parent company of CPS, LLC. Finally, there are **no** changes to FEIN numbers, location, and corporate officers as a result of this ownership change. The "Before" and "After" Charts are shown, below.

BEFORE



AFTER

Effective 01 SEP 2022



Entity Name	EIN
Catalent, Inc.	20-8737688
PTS Intermediate Holdings LLC	27-3738365
Catalent Pharma Solutions, Inc.	13-3523163
Catalent US Holding I, LLC	98-0585060
Catalent Pharma Solutions, LLC	13-4268760

Entity Name	EIN
Catalent, Inc.	20-8737688
PTS Intermediate Holdings LLC	27-3738365
Catalent Pharma Solutions, Inc.	13-3523163
Catalent Pharma Solutions, LLC	13-4268760

Attachment 2

NABP ACCREDITED
DRUG DISTRIBUTOR

Catalent Pharma Solutions, LLC

located at

3031 Red Lion Road, Philadelphia, PA 19114

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

11/23/2020 - 11/22/2023
Period of Accreditation

Pennsylvania Department of Health

Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

Certificate(s): **1000003455** issued: 5/4/2012 expires: 5/31/2023; **8000002247** issued: 10/19/2010 expires: 11/30/2023

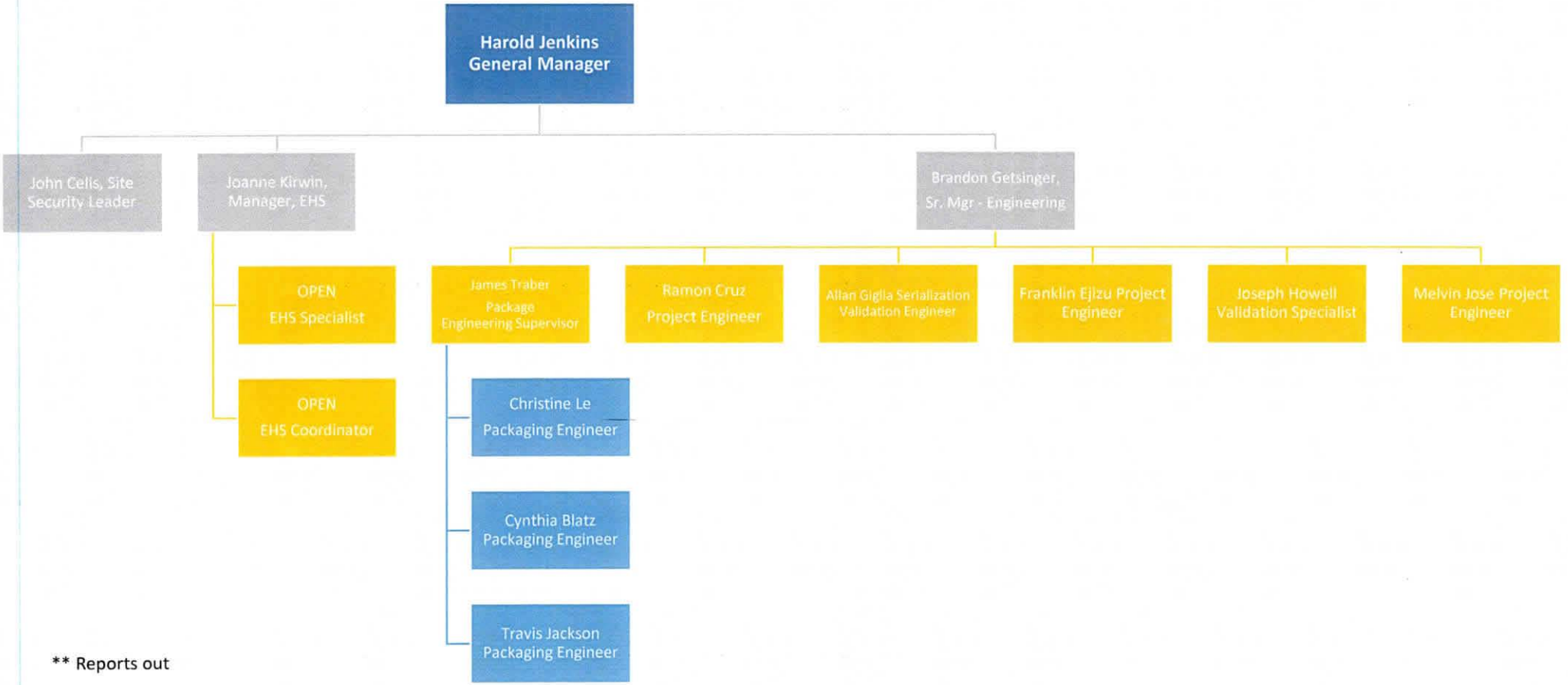
Catalent Pharma Solutions, LLC 3031 Red Lion Rd; Philadelphia, PA 19114

Back to DD&C Home

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Assembly Version 4.0.18274.4
Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Employees



** Reports out

Catalent.

Total Headcount: 14

Catalent

Attachment

Corporate Officer Information

14 Schoolhouse Road
Somerset, NJ 08873
(732) 537 6200

Alessandro Maselli
President & Chief Executive Officer

Steven L. Fasman
Executive Vice President, Chief Administrative Officer & interim Secretary

Lawrence Shapiro
Vice President, Global Tax & Treasurer

Thomas Castellano
Senior Vice President & Chief Financial Officer

Attachment 6

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CATALENT PHARMA SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CATALENT PHARMA SOLUTIONS, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3724407 8300

SR# 20223089398

Authentication: 204010106

Date: 07-26-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Attachment 8

10005190 2/001353-1/1-0

1:4 274/525

CATALENT PHARMA SOLUTIONS, LLC
3031 RED LION ROAD
PHILADELPHIA, PA 19114-0000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0413411	08-31-2023	$1850
SCHEDULES	**BUSINESS ACTIVITY**	**ISSUE DATE**
1,2,2N, 3,3N,4,5	DISTRIBUTOR	07-05-2022

CATALENT PHARMA SOLUTIONS, LLC
3031 RED LION ROAD
PHILADELPHIA, PA 19114-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0413411	08-31-2023	$1850
SCHEDULES	**BUSINESS ACTIVITY**	**ISSUE DATE**
1,2,2N, 3,3N,4,5	DISTRIBUTOR	07-05-2022

CATALENT PHARMA SOLUTIONS, LLC
3031 RED LION ROAD
PHILADELPHIA, PA 19114-0000

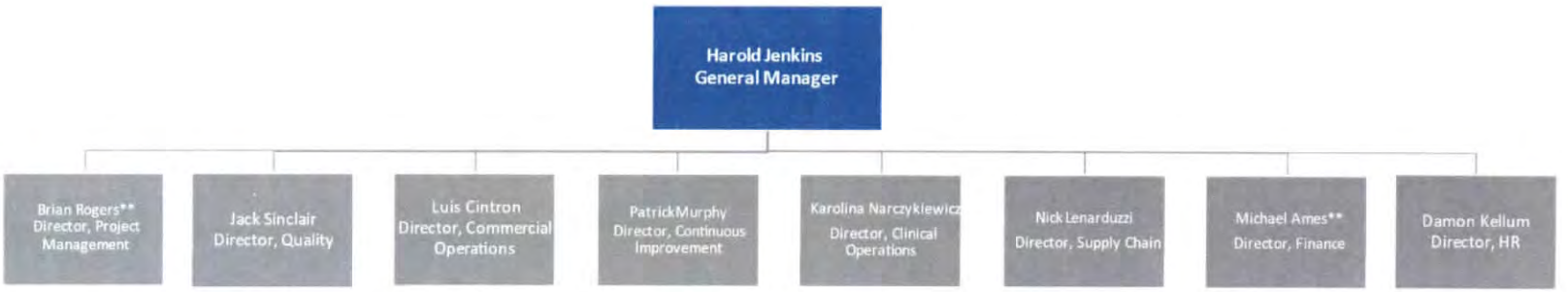
Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Attachment 9

PHL: Site Leadership Team



** Reports out

Catalent.

Total Headcount: 9

Nicholas C. Lenarduzzi

[redacted] Brookfield Way | Morristown, NJ 07960 | [redacted]

Professional Experience

Catalent Pharma Solutions **March 2014 - Current**

Director, Supply Chain, Philadelphia, PA — November 2020 - Current

- P&L owner for all areas of responsibility. Responsible for all Clinical Storage operations (includes receiving, inventory, returns, destruction and production material staging), Distribution operations, Pharmacy operations, Production scheduling, S&OP and Material planning/purchasing for the Philadelphia site.
- Leading performance improvement initiatives for all Supply Chain teams - including rebuilding the production scheduling function and all associated processes, restructuring the Clinical Storage and Material Planning teams to improve performance, building the Pharmacy team to support a new business offering launch and strengthening the Distribution team while maintaining operational performance of 99.9% OTD.

Director, Global Procurement and Business Analytics, Somerset, NJ — September 2017 - November 2020

- Business Unit Procurement Leader for Clinical Supply Services and Biologics Business Units. Responsible for all procurement activities for the business units, including sourcing, contracting and vendor management in support of the critical business needs. Oversaw 9 sites globally for CSS, 9 for Biologics.
- Responsible for the Business Analytics team, which manages all operations and procurement metrics and analysis globally. Responsibilities include analyzing and summarizing operational and spend trends for the Executive Leadership Team, establishing processes and tools to manage data and setting the long term roadmap for the business analytics function.
- Executed $8M of cost savings, built a supplier relationship management program, managed key vendor relationships and ensured there were no supply gaps during COVID, rebuilt P2P processes within the business and overcame a significant overdue invoice backlog to avoid supply disruptions, led several high profile RFPs, negotiations and contracting efforts across multiple categories, most notably global transportation

Director, Strategic Alliances and Product Management, Somerset, NJ — March 2016 - September 2017

- Accountable for all product ownership related responsibilities for a Catalent owned generic product franchise and led the product participation segment. My responsibilities included relationship management with development/ commercialization partners, internal program management, budget ownership and accountability for achieving product related milestones for technical and business related activities.
- Implemented structured operating mechanisms for product participation programs including financial reporting, forecasting and execution status updates. Program manager for 6 product launches, 4 commercial products and 2 products in development stages. Established the structure for Product Management, directed the technical and regulatory teams and put in place a strategy for the tech transfer and FDA submission of a highly complex product, negotiated supply agreements.

Strategic Alliance Manager, Somerset, NJ — March 2014 – March 2016

Boehringer Ingelheim – Ben Venue Laboratories **June 2013 – March 2014**

Process Engineer, Bedford, OH

Catalent Pharma Solutions **June 2010 – June 2013**

Process Engineer, Winchester, KY — October 2012 – June 2013

Global Operations Leadership Development (GOLD) Program — June 2010 – October 2012

Education

Case Western Reserve University, Cleveland, OH — May 2010
Master of Engineering and Management

Purdue University, West Lafayette, IN — May 2009
Bachelor of Science in Biomedical Engineering, *Certificate of Entrepreneurship and Innovation*

Maria Herrera

From: GMB-PHLStateLicensingTeam <GMB-PHLStateLicensingTeam@catalent.com>
Sent: Monday, November 21, 2022 7:18 AM
To: Maria Herrera
Cc: GMB-PHLStateLicensingTeam
Subject: RE: Catalent Pharma Solutions, LLC: NV License #: WH02347 RLR (MMY 13Oct22)
Attachments: Lenarduzzi_Resume_7-26-22.pdf; Philly (RLR), PA, WS_CS, 8000002247, exp 30Nov23.pdf

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Gave App to Mark, Already printed

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning, Maria:

Please see our responses to your questions/required information, below:

- The DR application page 4 section 7 does not have the full job description, it states *see attachment 1?* No attachment was provided, please provide the amended page or a full resume.
  Also on the DR application the mailing address is in NJ? Can you confirm the DR is in PA?
  Attached herewith please find our DR's full resume. Also, on the DR application, Section 2, asks for the DR's Personal Information. We disclosed his residence as his mailing address. However, he does physically appear at our PHL campus daily. Kindly advise if we should amend this address to represent our facility in which his office is located.
- Please send email me a copy of the Home State License, the one on file expires this month.
  Attached herewith please find confirmation from the PA DOH website that our renewal is complete and expiration is 11/30/2023 . We are currently pending the physical license to come in the mail.

Should you require any additional information or documentation, please do not hesitate to contact me.

Best Regards,

Samantha Rink
Licensing Compliance Coordinator
Catalent Clinical Supply

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Catalent Pharma Solutions, LLC

Pharmacy/Wholesaler License # (if applicable) WH02347

Physical Address 10360 Drummond Road

City Philadelphia State PA Zip 19154

Mailing Address (if different from physical address) 3031 Red Lion Road

City Philadelphia State PA Zip 19114

Telephone 2155011210 Website www.catalent.com

Licensing Company Email GMB-CPSLLC-PHL@catalent.com

Section 2: Personal Information

First Nicholas Middle Charles Last Lenarduzzi

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Brookfield Way

City Morristown State NJ Zip 07960

Telephone [redacted] Email nicholas.lenarduzzi@catalent.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Catholic Memorial High School		09/01 - 06/05	
Address	City	State	Zip
601 E. College Avenue	Waukesha	WI	53186
Diploma/Degree obtained, if any			
College Prep Graduated			

School Name		From - To (MM/YY – MM/YY)	
Purdue University		09/05 - 5/09	
Address	City	State	Zip
610 Purdue Mall	West Lafayette	IN	47907
Diploma/Degree obtained, if any			
Bachelor of Science in Biomedical Engineering, Certificate of Entrepreneurship and Innovation			

School Name		From - To (MM/YY – MM/YY)	
Case Western Reserve University		06/09 - 5/10	
Address	City	State	Zip
10900 Euclid Ave	Cleveland,	OH	44106
Diploma/Degree obtained, if any			
Master of Engineering and Management			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/19 - Current	[redacted] Brookfield Way	Morristown	NJ	07960
09/17 - 04/19	[redacted] Village Green Road	Bedminster	NJ	07921
03/14 - 9/17	[redacted] Hill St. Apt 1	Highland Park	NJ	08904
05/13 - 03/14	[redacted] Westland Dr.	Medina	OH	44256
03/12 - 05/13	[redacted] Catalpa Rd Unit 1	Lexington	KY	40502

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Catalent Pharma Solutions, LLC			From - To (MM/YY – MM/YY): 11/20 - Current
Business Address: 3031 Red Lion Road	City: Philadelphia	State: PA	Zip: 19114
Phone: 215-501-1210	Title: Director, Supply Chain		Number of Employed Hours: 4160
Description of Duties: See Attachment 1			

Business Name: Catalent Pharma Solutions, LLC			From - To (MM/YY – MM/YY): 09/17 - 11/20
Business Address: 14 Schoolhouse Road	City: Somerset	State: NJ	Zip: 08873
Phone: 732-537-6200	Title: Director, Global Procurement and Business Analytics		Number of Employed Hours: 6240
Description of Duties: See Attachment 1			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9Nov22
Date

I, Nicholas Lenarduzzi, certify that as the designated representative for

Catalent Pharma Solutions, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Nicholas Lenarduzzi

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9 Nov 22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas Lenarduzzi

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9 Nov 22

Date

Please have this section completed in the presence of a Notary Public.

State of PENNSYLVANIA, ss. County of PHILADELPHIA

I, NICHOLAS LENARDUZZI, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9 Nov 22

Date

Subscribed and Sworn to before me this 9TH day of NOVEMBER.

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Harry Penn Jr, Notary Public
Philadelphia County
My Commission Expires 8/25/2025
Commission Number 1406785

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SUR0073951

Application/License No. WH 02347

Catalent Pharma Solutions, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3031 Red Lion Road, Philadelphia, PA 19114 (Address of Applicant/Principal), as PRINCIPAL, and Argonaut Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is PO Box 469011, San Antonio, TX, 78246 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 10/31/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of October, 2022.

APPLICANT/PRINCIPAL
Catalent Pharma Solutions, LLP

Authorized Representative

Steven Fasman, EVP, Chief Administrative Officer and Secretary

SURETY COMPANY
Argonaut Insurance Company

Surety Company's Representative

Anne Potter, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Halina Kazmierczak

Witness Sandra Diaz

Countersigned by:

N/A
Nevada Resident Agent

Argonaut Insurance Company
Deliveries Only: 225 W. Washington, 24th Floor
Chicago, IL 60606
United States Postal Service: P.O. Box 469011, San Antonio, TX 78246
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint:

Sandra Diaz, Debra A Deming, Anne Potter, Beverly A Woolford, Valorie Spates, Jennifer L Jakaitis, Susan A Welsh, Peter Healy, Nancy Schnee, Aklima Noorhassan, Frances Rodriguez, Francesca Kazmierczak, Kemal Brkanovic

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

$97,550,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company:

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 19th day of November, 2021

Argonaut Insurance Company

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

by: _____

Gary E. Grose, President

STATE OF TEXAS
COUNTY OF HARRIS SS:

On this 19th day of November, 2021 A.D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.

KATHLEEN M MEEKS
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 07/15/25
NOTARY ID 557902-8

Kathleen M. Meeks

(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 31st day of October 2022.

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

Austin W. King, Secretary

IF YOU HAVE QUESTIONS ON AUTHENTICITY OF THIS DOCUMENT CALL (833) 820 - 9437.

ARGO POWER OF ATTORNEY

FINANCIAL STATEMENT
ARGONAUT INSURANCE COMPANY
STATUTORY BASIS as of 12/31/2021

ASSETS

CASH & INVESTED ASSETS	$248,880,956
BONDS	$1,181,510,880
STOCKS	$674,977,267
INVESTMENT INCOME DUE AND ACCRUED	$5,760,648
PREMIUM BALANCES	$114,828,986
NET DEFERRED TAX ASSET	[illegible]
REINSURANCE RECOVERABLE	[illegible]
OTHER ASSETS	$40,514,092
TOTAL ASSETS	$2,392,360,630

LIABILITIES AND SURPLUS

UNEARNED PREMIUMS	$304,943,789
LOSSES	$595,583,927
LOSS ADJUSTMENT EXPENSES	$198,245,975
COMMISSIONS	-$4,787,791
TAXES, LICENSES, AND FEES	$10,269,846
OTHER EXPENSES	$9,373,605
[illegible]	[illegible]
CURRENT FEDERAL AND FOREIGN INCOME TAXES	$0
REMITTANCES AND ITEMS NOT ALLOCATED	$2,510,048
AMOUNTS WITHHELD/RETAINED BY COMPANY FOR OTHERS	$13,771,696
PAYABLES TO PARENT, SUBSIDIARIES, & AFFILIATES	$52,193,204
PAYABLE FOR SECURITIES	$3,599,489
PROVISION FOR REINSURANCE	$16,445,734
CEDED REINSURANCE PREMIUMS PAYABLE	$47,083,249
OTHER ACCRUED EXPENSES AND LIABILITIES	$1,597,617
TOTAL LIABILITIES	$1,321,201,703
COMMON CAPITAL STOCK	$4,500,000
GROSS PAID IN AND CONTRIBUTED SURPLUS	$525,520,936
UNASSIGNED SURPLUS	$541,137,991
TOTAL SURPLUS TO POLICYHOLDERS	$1,071,158,927
TOTAL LIABILITIES & SURPLUS	$2,392,360,630

Jace Westbrook, being duly sworn, says that he is Head of US Segment Accounting of Argonaut Insurance Company and that to the best of his knowledge, and belief, the foregoing statement is a true and correct statement of the financial condition of said Company as of the 31st of December, 2021.

Subscribed and sworn to before me this 5th day of April 2022

Debbie Sayre
Notary Public

Julian Candler Westbrook III, Head of US Segment Accounting

CORPORATE SEAL ILLINOIS

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02775	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Cochran Wholesale Pharmaceutical LLC

Physical Address: 1304 S Broad St

City: Monroe State: GA Zip: 30655

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 770-267-7701 Website: www.cochranwholesale.com

Name of Designated Representative (DR): Spencer Seay

Licensing Company Email: licensing@cochranwholesale.com DR Email: sseay@cochranwholesale.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☒ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☒ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: PureTek Corporation
Address: 7900 Nelson Road City: Panorama City State: CA Zip: 91402

Name: Solubiomix, LLC
Address: 1519 West Highway 22 Suite 1 City: Madisonville State: LA Zip: 70447

Name: Real Value Products
Address: 5100 Commerce Way City: San Antonio State: TX Zip: 78218

Name: Alexo Inc.
Address: 2317 Cotner Ave. City: Los Angeles State: CA Zip: 90064

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Cochran Holdings LLC (Sole Member)
Corporation/Organization Name:
Mailing Address: 1304 S Broad St
City: Monroe State: GA Zip: 30655
Telephone: 770-267-7701 Email: licensing@cochranwholesale.com
Contact Person Name: Andrew W. Coney

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification Exhibit A 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. Exhibit B		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 **months.** Exhibit C	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** Exhibit D	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** Exhibit E	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Cochran Wholesale Pharmaceutical LLC

Facility Name

Andrew W. Coney

Print Name of Authorized Person Submitting Application

Andrew Coney

Original signature of Authorized Person (copies or stamps not accepted)

11/17/2022

Date

Board Use Only	Date Received: 11-28-22	Amount: 1000.00 CK-1009

COCHRAN

The current officers of Cochran Wholesale Pharmaceutical LLC are as follows:

Name	Title	Address
Andrew W. Coney	Officer	[redacted] Wild Cat Holw West Lake Hills, TX 78746 -3621

Current Ownership:

TCFII RX LLC
(100% Owner of Cochran Holdings LLC)

Cochran Holdings LLC
(100% Owner of Cochran Wholesale Pharmaceutical LLC)

Cochran Wholesale Pharmaceutical LLC

New Ownership as of October 24th, 2022:

Prodigy Holdings Inc.
(100% Owner of Prodigy Health LLC)

Prodigy Health LLC
(100% Owner of TCFII RX LLC)

TCFII RX LLC
(100% Owner of Cochran Holdings LLC)

Cochran Holdings LLC
(100% Owner of Cochran Wholesale Pharmaceutical LLC)

Cochran Wholesale Pharmaceutical LLC

Exhibit C

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COCHRAN WHOLESALE PHARMACEUTICAL LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COCHRAN WHOLESALE PHARMACEUTICAL LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7164977 8300

SR# 20222904799

Authentication: 203836543

Date: 07-05-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Exhibit D

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0551348	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	07-08-2022

COCHRAN WHOLESALE PHARMACEUTICAL LLC
1304 S. BROAD ST.
MONROE, GA 30655

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0551348	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	07-08-2022

COCHRAN WHOLESALE PHARMACEUTICAL LLC
1304 S. BROAD ST.
MONROE, GA 30655

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Exhibit E

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005448 Status: Active

Cochran Wholesale Pharmaceutical LLC
1304 S Broad Street
Monroe GA 30655

Expires: 06/30/2023
Issued: 11/03/2022

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005448 Status: Active
Cochran Wholesale Pharmaceutical LLC
1304 S Broad Street
Monroe GA 30655

Expires: 06/30/2023
Issued: 11/03/2022
Real-time license verification is available at gadch.mylicense.com/verification

COCHRAN

September 20th, 2022

RE: Cochran Wholesale Pharmaceutical LLC
License No.: WH02775

To Whom it May Concern, List of Employees:

Facility Manager

Luis Melendez, Director of Operations
lmelendez@mockingbirdpharma.com
[redacted]

Officers
Andrew Coney, CEO
andrew@mockingbirdpharma.com
[redacted]

If you require any additional information to complete the renewal process, please feel free to reach out to me at any time.

Best Wishes,

Luis Melendez // Director of Operations

Cochran Wholesale Pharmaceutical LLC
e: lmelendez@mockingbirdpharma.com
1304 S Broad St Monroe, GA 30655

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 -- Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Cochran Wholesale Pharmaceutical LLC

Pharmacy/Wholesaler License # (if applicable): WH02775

Physical Address: 1304 South Broad St.

City: Monroe State: GA Zip: 30655

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: Website:

Licensing Company Email: licensing@cochranwholesale.com

Section 2: Personal Information

First: Spencer Middle: Lynn Last: Seay

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Alcovy St.

City: Monroe State: Ga Zip: 30655

Telephone: [redacted] Email: sseay@cochranwholesale.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed)

School Name		From - To (MM/YY – MM/YY)	
Monroe Area High School		06/91-06/95	
Address	**City**	**State**	**Zip**
300 Double Springs Church rd.	Monroe	Ga	30655
Diploma/Degree obtained, if any			
HS diploma			

School Name		From - To (MM/YY – MM/YY)	
Gainesville College		09/95- 09/99	
Address	**City**	**State**	**Zip**
3820 Mundy Mill Rd.	Oakwood	GA	30566
Diploma/Degree obtained, if any			
Economics			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/00-present	[redacted] Alcovy St	Monroe	Ga	30655
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7- A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Cochran Wholesale Pharmaceuticals LLC		02/14-Present	
Business Address	**City**	**State**	**Zip**
1304 South Broad St.	Monroe	GA	30655
Phone	**Title**	**Number of Employed Hours**	
770-267-7701	Site and Compliance Manager	8 years	
Description of Duties			
Since coming on board with Cochran I have held many roles. Including sales, AR, warehouse and operations lead. I am the certified DR for our business with the NABP			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔



I, Spencer Seay, certify that as the designated representative for

Cochran Wholesale Pharmaceutical:

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. Yes I am at least 21 years of age;
3. Yes I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. Yes I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. Yes I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. Yes I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. Yes I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Spencer Seay

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/21/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Spencer Seay

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/21/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Walton

I, Spencer Lynn Seay, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/21/2022

Date

Subscribed and Sworn to before me this 21 day of September 2022.

Notary Public Signature

JENNIFER S WATFORD NOTARY PUBLIC GWINNETT COUNTY, GEORGIA MY COMMISSION EXPIRES APRIL 12, 2025 (Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. ACC0061020

Application/License No. _____

Cochran Wholesale Pharmaceutical LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1304 S Broad St., Monroe, GA 30655 (Address of Applicant/Principal), as PRINCIPAL, and Allegheny Casualty Company (Surety Company), a corporation organized under the laws of the state of New Jersey (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Newark Center, 20th Floor, Newark, NJ 07102-5207 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 09/20/2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 23rd day of September, 2021.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Michael D. Lapre, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Not Required
Nevada Resident Agent

allegheny
CASUALTY COMPANY

One Newark Center, 20th. Floor, Newark, New Jersey, 07102-5207
PHONE: (973) 624-7200

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That **ALLEGHENY CASUALTY COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, having its principal office in the City of Newark, New Jersey, does hereby constitute and appoint

Susan Bulman-Ditchkus, Daryl LaForge, John P. Hyland, Thomas J. Henn, Robert F. Laing, Michael Lapre, Jaren Marx, Debbie Mcguckin, Artyce Johnson, Kevin Shine, Penelope LaMarr, Jeannie Raymond, Colleen Watson, Phillip Simons

its true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **ALLEGHENY CASUALTY COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **ALLEGHENY CASUALTY COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **ALLEGHENY CASUALTY COMPANY** at a meeting duly held on the 13th day of December, 2018.

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-Fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

ALLEGHENY CASUALTY COMPANY CORPORATE SEAL 1936 NEW JERSEY

IN WITNESS WHEREOF, **ALLEGHENY CASUALTY COMPANY** has executed and attested these presents on this 31st day of December, 2018

STATE OF NEW JERSEY
County of Essex

Robert Kersnick
Vice President, ALLEGHENY CASUALTY COMPANY

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **ALLEGHENY CASUALTY COMPANY**; that the seal affixed to said instrument is the Corporate Seal of said Company; that the said Corporate Seal and his signature were duly affixed by order of the Boards of Directors of said Company.

Michele A Aleman NOTARY PUBLIC NOTARY PUBLIC STATE OF NEW JERSEY MY COMMISSION EXPIRES 10-18-2024

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written

Michele A Aleman
a Notary Public of New Jersey

CERTIFICATION

I, the undersigned officer of **ALLEGHENY CASUALTY COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Company as set forth in said Power of Attorney, with the originals on file in the home office of said company, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this 23rd day of September, 2021.

James Portman, Secretary

Facility Name

State (All)

Search Reset

Current list of 1 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Cochran Wholesale Pharmaceutical, LLC	1304 South Broad St, Suite 1170 Monroe, GA 30655	Reaccreditation in process

Copyright © 2018 National Association of Boards of Pharmacy® (NABP®).

Exhibit A

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

Cochran Wholesale Pharmaceutical, Inc

located at

1304 South Broad St, Suite 1170, Monroe, GA 30655

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

February 20, 2018 - February 19, 2021
Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

1313

COCHRAN

November 21st, 2022

RE: Cochran Wholesale Pharmaceutical LLC
License No.: Wh02775

Dear Nevada State Board of Pharmacy,

Cochran Wholesale Pharmaceutical LLC ("Wholesale Distributor"), a Delaware limited liability company (FEIN: 83-2646902) a facility located at 1304 S Broad St. Monroe, GA 30655 and is licensed in your state.

On October 24th, 2022, an acquisition was completed and a change in our ownership structure at the grandparent level occurred. The new ownership structure is as follows.

[Please see attached]

Enclosed is the Wholesale Drug Distributor Permit change of ownership application and all required exhibits.

Please advise what would be required to submit beyond the scope of this notification to continue operations in your jurisdiction as we undergo this transition along with a cc to licensing@cochranwholesale.com

Please let us know if you have any questions or require any additional information.

Thank you for your continued support,

Sincerely,
Luis A. Melendez, Director of Operations
Email: licensing@cochranwholesale.com
Phone Number: [redacted]

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Y

Where is the facility located?	☐ Nevada ■ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH 2902	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 13250 E. Smith Road

City: Aurora State: CO Zip: 80011

Mailing Address (if different from physical address): 400 Metro Place North, Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-717-7121 Website: northamerica.covetrus.com

Name of Designated Representative (DR): Nino Lopez

Licensing Company Email: cvet-na-licensing@covetrus.com DR Email: bernardino.lopez@covetrus.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Zoo/Humane Society		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached disciplinary action chart.

Philip Mario Tombardi

Original Signature (electronic, copies or stamps not accepted)

8/31/2022

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis
Address: 10 Sylvan Way City: Parsippany State: NY Zip: 07054

Name: Merck Animal Health
Address: 2 Giralda Falls City: Madison State: NJ Zip: 07904

Name: Elanco
Address: 2500 Innovation Way City: Greenfield State: IN Zip: 46140

Name: Vedco
Address: 5503 Corporate Drive City: Saint Joseph State: MO Zip: 64507

Section 4: Publicly Traded Corporation

State of Incorporation: n/a
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): W.A. Butler Company
Corporation/Organization Name: Covetrus North America, LLC
Mailing Address: 400 Metro Place N, Suite 100
City: Dublin State: OH Zip: 43017
Telephone: 614-717-7121 Email: cvet-na-licensing@covetrus.com
Contact Person Name: Matthew Malenfant or Lee Wise

Section 6: Partnership

Partnership Name: n/a
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: n/a
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Covetrus North America, LLC

Facility Name

Philip Mario Lombardi

Print Name of Authorized Person Submitting Application

Philip Mario Lombardi

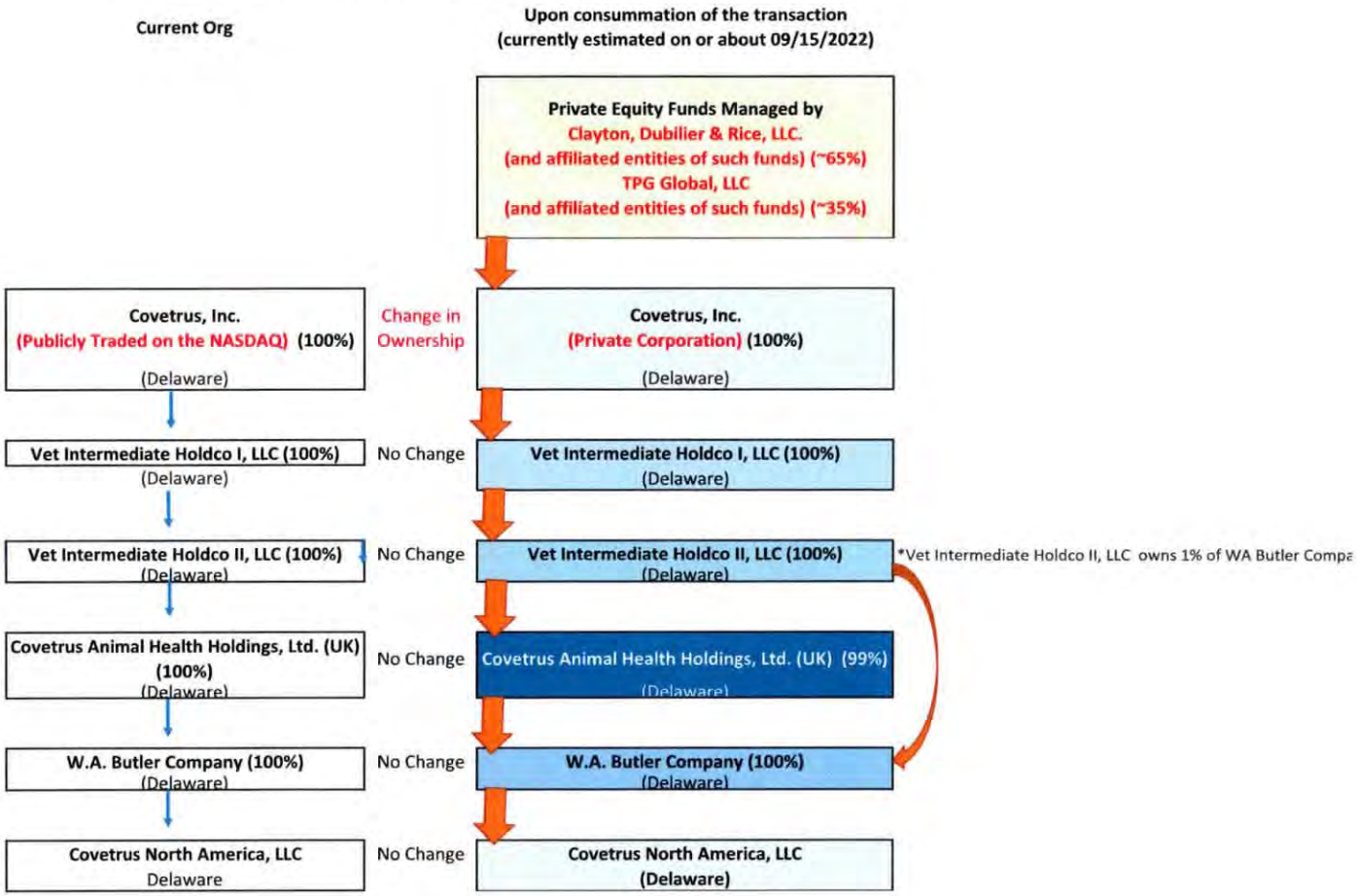
Original signature of Authorized Person (copies or stamps not accepted)

8/31/22

Date

Board Use Only	Date Received: 9.6.22	Amount: 1000.00 CC

Covetrus North America , LLC Business Organizational Structure



* Current, private equity funds managed by Clayton, Dubilier & Rice, LLC. (and affiliated entities of such funds) own approximately 24.2% of the outstanding share of Covetrus, Inc's common stock and will continue as indirect owners of Covetrus, Inc. following the consummating of the transaction.

** Note that in preparation of the consummation of the transactions, a number of holding company entities are expected to be formed as direct or indirect parent entities of Corgi Bidco, Inc. (and which are not shown, on this organizational structure chart).

*** FEIN of all entities listed will remain the same.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

Signature Philip Mario Lombardi Date 8/31/22

Philip Mario Lombardi, VP of Operations & Logistics Services

• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabethtown, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) **- Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

Location Address
Covetrus North America, LLC
13250 E. Smith Rd. Unit E
Aurora, CO 80011
Mon-Fri. 8am-5pm

Description of Business:

Covetrus North America's Aurora, CO facility location is a 21,840 sq. ft. facility.

Security:
The physical facility has a security alarm system that was installed by Protection One. The alarm system is monitored remotely by a central station of Protection One, all perimeter doors (main entry, emergency exit doors, and loading dock doors) are alarmed. The alarm system allows for arming and disarming of the systems as needed. Key strikes to restrict access from office area, and from office to prescription storage area are installed.

Temperature & Humidity:
Covetrus North America distribution Centers are fitted with HVAC units to provide controlled temperature and humidity levels. Each DC is equipped with temperature and humidity monitoring devices, manufactured by Lascar Electronics, which utilizes the Wi-Fi service to allow for continuous and off site monitoring. The Lascar system allows for temperature excursion alerts via text message and email communication. Temperature ranges are set according to the Prescription Drug Marketing Act (PDMA). In addition the cooler storage area is equipped with a secondary line of defense through our security alarm system, if temperature excursions occur out of normal set ranges a phone call is received by our security monitoring service. Daily checks of the Mean Kinetic Temperature are performed by management on site during normal business hours.

Quarantined area for damaged, outdated, deteriorated, misbranded, or adulterated drugs:
Locking cabinets located away from regular salable stock.

Products:
The following is a generalized representative list of items/products that Covetrus North America distributes to our veterinary customers:

1. Federal legend drug that are Human Prescription Drugs
2. Federal legend drugs and devices that are Veterinary Prescription Drugs
3. Over-the counter items
4. Equipment Items that are veterinary legend devices
5. Biologicals (vaccines) for animal use only
6. Supplies and equipment needed for a veterinary practice

Customers:
Covetrus North America distributes only to veterinarians, veterinary schools involved in teaching and research institutions where the veterinary drug is used in a research environment. Covetrus North America also distributes to humane societies and zoos. No sales are made where the veterinary legend drug or device, will end up in a human clinical environment.

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy
Covetrus North America, LLC

Wholesaler In-State

WHI.0006065	11/01/2022
Number	**Issue Date**
Active	10/31/2024
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Ronne Hines | Credential Holder Signature

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy
Covetrus North America, LLC

Wholesaler In-State

WHI.0006065	11/01/2022
Number	**Issue Date**
Active	10/31/2024
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Ronne Hines | Credential Holder Signature

NABP ACCREDITED

DRUG DISTRIBUTOR

Butler Animal Health Holding Company, LLC
dba Covetrus North America

located at

13250 E Smith Rd, Aurora, CO 80011

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

3/25/2021 - 3/24/2024
Period of Accreditation

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20220405779

Authentication: 202598023

Date: 02-07-22

You may verify this certificate online at corp.delaware.gov/authver.shtml



Covetrus North America, LLC
List of Officers

Victor Thomas Forte IV
Title: President
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Lee Wise
Title: CFO & Treasurer
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Tamika Simmons
Title: Secretary
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Philip Mario Lombardi
Title: VP of Operations & Logistics
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Unique Identifier	Name	Line Detail 2
Aurora, Colorado (US)		Location (14 Members)
1_Angelica_Saez_[C]	Angelica Saez [C]	
2_Charles_Gee	Charles Gee	
3_David_Foertsch	David Foertsch	
4_Duane_Jones	Duane Jones	
5_Helder_da_Ponte_Rodrigues	Helder da Ponte Rodrigues	
6_Jakob_Kilton	Jakob Kilton	
7_Larry_Dias	Larry Dias	
8_Leanne_Adelhardt	Leanne Adelhardt	
9_Maria_Regalado_Martinez	Maria Regalado Martinez	
10_Mark_Cole	Mark Cole	
11_Monica_Bonilla	Monica Bonilla	
12_Nino_Lopez_	Nino Lopez	
13_Scott_Odermatt	Scott Odermatt	
14_Tim_Stephens_[C]	Tim Stephens [C]	

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/02/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
One Liberty Plaza
165 Broadway, Suite 3201
New York NY 10006 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	ProAssurance Specialty Insurance Company	17400
INSURER B:	Starr Indemnity & Liability Company	38318
INSURER C:	ACE Property & Casualty Insurance Co.	20699
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Covetrus, Inc.
Custom House Square
7 Custom House Street
Portland ME 04101 USA

COVERAGES **CERTIFICATE NUMBER:** 570091837437 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			1000100099221	03/01/2022	03/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$2,000,000 $100,000 $5,000 $2,000,000 $4,000,000 Excluded
B B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY X Comp/Coll. $1,000 SCHEDULED AUTOS NON-OWNED AUTOS ONLY			1000639300221 1000639301221 (MA)	03/01/2022 03/01/2022	03/01/2023 03/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$2,000,000
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION			XEUG7178115A003	03/01/2022	03/01/2023	EACH OCCURRENCE AGGREGATE	$10,000,000 $10,000,000
B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		1000004069 (AOS) 1000004071 (FL, MA)	03/01/2022 03/01/2022	03/01/2023 03/01/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000
A	Products Liab			N22ME380001	03/01/2022	03/01/2023	Aggregate Each Occurrence	$10,000,000 $10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

US Industrial REIT II as landlord, Commercial Advisors Asset Services LLC as management company and The Prudential Insurance Company as lender are included as Additional Insured as required by written agreement, but limited to the operations of the Insured under said agreement, with respect to the General Liability policy. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to the certificate holder, but only to the extent required by written agreement with the Insured. A Waiver of Subrogation is granted as required by written agreement but limited to the operations of the Insured under said agreement, with respect to the General Liability, Automobile Liability and Workers' Compensation policies.

CERTIFICATE HOLDER

US Industrial REIT II
c/o Commercial Advisors
5101 Wheelis Drive, Suite 320
Memphis TN 38117 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570091837437

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AGENCY CUSTOMER ID: 570000078389
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Covetrus, Inc.
POLICY NUMBER: See Certificate Number: 570091837437	
CARRIER: See Certificate Number: 570091837437 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		1000004067 AZ,CT,IA,NJ,NY,NC,TX,VT	03/01/2022	03/01/2023		
B		N/A		1000004070 (WI)	03/01/2022	03/01/2023		

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Covetrus North America, LLC

Pharmacy/Wholesaler License # (if applicable) WH 02902

Physical Address 13250 E. Smith Road, Unit E

City Aurora State CO Zip 80011

Mailing Address (if different from physical address) 400 Metro Place N, Suite 100

City Dublin State OH Zip 43017

Telephone 614-717-7121 Website northamerica.covetrus.com

Licensing Company Email cvet-na-licensing@covetrus.com

Section 2: Personal Information

First Bernardino Middle Nino Last Lopez

Alias(es, nicknames, name changes, etc.) Nino

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] East Applewood Circle Apt [redacted]

City Aurora State CO Zip 80016

Telephone [redacted] Email bernadino.lopez@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		/
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		/
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		/

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		/
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		/

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
College of the Sequoias		1995-1997	
Address	City	State	Zip
915 S Mooney Blvd	Visalia	CA	83277
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Lovell High School		1992-1995	
Address	City	State	Zip
254 Avenue 408	Cutler	CA	93615
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/21 - present	[redacted] East Applewood Circle Apt 1727	Aurora	CO	80016
2007 - 2021	[redacted] Nancy Road	Cutler	CA	93615
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Covetrus North America, LLC			From - To (MM/YY – MM/YY): 06/2021 - Present
Business Address: 13250 E. Smith Road Unit E	City: Aurora	State: CO	Zip: 80011
Phone: 303-344-9200	Title: Distribution Facility Manager		Number of Employed Hours: 2,600
Description of Duties: Managing routine building maintenance , Handling employee issues , Making sure the management staff has what they need and are achieving their goals, Updating and providing various building KPIs to leadership, Managing the budget ensuring we hit our goals and obligations, Other duties as they come up or are assigned			

Business Name: Covetrus North America, LLC			From - To (MM/YY – MM/YY): 04/2016 - 06/2021
Business Address: 7940 W Doe Ave Suite 400	City: Visalia	State: CA	Zip: 93291
Phone: 559-651-2941	Title: Inventory Operations Manager		Number of Employed Hours: 8,320
Description of Duties: Direct all outbound activities including shipping, routing, storing, handling, returned/damaged good, recalls, inventory control, freight claims, safety team coordinator.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Applicant's Initials BA

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			06/21 - present
Business Address	**City**	**State**	**Zip**
13250 E. Smith Road, Unit E	Aurora	Colorado	80011
Phone	**Title**	**Number of Employed Hours**	
303-344-9200	Distribution Center Manager	2000 +	

Description of Duties

Responsible for all aspects of wholesale drug distribution at Aurora location.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			04/16 - 06/21
Business Address	**City**	**State**	**Zip**
7940 West Doe Ave, #400,	Visalia,	CA	93291
Phone	**Title**	**Number of Employed Hours**	
559-651-2941	Inventory Operations Manager	6000 +	

Description of Duties

Responsible for drug distrubition inventory record keeping and other duties in Visalia,CA.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		/
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		/
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		/
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	MM	/
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		/

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

~~**please see attached Corporate response**~~

Original Signature (electronic, copies or stamps not accepted)

9/01/2022
Date

I, Nino Lopez, **certify that as the designated representative for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. BL I am at least 21 years of age;
3. BL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. BL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. BL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Nino Lopez
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/1/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nino Lopez

Print Name (First, Last)

Bernardina Lopez

Original Signature (electronic, copies or stamps not accepted)

9/01/22

Date

Please have this section completed in the presence of a Notary Public.

State of Colorado, ss. County of County of Arapahoe

I, Bernardina Lopez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Bernardina Lopez

Original Signature

9/01/22

Date

Subscribed and Sworn to before me this 1st day of September 2022

Astaire Larsen

Notary Public Signature

ASTAIRE LARSEN
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20224023935
MY COMMISSION EXPIRES 06/17/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Covetrus North America, LLC — MDEG License # (if applicable):

Physical Address: 13205 E. Smith Road, Unit E

City: Aurora — State: CO — Zip: 80011

Mailing Address (if different from physical address): 400 Metro Place N, Suite 100

City: Dublin — State: OH — Zip: 43017

Telephone: 614-717-7121 — Website: covetrus.com

Licensing Company Email: cvet-na-licensing@covetrus.com

Section 2: Personal Information

First: Mark — Middle: Andrew — Last: Cole

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] E. Smith Road, Unit E

City: Aurora — State: CO — Zip: 80011

Telephone: [redacted] — Email: cvet-na-licensing@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	n/a	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: CITY UNIVERSITY		From - To (MM/YY – MM/YY): LATE 1990s	
Address: 150 120th AVE NE	City: BELLEVUE	State: WA	Zip: 98005
Diploma/Degree obtained, if any: ASSOCIATES IN GENERAL SCIENCE			
School Name: LITTLETON HIGH SCHOOL		From - To (MM/YY – MM/YY): 09/78 05/80	
Address: 199 E LITTLETON BLVD	City: LITTLETON	State: CO	Zip: 80121
Diploma/Degree obtained, if any:			
School Name:		From - To (MM/YY – MM/YY):	
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			
School Name:		From - To (MM/YY – MM/YY):	
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			
School Name:		From - To (MM/YY – MM/YY):	
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/15 – PRES	[redacted] E Quincy PL	Centennial	CO	20015
05/93 - 06/15	[redacted] E EVANS AVE #52C	DENVER	CO	80231

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Covetrus North America, LLC			From - To (MM/YY – MM/YY): 09/16 to present	
Business Address: 13250 E. Smith Road, Unit E	City: Aurora,		State: Colorado	Zip: 80011
Phone: 303-344-9200	Title:		Number of Employed Hours: 10,000 +	
Description of Duties: Responsible for inbound operations at Aurora location.				
Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				
Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				
Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				
Business Name:			From - To (MM/YY – MM/YY):	
Business Address:	City:		State:	Zip:
Phone:	Title:		Number of Employed Hours:	
Description of Duties:				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Mark A Cole

Original Signature (electronic, copies or stamps not accepted)

11/17/22

Date

I, Mark Cole, **certify that as the MDEG Administrator for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Cole
Print Name (First, Last)

Mark A Cole
Original Signature (electronic, copies or stamps not accepted)

11/17/22
Date

Board Use Only	Date Received:

RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of COVETRUS NORTH AMERICA, LLC

(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY

(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

Address	City	ST	Zip code
13250 East Smith Rd., Unit E	Aurora	CO	80011
3820 Twin Creeks Drive	Columbus	OH	43204
3850 Twin Creeks Drive	Columbus	OH	43204
14800 FAA Blvd, #100	Ft. Worth	TX	76155
920 Citation Blvd	Lexington	KY	40511
1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
19905 SW 95th Ave	Tualatin	OR	97062
7940 W. Doe Ave, Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact

Liberty Mutual SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8205735-015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 7th day of December, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd. Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

Liberty Mutual SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8205735-015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAIEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

AKLIMA NOORHASSAN

165 BROADWAY
NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993 Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW

Non-Resident Producer
Casualty, Property

Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

COVETRUS NORTH AMERICA, LLC

Entity Number:

E0213702005-0

Entity Type:

Foreign Limited-Liability Company

Entity Status:

Active

Formation Date:

04/13/2005

NV Business ID:

NV20051127174

Termination Date:

Perpetual

Annual Report Due Date:

4/30/2023

Series LLC:

Domicile Name:

Jurisdiction:

Delaware

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

CORPORATION SERVICE COMPANY

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Commercial Registered Agent

NV Business ID:

NV20101844335

Office or Position:

Jurisdiction:

DELAWARE

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Mailing Address:

Individual with Authority to Act:

Not Available

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
Authorized Signer	Geoff Hadam	7 Custom House St, 2nd Floor, Portland, ME, 04101, USA	04/29/2022	Active

Title	Name	Address	Last Updated	Status
Managing Member	BUTLER ANIMAL HEALTH HOLDING COMPANY LLC	400 METRO PLACE NORTH, DUBLIN, OH, 430173378	04/30/2019	Active

Page 1 of 1, records 1 to 2 of 2

Filing History Name History Mergers/Conversions

Return to Search Return to Results

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 00539	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 3820 Twin Creeks Drive

City: Columbus State: OH Zip: 43204

Mailing Address (if different from physical address): 400 Metro Place North, Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-717-7121 Website: northamerica.covetrus.com

Name of Designated Representative (DR): Jonathan Groseth

Licensing Company Email: cvet-na-licensing@covetrus.com DR Email: jonathan.groseth@covetrus.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Zoo/Humane Society		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached disciplinary action chart.

Philip Mario Lombardi

Original Signature (electronic, copies or stamps not accepted)

8/31/2022

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis
Address: 10 Sylvan Way City: Parsippany State: NY Zip: 07054
Name: Merck Animal Health
Address: 2 Giralda Falls City: Madison State: NJ Zip: 07904
Name: Elanco
Address: 2500 Innovation Way City: Greenfield State: IN Zip: 46140
Name: Vedco
Address: 5503 Corporate Drive City: Saint Joseph State: MO Zip: 64507

Section 4: Publicly Traded Corporation

State of Incorporation: n/a
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): W.A. Butler Company
Corporation/Organization Name: Covetrus North America, LLC
Mailing Address: 400 Metro Place N, Suite 100
City: Dublin State: OH Zip: 43017
Telephone: 614-717-7121 Email: cvet-na-licensing@covetrus.com
Contact Person Name: Matthew Malenfant or Lee Wise

Section 6: Partnership

Partnership Name: n/a
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: n/a
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Covetrus North America, LLC

Facility Name

Philip Mario Lombardi

Print Name of Authorized Person Submitting Application

Philip Mario Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

8/31/22

Date

Board Use Only	Date Received: 9.6.22	Amount: 1000.00 CC

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

Signature Philip Mario Lombardi Date 8/31/22

Philip Mario Lombardi, VP of Operations & Logistics Services

• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

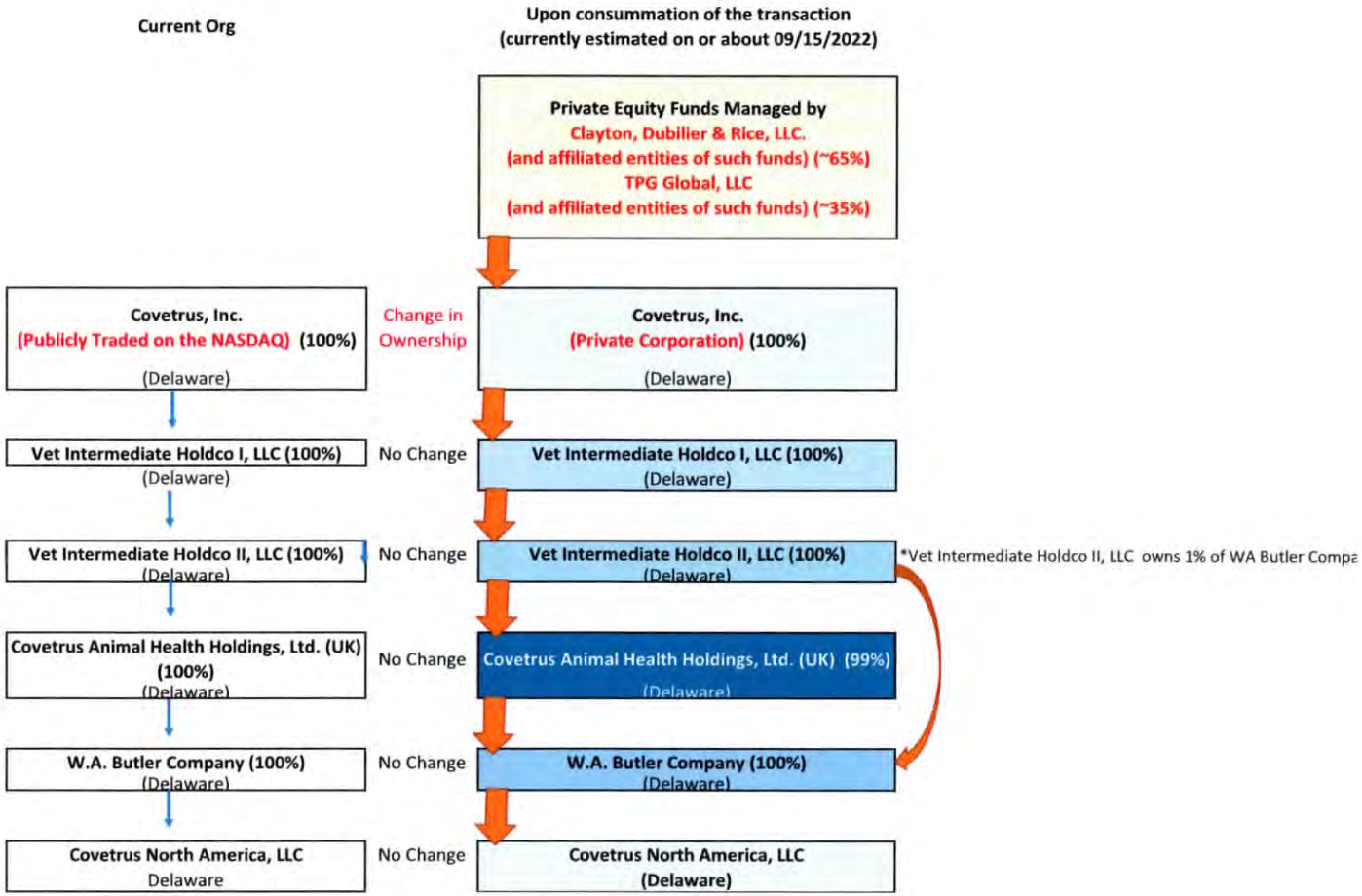
• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) **- Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

Covetrus North America , LLC Business Organizational Structure



* Current, private equity funds managed by Clayton, Dubilier & Rice, LLC. (and affiliated entities of such funds) own approximately 24.2% of the outstanding share of Covetrus, Inc's common stock and will continue as indirect owners of Covetrus, Inc. following the consummating of the transaction.

** Note that in preparation of the consummation of the transactions, a number of holding company entities are expected to be formed as direct or indirect parent entities of Corgi Bidco, Inc. (and which are not shown, on this organizational structure chart).

*** FEIN of all entities listed will remain the same.

Location Address
Covetrus North America, LLC
3820 Twin Creeks Drive
Columbus, OH 43204
Monday- Thursday 6am-9pm
Friday 6am-7pm

Business Description:

Covetrus North America, LLC's Columbus location is a 51,322 sq. ft. facility.

Security:
The physical facility has a security alarm system that was installed by Protection One. The alarm system is monitored remotely by a central station of Protection One, all perimeter doors (main entry, emergency exit doors, loading dock doors) are alarmed. The alarm system allows for arming and disarming of the systems as needed.

Temperature & Humidity:
Covetrus North America's distribution centers are fitted with HVAC units to provide controlled temperature and humidity levels. Each DC is equipped with temperature and humidity monitoring devices, manufactured by Lascar Electronics, which utilizes the WiFi service to allow for continuous and off site monitoring. The Lascar system allows for temperature excursion alerts via text message and email communication. Temperature ranges are set according to the Prescription Drug Marketing Act (PDMA). In addition the cooler storage area is equipped with a secondary line of defense through our security alarm system, if temperature excursions occur out of normal set ranges a phone call is received by our security monitoring service. Daily checks of the Mean Kinetic Temperature are performed by management on site during normal business hours.

Quarantined area for damaged, outdated, deteriorated, misbranded, or adulterated drugs:
Lockable cabinets. They are located away from regular salable stock.

Products:
The following is a generalized representative list of items/products that Covetrus North America distributes to our veterinary customers:

1. Federal legend drug that are Human Prescription Drugs
2. Federal Legend drugs and devices that are Veterinary Prescription Drugs
3. Over-the counter items
4. Equipment Items that are veterinary legend devices
5. Biologicals (vaccines) for animal use only
6. Supplies and equipment needed for a veterinary practice

Customers:
Covetrus North America distributes only to veterinarians, veterinary schools involved in teaching and research institutions where the veterinary drug is used in a research environment. No sales are made where the veterinary legend drug or device, will end up in a human clinical environment.

STATE OF OHIO BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2023.

Covetrus North America, LLC

3820 TWIN CREEKS DRIVE

COLUMBUS, OH 43204

License Number: 011528550

Wholesaler - Category 3

Expiration Date: June 30, 2023

CLASS: Wholesaler - Category 3
BUSINESS TYPE: FS - Full Service

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
Jonathan Groseth	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0395219	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	08-02-2022

COVETRUS NORTH AMERICA, LLC
3820 TWIN CREEKS DR
COLUMBUS, OH 432045000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0395219	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	08-02-2022

COVETRUS NORTH AMERICA, LLC
3820 TWIN CREEKS DR
COLUMBUS, OH 432045000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0395219	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	08-02-2022

COVETRUS NORTH AMERICA, LLC
3820 TWIN CREEKS DR
COLUMBUS, OH 432045000

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

NABP
National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 14 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

1 2 Next >>

Name	Address	Accreditation Date
Covetrus North America	3820 Twin Creeks Dr Columbus, OH 43204	Reaccreditation in process
Covetrus North America	7940 W Doe Ave, Ste 400 Visalia, CA 93291	10/17/19
Covetrus North America	14800 FAA Blvd, Ste 100 Fort Worth, TX 76155	08/15/20
Covetrus North America	19905 SW 95th Ave Tualatin, OR 97062	08/15/20
Covetrus North America	4296 Albany St Albany, NY 12205	02/20/21
Covetrus North America	13250 E Smith Rd, Unit E Aurora, CO 80011	03/25/21
Covetrus North America	2150 Boggs Rd, Bldg 500, Ste 550 Duluth, GA 30096	12/21/19
Covetrus North America	1499 Zeager Rd, Ste 5 Elizabethtown, PA 17022	12/06/20
Covetrus North America	445 SW 52nd Ave, Ste 100 Ocala, FL 34474	Reaccreditation in process

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20220405779

Authentication: 202598023

Date: 02-07-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

covetrus

Covetrus North America, LLC
List of Officers

Victor Thomas Forte IV
Title: President
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Lee Wise
Title: CFO & Treasurer
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Tamika Simmons
Title: Secretary
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Philip Mario Lombardi
Title: VP of Operations & Logistics
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Unique Identifier	Name	Line Detail 2
3820_Twin_Creeks_Dr. Columbus, OH (US)		Location (32 Members)
1_Alex_Huston	Alex Huston	
2_Brandon_Wilkins	Brandon Wilkins	
3_Brian_Fink	Brian Fink	
4_Brogan_Hutchinson	Brogan Hutchinson	
5_Cheryl_Strang	Cheryl Strang	
6_Cory_Karshner	Cory Karshner	
7_DANIEL_HOOP	DANIEL HOOP	
8_Demetrius_muldrow	Demetrius muldrow	
9_Dustin_Maddolin	Dustin Maddolin	
10_Emma_Huhn	Emma Huhn	
11_Flemon_Murray	Flemon Murray	
12_heather_green	heather green	
13_Ian_Huhn	Ian Huhn	
14_IDIR_HADJ-ALI	IDIR HADJ-ALI	
15_Jammie_Pierce	Jammie Pierce	
16_Jason_Penix	Jason Penix	
17_Jessica_Lloyd	Jessica Lloyd	
18_Jewel_Ziegler	Jewel Ziegler	
19_Jonathan_Groseth	Jonathan Groseth	
20_Josh_Dooley	Josh Dooley	
21_Kaitlyn_Weddle	Kaitlyn Weddle	
22_Kory_Moffit	Kory Moffit	
23_Lori_Weddle	Lori Weddle	
24_Malikque'_Simpson-Johnson	Malikque' Simpson-Johnson	
25_Mary_Redd	Mary Redd	
26_Michael_Pyle	Michael Pyle	
27_Nicholas_Lawson	Nicholas Lawson	
28_Palmira_Bristel-Anderson	Palmira Bristel-Anderson	
29_Ronald_Hines	Ronald Hines	
30_Ryan_Caldwell	Ryan Caldwell	
31_Ryan_Cox	Ryan Cox	
32_Sydney_Johnson	Sydney Johnson	

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/02/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
One Liberty Plaza
165 Broadway, Suite 3201
New York NY 10006 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	ProAssurance Specialty Insurance Company	17400
INSURER B:	Starr Indemnity & Liability Company	38318
INSURER C:	ACE Property & Casualty Insurance Co.	20699
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Covetrus, Inc.
Custom House Square
7 Custom House Street
Portland ME 04101 USA

COVERAGES **CERTIFICATE NUMBER:** 570091837437 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY			1000100099221	03/01/2022	03/01/2023	EACH OCCURRENCE	$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$2,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	Excluded
B	AUTOMOBILE LIABILITY			1000639300221	03/01/2022	03/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
B				1000639301221	03/01/2022	03/01/2023	BODILY INJURY (Per person)	
	X ANY AUTO			(MA)			BODILY INJURY (Per accident)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY							
	X Comp/Coll. $1,000							
C	X UMBRELLA LIAB X OCCUR			XEUG7178115A003	03/01/2022	03/01/2023	EACH OCCURRENCE	$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			1000004069 (AOS)	03/01/2022	03/01/2023	X PER STATUTE OTH-ER	
B	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A		1000004071 (FL, MA)	03/01/2022	03/01/2023	E.L. EACH ACCIDENT	$1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
A	Products Liab			N22ME380001	03/01/2022	03/01/2023	Aggregate	$10,000,000
							Each Occurrence	$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

US Industrial REIT II as landlord, Commercial Advisors Asset Services LLC as management company and The Prudential Insurance Company as lender are included as Additional Insured as required by written agreement, but limited to the operations of the Insured under said agreement, with respect to the General Liability policy. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to the certificate holder, but only to the extent required by written agreement with the Insured. A Waiver of Subrogation is granted as required by written agreement but limited to the operations of the Insured under said agreement, with respect to the General Liability, Automobile Liability and Workers' Compensation policies.

CERTIFICATE HOLDER

US Industrial REIT II
c/o Commercial Advisors
5101 Wheelis Drive, Suite 320
Memphis TN 38117 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570091837437

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AGENCY CUSTOMER ID: 570000078389
LOC #:

ACORD

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Covetrus, Inc.
POLICY NUMBER	
See Certificate Number: 570091837437	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570091837437	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		1000004067 AZ,CT,IA,NJ,NY,NC,TX,VT	03/01/2022	03/01/2023		
B		N/A		1000004070 (WI)	03/01/2022	03/01/2023		

ACORD 101 (2008/01)

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Covetrus North America, LLC

Pharmacy/Wholesaler License # (if applicable): WS 00539

Physical Address: 3820 Twin Creeks Drive

City: Columbus State: OH Zip: 3820 Twin Creeks Dr.

Mailing Address (if different from physical address): 400 Metro Place N, Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-717-7121 Website: northamerica.covetrus.com

Licensing Company Email: cvet-na-licensing@covetrus.com

Section 2: Personal Information

First: Jonathan Middle: Bjorn Last: Groseth

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Greenhaven Ave

City: Galloway State: OH Zip: 43119

Telephone: [redacted] Email: jonathan.groseth@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Ohio State University		From - To (MM/YY – MM/YY): May 2015	
Address	City: Columbus	State: OH	Zip
Diploma/Degree obtained, if any: BA English			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]Greenhaven Ave	Galloway	OH	43119
	[redacted]Warwick Dr, Apt [redacted]	Westerville	OH	43082

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			12/2017 - present
Business Address	**City**	**State**	**Zip**
3820 Twin Creeks Drive	Columbus	OH	43204
Phone	**Title**	**Number of Employed Hours**	
614-296-5813	Inbound Operations Manager	6000 +	
Description of Duties			
Responsible for wholesale drug distribution operations at Columbus, OH location.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See corporate answer attached.

Original Signature (electronic, copies or stamps not accepted)

8/31/22
Date

I, Jonathan Groseth, **certify that as the designated representative for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JBG I am at least 21 years of age;
3. JBG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JBG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JBG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JBG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JBG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jonathan Groseth
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/31/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Groseth
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/31/22
Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Union

I, Jonathan Groseth, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/31/22
Date

Subscribed and Sworn to before me this 31st day of August, 2022.

Notary Public Signature

NICOLE MARIE LYBARGER
Notary Public
State of Ohio
My Comm. Expires
August 24, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Covetrus North America, LLC MDEG License # (if applicable) _____

Physical Address 3820 Twin Creeks Drive

City Columbus State OH Zip 43204

Mailing Address (if different from physical address) 400 Metro Place N, Suite 100

City Dublin State OH Zip 43017

Telephone 614-717-7121 Website covetrus.com

Licensing Company Email cvet-na-licensing@covetrus.com

Section 2: Personal Information

First Jonathan Middle Bjorn Last Groseth

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Greenhaven Ave

City Galloway State OH Zip 43119

Telephone [redacted] Email jonathan.groseth@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	n/a	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Ohio State University		May 2015	
Address	City	State	Zip
	Columbus	OH	
Diploma/Degree obtained, if any			
BA English			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/20 - present	[redacted] Greenhaven Ave	Galloway	OH	43110
7/19 - 11/20	[redacted] Warwick Dr, Apt [redacted]	Westerville	OH	43082
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Covetrus North America, LLC			
Business Address	**City**	**State**	**Zip**
3820 Twin Creeks Dr.	Columbus,	Ohio	43204
Phone	**Title**	**Number of Employed Hours**	
614-296-5813	Inbound Operations Manager	6000 +	
Description of Duties			
Responsible for all aspects of wholesale drug distribution at Columbus location.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____ Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

n/a

Original Signature (electronic, copies or stamps not accepted)

10/18/22
Date

I, Jonathan Groseth, **certify that as the MDEG Administrator for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Groseth
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/18/22
Date

Board Use Only	Date Received: 10-24-22

RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of COVETRUS NORTH AMERICA, LLC

(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY

(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

Address	City	ST	Zip code
13250 East Smith Rd., Unit E	Aurora	CO	80011
3820 Twin Creeks Drive	Columbus	OH	43204
3850 Twin Creeks Drive	Columbus	OH	43204
14800 FAA Blvd, #100	Ft. Worth	TX	76155
920 Citation Blvd	Lexington	KY	40511
1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
19905 SW 95th Ave	Tualatin	OR	97062
7940 W. Doe Ave, Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd. Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

Liberty Mutual SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8205735-015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

S-1262LM/C/a 3/21

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

AKLIMA NOORHASSAN

165 BROADWAY
NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993 Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

COVETRUS NORTH AMERICA, LLC

Entity Number:

E0213702005-0

Entity Type:

Foreign Limited-Liability Company

Entity Status:

Active

Formation Date:

04/13/2005

NV Business ID:

NV20051127174

Termination Date:

Perpetual

Annual Report Due Date:

4/30/2023

Series LLC:

Domicile Name:

Jurisdiction:

Delaware

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

CORPORATION SERVICE COMPANY

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Commercial Registered Agent

NV Business ID:

NV20101844335

Office or Position:

Jurisdiction:

DELAWARE

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Mailing Address:

Individual with Authority to Act:

Not Available

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
Authorized Signer	Geoff Hadam	7 Custom House St, 2nd Floor, Portland, ME, 04101, USA	04/29/2022	Active

Title	Name	Address	Last Updated	Status
Managing Member	BUTLER ANIMAL HEALTH HOLDING COMPANY LLC	400 METRO PLACE NORTH, DUBLIN, OH, 430173378	04/30/2019	Active

Page 1 of 1, records 1 to 2 of 2

Filing History Name History Mergers/Conversions

Return to Search Return to Results

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License 011528550

Covetrus North America, Llc

3820 Twin Creeks Drive
Columbus, OH 43204
Franklin County

Wholesaler - Category 3

Wholesale Drug Distributor

December 6, 2021

License 011528550 - Covetrus North America, Llc

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by Keenan Reese
Start 12/6/2021 9:27 AM
End 12/6/2021 12:49 PM

Organization

Name
Covetrus North America, Llc

License Type
Wholesaler - Category 3

Category

License Number
011528550

Business Type
FS - Full Service

DEA Number
RB0395219

Responsible Person
Jonathan Groseth

Hours of Operation
M-F 6a-8p, Closed Sat and Sun

Contact

Address
3820 Twin Creeks Drive
Columbus, OH 43204
Franklin County

Primary Number
(614) 659-1897

Fax Number

Website
https://covetrus.com/

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Jonathan Groseth		Manager			jonathan.groseth@covetrus.com
Heidi Rudolph		Manager		(614) 717-7119	heidi.rudolph@covetrus.com

1) Initial Inspection Information

2) Were multiple inspection guides used during this inspection?

No

3) Facility Description

Observation

The location is a wholesaler distribution center for veterinarian products handling both controlled substances and dangerous drugs. Location primarily ships products to Ohio and surrounding states, however they are licensed to ship to all 50 states.

4) Additional initial inspection information:

Observation

This (non on-site) inspection was updated due to section 14 labeled "Wholesale Facilities", subsection 20 labeled "Requirements for virtual manufacturer/ whole distributor" being inadvertently marked at the on-site inspection conducted on October, 10, 2021. The subsection had language indicating the facility was a virtual wholesaler. This facility is NOT a virtual wholesaler and DOES have drugs on-site.

All observations listed on this inspection were observed on October 10, 2021, unless other wise noted.

Jonathan Groseth and Heidi Rudolph were listed as present personnel for contact purposes only.

On 7/28/2021 Facility submitted name change to: Covetrus North America, LLC and notified the SOBP of a change in ownership.

2) Licensing

1) Is the license current, signed, and on-site available for viewing at the time of inspection?

Yes

2) The responsible person on the license is correct, and appropriate for the licensed location.

Yes

Observation

RP is not updated on the SOBP licensing records system. A change of RP was submitted to the SOBP 9/20/2021 (Jonathan Groseth) the request status reads "complete"

3) The facility has a current DEA certificate.

Yes

4) Additional licensing findings include the following:

Observation

On 7/28/2021 Facility submitted name change to: Covetrus North America, LLC and notified the SOBP of a change in ownership.

3) Security

1) Dangerous drugs are stored in a secure area with access by authorized personnel only?

Yes

Observation
Observed alarm.

3) Adequate systems are in place to detect and deter drug diversion and to prevent unauthorized access to drug stock.

Yes

4) Minimum Standards/Cleanliness

1) The facility was observed clean, well-lighted, well-ventilated and in an orderly condition for the storage of drugs and devices.

Yes

5) Refrigeration

1) Storage areas for refrigerated drugs are maintained at temperatures that insure the integrity of drugs.

Yes

2) Storage areas for frozen drugs are maintained at temperatures that insure the integrity of drugs.

Yes

3) Storage areas for refrigerated and frozen drugs contain only those items required to be stored under the specified temperatures.

Yes

4) Refrigerators and freezers are properly maintained and defrosted as necessary to ensure the integrity of drugs stored within.

Yes

6) References

1) The licensee is able to access current federal and state drug laws and rules.

Yes

8) Drug Purchases

2) The licensee has a policy/procedure in place to verify the TDDD/WDDD of the distributor/wholesaler prior to purchsing dangerous drugs or controlled substances from them.

Yes

9) DEA 222 forms are stored in a manner that detects and deters unauthorized access.

Yes

10) Are the blank DEA-222 forms being signed prior to being used?

No

11) Are the executed DEA-222 forms being properly completed?

Yes

12) Are all DEA-222 forms being filed by serial number and retained for at least 3 years?

Yes

10) Drug Records and Inventories

7) Theft or loss of dangerous drugs, controlled substances and/or drug documents has been reported to the Ohio State Board of Pharmacy.

Yes

Observation
Any theft or loss of dangerous drugs must be reported by law to the Ohio State Board of Pharmacy and local law enforcement immediately upon discovery. Notify the DEA if controlled substances were involved.

Theft or loss must be reported verbally to the Ohio State Board of Pharmacy (614-466-4143) or a local Pharmacy Board Employee immediately upon discovery and in writing to the Ohio State Board of Pharmacy (dea106reporting@pharmacy.ohio.gov) within 30 days of the discovery of the theft or loss.

13) OARRS

1) The facility is not required to report to Ohio's Dangerous Drug Data Base (OARRS).

This is a category III facility. The facility possess drugs required to be reported to OARRS, however the facility does not dispense, personally furnish, or provide samples of reported drugs to patients.

14) Wholesale Facilities

1) The facility is of suitable size and construction to facilitate cleaning, maintenance and proper operations.

Yes

2) The facility maintains a quarantine area for adulterated drugs.

Yes

3) The facility is secure from unauthorized entry.

Yes

4) The facility is equipped with an alarm system to detect unauthorized entry after hours.

Yes

Observation
Alarmed tested quarterly.

5) Dangerous drugs are stored at appropriate temperatures.

Yes

6) Shipping containers are visually examined to prevent the acceptance or delivery of contaminated dangerous drugs.

Yes

9) The facility has a system in place to identify and report suspicious orders for drugs to the Ohio State Board of Pharmacy.

Yes

11) The facility maintains written policies and procedures for the receipt, security, storage, inventory and distribution of dangerous drugs.

Yes

12) Employees have appropriate education and/or experience to assume responsibility for positions related to compliance with licensing regulations.

Yes

13) Facilities making a wholesale sale of controlled substances possess a license as a wholesale distributor of dangerous drugs and a license as a wholesaler or manufacturer of controlled substances.

Yes

14) The wholesaler conducts an inventory of controlled substances in accordance with OAC 4729-9-16 and applicable federal laws.

Yes

15) The facility is registered to submit wholesale sales of controlled substances and gabapentin to OARRS,

Yes

19) The most recent FDA inspection of the wholesaler/manufacturer occurred on:

Observation
July 2017

18) Inspection Affirmation

1) Inspection Affirmation

Observation
As the person in charge, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 30 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required. Responses can be emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or they may be mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

This inspection was completed by email and will serve as an "update" to the inspection completed on October 10, 2021.

Summary

No Issue Found

Reviewed by Jonathan Groseth E-MAILED

(signature)

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
■ Ownership Change*	WH 2384	■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 3850 Twin Creeks Drive

City: Columbus State: OH Zip: 43204

Mailing Address (if different from physical address): 400 Metro Place North, Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-717-7121 Website: northamerica.covetrus.com

Name of Designated Representative (DR): Jammie Pierce

Licensing Company Email: cvet-na-licensing@covetrus.com DR Email: jammie.pierce@covetrus.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Zoo/Humane Society		■ Others: 3PL

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached disciplinary action chart.

Philip Mario Tombarello

Original Signature (electronic, copies or stamps not accepted)

8/31/22

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis
Address: 10 Sylvan Way City: Parsippany State: NY Zip: 07054

Name: Merck Animal Health
Address: 2 Giralda Falls City: Madison State: NJ Zip: 07904

Name: Elanco
Address: 2500 Innovation Way City: Greenfield State: IN Zip: 46140

Name: Vedco
Address: 5503 Corporate Drive City: Saint Joseph State: MO Zip: 64507

Section 4: Publicly Traded Corporation

State of Incorporation: n/a
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): W.A. Butler Company
Corporation/Organization Name: Covetrus North America, LLC
Mailing Address: 400 Metro Place N, Suite 100
City: Dublin State: OH Zip: 43017
Telephone: 614-717-7121 Email: cvet-na-licensing@covetrus.com
Contact Person Name: Matthew Malenfant or Lee Wise

Section 6: Partnership

Partnership Name: n/a
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: n/a
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Covetrus North America, LLC

Facility Name

Philip Mario Lombardi

Print Name of Authorized Person Submitting Application

Philip Mario Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

8/31/22

Date

Board Use Only	Date Received: 9-6-22	Amount: 1000.00 CC

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) **- Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries

*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**

Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

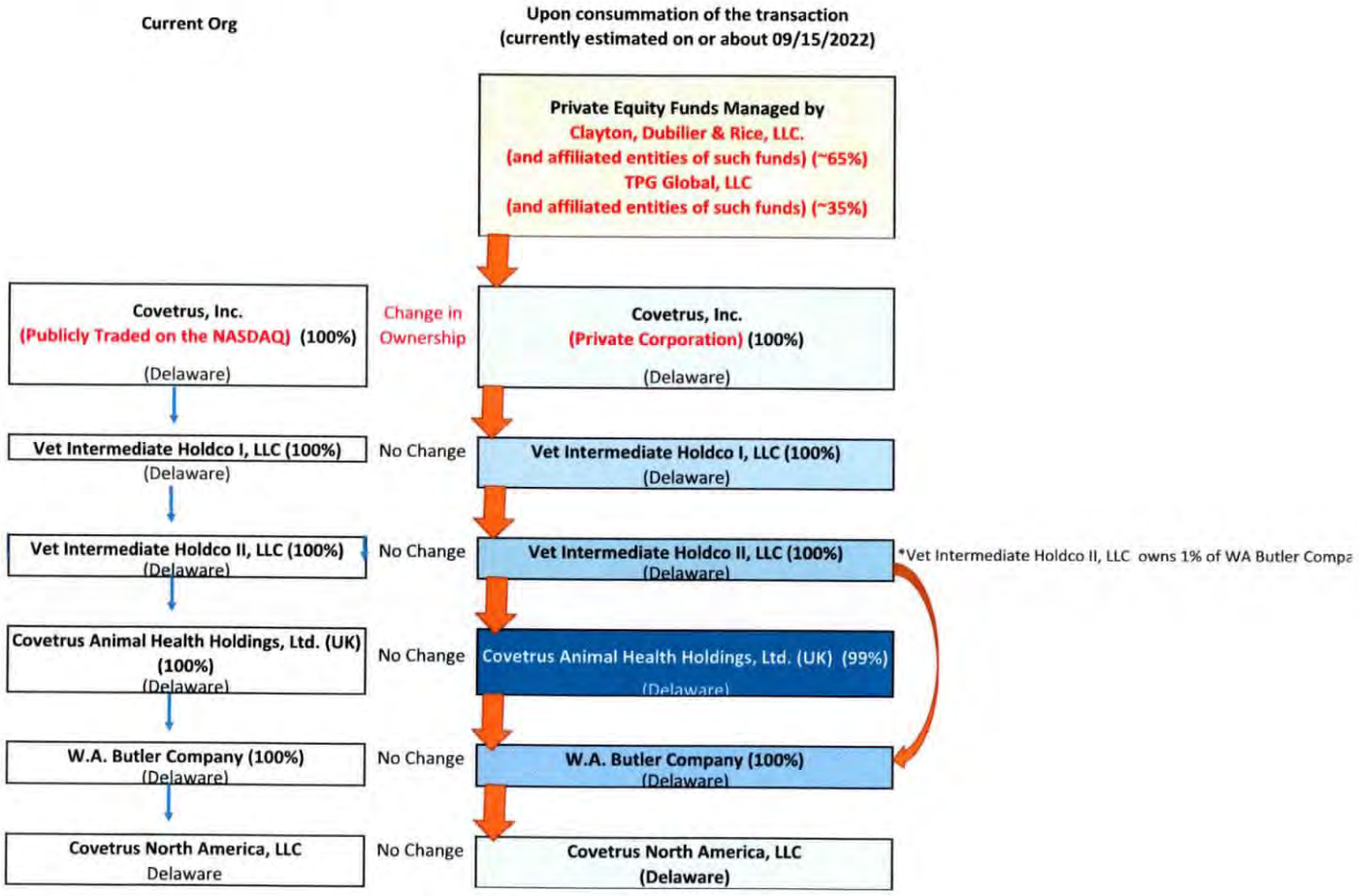
• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

Signature Philip Mario Lombardi Date 8/31/22

Philip Mario Lombardi, VP of Operations & Logistics Services

Covetrus North America , LLC Business Organizational Structure



* Current, private equity funds managed by Clayton, Dubilier & Rice, LLC. (and affiliated entities of such funds) own approximately 24.2% of the outstanding share of Covetrus, Inc's common stock and will continue as indirect owners of Covetrus, Inc. following the consummating of the transaction.

** Note that in preparation of the consummation of the transactions, a number of holding company entities are expected to be formed as direct or indirect parent entities of Corgi Bidco, Inc. (and which are not shown, on this organizational structure chart).

*** FEIN of all entities listed will remain the same.

Description of Business
Covetrus North America
National Distribution Service Center and 3PL
3850 Twin Creeks Drive
Columbus OH 43204

a. Type of operation:
   a. The National Distribution Service Center is maintained within 67,500 square footage of the facility, with 2500 sq. ft. of office space, 9,800 sq. ft. occupied by a cooler, and 1,500 sq. ft. occupied by our controlled substance cage where we will house Schedule II-V.
   b. Within said facility we have 3000 sq. ft. that will operate our Covetrus North America 3PL business.

b. Estimated number of products distributed daily:
   a. Within our NDSC warehouse we distribute approximately 70 number of products to the 13 Distribution Centers under common ownership with Covetrus North America.
   b. With regards to the 3PL business, we are estimating a shipping average of 225 per day

c. Type of customers:
   a. The NDSC services the 13 Covetrus North America distribution centers by intra-company transfer
   b. The 3PL business will service distribution customers contracted through EPiQ Animal Health (fka Animal Health Logistics)

d. Type of prescription products:
   a. Both human and veterinary prescription drugs and devices.

e. Type of prescription dosage forms:
   a. Oral, injectable, topical, ophthalmic

f. Storage Requirements
   a. Storage requirements are set according to the PDMA, or product labeling.
      1. Controlled room temperature 68^0F - 77^0F (20^0C – 25^0C), with excursions allowed from 59^0F – 86^0F (15^0C – 30^0C), provided that the mean kinetic temperature (MKT) does not exceed 77^0F.
      2. Frozen: -13^0F - +14^0F (-25^0C - -10^0C).
      3. Refrigerated: 36^0F – 46^0F (2^0C – 8^0C). Excursions from 32^0F – 59^0F (0^0C – 15^0C) may be allowed, provided that the MKT does not go above 46^0F (8^0C)

g. Security/alarm system: The physical facility has a security alarm system that was installed by Protection One. This system contains motion detectors, a holdup alarm, a fire detection system and door contacts. Due to sky lights in the distribution center we also have long range motion detectors in place to monitor all sky lights. The controlled substance storage area are separate security panel with the Protection One Security System that allows for arming and disarming of the system separately as needed.

h. HVAC is controlled by 6 units on the roof and monitored through a central thermostat maintained in the office area. Humidity is monitored through Files through the air a web based Wi-Fi platform which captures temperature and humidity.

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2023.

Covetrus North America, LLC

3850 Twin Creeks Dr

Columbus, OH 43204-5000

License Number: 012655400

Third-Party Logistics - Category 2

Expiration Date: June 30, 2023

CLASS: Third-Party Logistics - Category 2
BUSINESS TYPE: 3PL – Third-Party Logistics

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
JAMMIE PIERCE	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

NABP
National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 14 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

<<Previous 1 2

Name	Address	Accreditation Date
Covetrus North America	920 Citation Blvd Lexington, KY 40511	11/09/21
Covetrus North America	3850 Twin Creeks Dr Columbus, OH 43204	Reaccreditation in process
Covetrus North America	1085 Stateline Rd E Southaven, MS 38671	Reaccreditation in process
Covetrus North America	1908 Ruffin Mill Rd Colonial Heights, VA 23834	Reaccreditation in process

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Contact

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20220405779

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202598023

Date: 02-07-22

covetrus

Covetrus North America, LLC
List of Officers

Victor Thomas Forte IV
Title: President
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Lee Wise
Title: CFO & Treasurer
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Tamika Simmons
Title: Secretary
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Philip Mario Lombardi
Title: VP of Operations & Logistics
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/02/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Holder Identifier :

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Covetrus, Inc. Custom House Square 7 Custom House Street Portland ME 04101 USA	INSURER A: ProAssurance Specialty Insurance Company	17400
	INSURER B: Starr Indemnity & Liability Company	38318
	INSURER C: ACE Property & Casualty Insurance Co.	20699
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570091837437 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY			1000100099221	03/01/2022	03/01/2023	EACH OCCURRENCE	$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	Excluded
	OTHER:							
B	AUTOMOBILE LIABILITY			1000639300221	03/01/2022	03/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
B	X ANY AUTO			1000639301221 (MA)	03/01/2022	03/01/2023	BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	X Comp/Coll. $1,000							
C	X UMBRELLA LIAB X OCCUR			XEUG7178115A003	03/01/2022	03/01/2023	EACH OCCURRENCE	$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1000004069 (AOS)	03/01/2022	03/01/2023	X PER STATUTE OTH-ER	
B	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH)	N/A		1000004071 (FL, MA)	03/01/2022	03/01/2023	E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
A	Products Liab			N22ME380001	03/01/2022	03/01/2023	Aggregate Each Occurrence	$10,000,000 $10,000,000

Certificate No : 570091837437

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

US Industrial REIT II as landlord, Commercial Advisors Asset Services LLC as management company and The Prudential Insurance Company as lender are included as Additional Insured as required by written agreement, but limited to the operations of the Insured under said agreement, with respect to the General Liability policy. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to the certificate holder, but only to the extent required by written agreement with the Insured. A Waiver of Subrogation is granted as required by written agreement but limited to the operations of the Insured under said agreement, with respect to the General Liability, Automobile Liability and Workers' Compensation policies.

CERTIFICATE HOLDER

US Industrial REIT II
c/o Commercial Advisors
5101 Wheelis Drive, Suite 320
Memphis TN 38117 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

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AGENCY CUSTOMER ID: 570000078389
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Covetrus, Inc.
POLICY NUMBER: See Certificate Number: 570091837437	
CARRIER: See Certificate Number: 570091837437 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		1000004067 AZ,CT,IA,NJ,NY,NC,TX,VT	03/01/2022	03/01/2023		
B		N/A		1000004070 (WI)	03/01/2022	03/01/2023		

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Unique Identifier	Name	Line Detail 2	Organization Name
_38S0_Twin_Creeks_Dr.Columbus, Ohio (US)		Location (35 Members)	
1_Alisha_Haddox	Alisha Haddox		
2_Beau_Riley	Beau Riley		
3_Cassidy_Stanley	Cassidy Stanley		
4_Chelsey_Schwalbauch	Chelsey Schwalbauch		
5_Christopher_Larson	Christopher Larson		
6_Christopher_Mcfarlane	Christopher Mcfarlane		
7_Christopher_Serrano	Christopher Serrano		
8_Chris_Woods	Chris Woods		
9_Chris_Woods	Chris Woods		
10_Dianna_Fields	Dianna Fields		
11_Dicksie_Haynie	Dicksie Haynie		
12_Erin_Lombardi	Erin Lombardi		
13_Gyssel_Rodriguez_Alicea	Gyssel Rodriguez Alicea		
14_Jasmine_Hairston	Jasmine Hairston		
15_John_Ballard	John Ballard		
16_Jordan_Hardy	Jordan Hardy		
17_Juan_Perez-Torres	Juan Perez-Torres		
18_Kevin_Elizondo	Kevin Elizondo		
19_Kevin_Ulrich	Kevin Ulrich		
20_Marlon_Lipscomb	Marlon Lipscomb		
21_Maximus_Lawson	Maximus Lawson		
22_Michael_Volosky	Michael Volosky		
23_Robbie_Cothern	Robbie Cothern		
24_Robert_Brooks	Robert Brooks		
25_savannah_burghardt	savannah burghardt		
26_Shaun_Armentrout	Shaun Armentrout		
27_Shay-Ion_Moss	Shay-Ion Moss		
28_Shelby_Waddle	Shelby Waddle		
29_Spenser_Smith	Spenser Smith		
30_Stormy_Dunlap	Stormy Dunlap		
31_Teddy_Stegner	Teddy Stegner		
32_Terra_Sutton	Terra Sutton		

33_Timothy_McCoy	Timothy McCoy
34_Tony_Holt	Tony Holt
35_Vanessa_Szanyi	Vanessa Szanyi

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Covetrus North America, LLC

Pharmacy/Wholesaler License # (if applicable): WS 2384

Physical Address: 3850 Twin Creeks Drive

City: Columbus State: OH Zip: 43204

Mailing Address (if different from physical address): 400 Metro Place N, Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-717-7121 Website: northamerica.covetrus.com

Licensing Company Email: cvet-na-licensing@covetrus.com

Section 2: Personal Information

First: Jammie Middle: Last: Pierce

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Binns Blvd

City: Columbus State: OH Zip: 43221

Telephone: [redacted] Email: Jammie.peirce@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Northeast Career Center			1994-1996	
Address	City		State	Zip
Diploma/Degree obtained, if any				
Legal Office Training 1 & 2 Certificate				

School Name			From - To (MM/YY – MM/YY)	
West High School			1996	
Address	City		State	Zip
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]Binns Blvd	Columbus	OH	43204
From - To (MM/YY – MM/YY)	[redacted]Tiburon Way	Lexington	KY	40511
From - To (MM/YY – MM/YY)	[redacted]N. Brinker Ave	Columbus	OH	43204
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Covetrus North America			From - To (MM/YY – MM/YY): 04/2001 - Present	
Business Address: 3850 Twin Creeks Dr		City: Columbus	State: OH	Zip: 43204
Phone: 614-553-4040	Title: Outbound Manager		Number of Employed Hours: Approximate 43,680	
Description of Duties: Managing routine building maintenance , Handling employee issues , Making sure the management staff has what they need and are achieving their goals. Updating and providing various building KPIs to leadership, Managing the budget ensuring we hit our goals and obligations, Other duties as they come up or are assigned.				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			4/9/01 - present
Business Address	**City**	**State**	**Zip**
3850 Twin Creeks Dr.	Columbus	Ohio	43204
Phone	**Title**	**Number of Employed Hours**	
614-332-5778	Outbound Manager	6000 +	

Description of Duties

Manages all aspects of wholesale drug distribution, and 3PL operations in Columbus, OH.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

please see attached corporate answer

Original Signature (electronic, copies or stamps not accepted)

8/31/22
Date

I, Jammie Pierce, **certify that as the designated representative for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SP I am at least 21 years of age;
3. SP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jammie Pierce

Print Name (First, Last)

Jammie Pierce

Original Signature (electronic, copies or stamps not accepted)

8-31-22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jammie Pierce
Print Name (First, Last)

Jammie Pierce
Original Signature (electronic, copies or stamps not accepted)

8-31-22
Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Union

I, Jammie Peirce, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jammie Peirce
Original Signature

8-31-22
Date

Subscribed and Sworn to before me this 31st day of August, 2022

Nicole Marie Lybarger
Notary Public Signature

NOTARY PUBLIC STATE OF OHIO
NICOLE MARIE LYBARGER
Notary Public
State of Ohio
My Comm. Expires
August 24, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Covetrus North America, LLC MDEG License # (if applicable) _____

Physical Address 3850 Twin Creeks Dr.

City Columbus State OH Zip 43204

Mailing Address (if different from physical address) 400 Metro Place N, Suite 100

City Dublin State OH Zip 43017

Telephone 614-717-7121 Website covetrus.com

Licensing Company Email cvet-na-licensing@covetrus.com

Section 2: Personal Information

First Jammie Middle Renee Last Pierce

Alias(es, nicknames, name changes, etc.) Maden-Bolin

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Binns Blvd

City Columbus State OH Zip 43204

Telephone [redacted] Email jammie.pierce@covetris.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	n/a	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northeast Career Center		1994-1996	
Address	City	State	Zip
Diploma/Degree obtained, if any			
Legal office training 1 & 2 Certificate			

School Name		From - To (MM/YY – MM/YY)	
West High School		1996	
Address	City	State	Zip
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Binns Blvd	Columbus	OH	43204
From - To (MM/YY – MM/YY)	[redacted] Tiburon Way	Lexington	KY	40511
From - To (MM/YY – MM/YY)	[redacted] N Brinker Ave	Columbus	OH	43204
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America, LLC			4/9/01 - Present	
Business Address		**City**	**State**	**Zip**
3850 Twin Creeks Dr.		Columbus,	Ohio	43204
Phone	**Title**		**Number of Employed Hours**	
614-332-5778	Outbound Manager		6000 +	
Description of Duties				
Manage all aspects of wholesale drug distribution for the 3PL.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

n/a

Original Signature (electronic, copies or stamps not accepted)

10/18/22
Date

I, Jammie Pierce, **certify that as the MDEG Administrator for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jammie Pierce
Print Name (First, Last)

Jammie Pierce
Original Signature (electronic, copies or stamps not accepted)

10/18/22
Date

Board Use Only	Date Received: 10-26-22

RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of COVETRUS NORTH AMERICA, LLC

(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY

(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

Address	City	ST	Zip code
13250 East Smith Rd., Unit E	Aurora	CO	80011
3820 Twin Creeks Drive	Columbus	OH	43204
3850 Twin Creeks Drive	Columbus	OH	43204
14800 FAA Blvd, #100	Ft. Worth	TX	76155
920 Citation Blvd	Lexington	KY	40511
1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
19905 SW 95th Ave	Tualatin	OR	97062
7940 W. Doe Ave. Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd. Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8205735-015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

S-1262LM(C)a 3/21



Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

AKLIMA NOORHASSAN

165 BROADWAY
NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993 Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

COVETRUS NORTH AMERICA, LLC

Entity Number:

E0213702005-0

Entity Type:

Foreign Limited-Liability Company

Entity Status:

Active

Formation Date:

04/13/2005

NV Business ID:

NV20051127174

Termination Date:

Perpetual

Annual Report Due Date:

4/30/2023

Series LLC:

Domicile Name:

Jurisdiction:

Delaware

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

CORPORATION SERVICE COMPANY

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Commercial Registered Agent

NV Business ID:

NV20101844335

Office or Position:

Jurisdiction:

DELAWARE

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Mailing Address:

Individual with Authority to Act:

Not Available

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
Authorized Signer	Geoff Hadam	7 Custom House St, 2nd Floor, Portland, ME, 04101, USA	04/29/2022	Active

Title	Name	Address	Last Updated	Status
Managing Member	BUTLER ANIMAL HEALTH HOLDING COMPANY LLC	400 METRO PLACE NORTH, DUBLIN, OH, 430173378	04/30/2019	Active

Page 1 of 1, records 1 to 2 of 2

Filing History Name History Mergers/Conversions

Return to Search Return to Results

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License 012655400

Butler Animal Health Supply, Llc Dba Covetrus North America

3850 Twin Creeks Dr
Columbus, OH 43204-5000
Franklin County

Third-Party Logistics - Category 2

Wholesale Drug Distributor

October 10, 2021

License 012655400 - Butler Animal Health Supply, Llc Dba Covetrus North America

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by Keenan Reese
Start 10/10/2021 7:33 AM
End 10/10/2021 9:30 AM

Organization

Name
Butler Animal Health Supply, Llc Dba Covetrus North America

License Type
Third-Party Logistics - Category 2

Category

License Number
012655400

Business Type
3PL - Third-Party Logistics

DEA Number

Responsible Person
Jammie Pierce

Hours of Operation
8a-430pm Monday-Friday Closed Sat-Sun

Contact

Address
3850 Twin Creeks Dr
Columbus, OH 43204-5000
Franklin County

Primary Number
(614) 659-1897

Fax Number

Website

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Sara Gangle		Manager			
Jonathan Groseth		District Manager			
Jeffery Hicthcock		District Manager			Jeffery. Hitchcock@covetrus.com
Jammie Pierce		Responsible Person			

1) Initial Inspection Information

3) Facility Description

Observation
Category II 3PL inside Wholesaler at same location.

2) Licensing

1) Is the license current, signed, and on-site available for viewing at the time of inspection?

Yes

2) The responsible person on the license is correct, and appropriate for the licensed location.

Yes

4) Additional licensing findings include the following:

Observation
October 7, 2021, submitted for name change to Covetrus North America, LLC.

3) Security

1) Dangerous drugs are stored in a secure area with access by authorized personnel only?

Yes

3) Adequate systems are in place to detect and deter drug diversion and to prevent unauthorized access to drug stock.

Yes

4) Minimum Standards/Cleanliness

1) The facility was observed clean, well-lighted, well-ventilated and in an orderly condition for the storage of drugs and devices.

Yes

5) Refrigeration

1) Storage areas for refrigerated drugs are maintained at temperatures that insure the integrity of drugs.

Yes

2) Storage areas for frozen drugs are maintained at temperatures that insure the integrity of drugs.

Yes

3) Storage areas for refrigerated and frozen drugs contain only those items required to be stored under the specified temperatures.

Yes

4) Refrigerators and freezers are properly maintained and defrosted as necessary to ensure the integrity of drugs stored within.

Yes

6) References

1) The licensee is able to access current federal and state drug laws and rules.

Yes

8) Drug Purchases

2) The licensee has a policy/procedure in place to verify the TDDD/WDDD of the distributor/wholesaler prior to purchsing dangerous drugs or controlled substances from them.

Yes

13) OARRS

1) The facility is not required to report to Ohio's Dangerous Drug Data Base (OARRS).

This is a category II facility. No reportable drugs are permitted on site.

14) Wholesale Facilities

1) The facility is of suitable size and construction to facilitate cleaning, maintenance and proper operations.

Yes

2) The facility maintains a quarantine area for adulterated drugs.

Yes

3) The facility is secure from unauthorized entry.

Yes

4) The facility is equipped with an alarm system to detect unauthorized entry after hours.

Yes

Observation
Tested quarterly.

5) Dangerous drugs are stored at appropriate temperatures.

Yes

6) Shipping containers are visually examined to prevent the acceptance or delivery of contaminated dangerous drugs.

Yes

8) The wholesaler obtains certificates from licensed terminal distributors of dangerous drugs prior to a sale being made.

Yes

9) The facility has a system in place to identify and report suspicious orders for drugs to the Ohio State Board of Pharmacy.

Yes

18) Inspection Affirmation

1) Inspection Affirmation

Observation

As the person in charge, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 30 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required. Responses can be emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or they may be mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

No Issue Found

Reviewed by Jeffery Hicthcock

(signature)

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Division for Regulatory Services
PO Box 149347, Austin, TX 78714
(512) 834-6660

Name	BUTLER ANIMAL HEALTH SUPPLY LLC HENRY SCHEIN ANIMAL HEALTH	License Type	Prescription Drugs
Address	14800 FAA BLVD STE 100 FORT WORTH TX 76155	License Number	0082446
Inspection Type	Periodic/Routine	Inspection Number	245475
Inspector	CUNNINGHAM, JENNIFER	Inspection Date	05/14/2019

NOTICE OF INSPECTIONAL OBSERVATIONS

This notice is to acknowledge that the Texas Department of State Health Services (DSHS) conducted an inspection of your business on the date listed above. The information that has been gathered is subject to further department review and you may receive additional correspondence as a result.

There is no deficiency/violation cited or noted within the scope of this inspection/visit.

Inspector:

CUNNINGHAM, JENNIFER

Date: 05/14/2019

Firm Representative:

Jeff Baurys

Date: 05/14/2019

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

THE COLORADO STATE BOARD OF PHARMACY
1560 Broadway, Suite 1300, Denver, CO 80202-5146
303-894-7800 FAX 303-894-7692 V/TDD 303-894-7880

WHOLESALE DRUG OUTLET INSPECTION REPORT

Clear Form

Date of Inspection: 12/3/19 **Time In/Out:** 10:00 am / 10:50 am

Outlet Name Butler Animal Health **Registration No** 6065 **Expiration Date** 10-20

Address 13250 E. Smith Rd. Unit E **City** Aurora **Zip** 80011 **Phone** 303-344-9200

Designated Representative Rhine Lenhart **Email** Rhine.lenhart@covetrus.com

Person Interviewed Same. **Title** Des Rep **Email** Rhine.lenhart@covetrus.com

X	**SANITATION**	Sanitary & Plumbing Facilities; Cleaning & Maintenance of Facility; Freedom From Odors; Pest Control
X	**STORAGE**	Facility Constructed/Arranged to Permit Drugs to be Stored According to Label Requirements; No Storage Directly on Floor; Adequate Lighting & Ventilation; Temperature & Climate Controls (HVAC) in Warehouse
X	**SECURITY**	Adequate Perimeter Lighting; Alarm System; Controlled Access; Person Designated to Control Keys/Security; Persons Designated to Have Access; Vault and/or Cage; Loss Reports (**NAME OF ALARM COMPANY** ADT)
X	**RECORDS**	Computerized? **YES** X **NO** ____ Maintenance; Availability; System to Identify Suspicious Orders; Retention
	PEDIGREES	Receipt / Distribution outside of normal distribution channel; Documentation that registrant has verified that each transaction on pedigree has occurred prior to registrant distributing.
	DISTRIBUTION OF VETERINARY DRUGS TO END USER	Written prescription order received at distributing wholesaler *prior to* sale/delivery; no returns of product for redistribution; orders retrievable for at least 3 years; no repackaging or dispensing (product only delivered)
	CONTROLLED SUBSTANCE RECORDS	Availability; Inventories (**DATE LAST DEA INVENTORY**)
X	**RECEIPT**	From ONLY Board-registered sources - Intracompany transfers excepted.
X	**DISTRIBUTION**	AS LIMITED BY CRS 12-280-120 (3) -- SEE NOTE BELOW; distribution only to licensed/registered location
	POLICY AND PROCEDURE MANUAL	Addresses Receipt, Handling, Storage, Distribution, Delivery/Disposal, Cleaning/Maintenance, Records, Security, Removing Unsalable Drugs, Annual Review; (**LAST ANNUAL REVIEW DATE** 6/12/19)
X	**UNSALABLE/RECALLED DRUGS**	Records; Segregation Area

NOTE: PURSUANT TO CRS 12-280-120 (3), A WHOLESALE DRUG OUTLET MAY NOT UNDER ANY CIRCUMSTANCES SELL ANY PRESCRIPTION DRUG * TO THE ULTIMATE CONSUMER OR USER. SALES ARE LIMITED TO PERSONS WHO MAY LAWFULLY PRESCRIBE AND/OR DISPENSE SUCH DRUGS (except as specifically permitted by CRS 12-280-115 (2) and CRS 12-280-120(3)(b).) * A "prescription drug" is a one whose label bears the following statement: "Caution: Federal (USA) law prohibits dispensing without a prescription." or "RX Only" or "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian."

INSPECTOR'S FINDINGS AND COMMENTS

No deficiencies noted.

I ACKNOWLEDGE THAT THE CONTENTS OF THIS INSPECTION REPORT HAVE BEEN EXPLAINED TO ME.

Rhi Lenhart 12/3/19

SIGNATURE DATE

INSPECTOR'S SIGNATURE

M O'Neill 10:50 am

OTHER INSPECTORS PRESENT:

Rev SEPT 2019

411

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
■ Ownership Change*	WH 01834	■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 14800 FAA Blvd #100

City: Fort Worth State: TX Zip: 76155

Mailing Address (if different from physical address): 400 Metro Place North, Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-717-7121 Website: northamerica.covetrus.com

Name of Designated Representative (DR): Jeffrey Baurys

Licensing Company Email: cvet-na-licensing@covetrus.com DR Email: jeffrey.baurys@covetrus.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Zoo/Humane Society		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached disciplinary action chart.

Philip Mario Lombardi

Original Signature (electronic, copies or stamps not accepted)

8/31/2022

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis
Address: 10 Sylvan Way City: Parsippany State: NY Zip: 07054
Name: Merck Animal Health
Address: 2 Giralda Falls City: Madison State: NJ Zip: 07904
Name: Elanco
Address: 2500 Innovation Way City: Greenfield State: IN Zip: 46140
Name: Vedco
Address: 5503 Corporate Drive City: Saint Joseph State: MO Zip: 64507

Section 4: Publicly Traded Corporation

State of Incorporation: n/a
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): W.A. Butler Company
Corporation/Organization Name: Covetrus North America, LLC
Mailing Address: 400 Metro Place N, Suite 100
City: Dublin State: OH Zip: 43017
Telephone: 614-717-7121 Email: cvet-na-licensing@covetrus.com
Contact Person Name: Matthew Malenfant or Lee Wise

Section 6: Partnership

Partnership Name: n/a
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: n/a
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Covetrus North America, LLC

Facility Name

Philip Mario Lombardi

Print Name of Authorized Person Submitting Application

Philip Mario Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

8/31/22

Date

Board Use Only	Date Received: 9.4.22	Amount: 1000.00 CC 9/4/22

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) **- Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

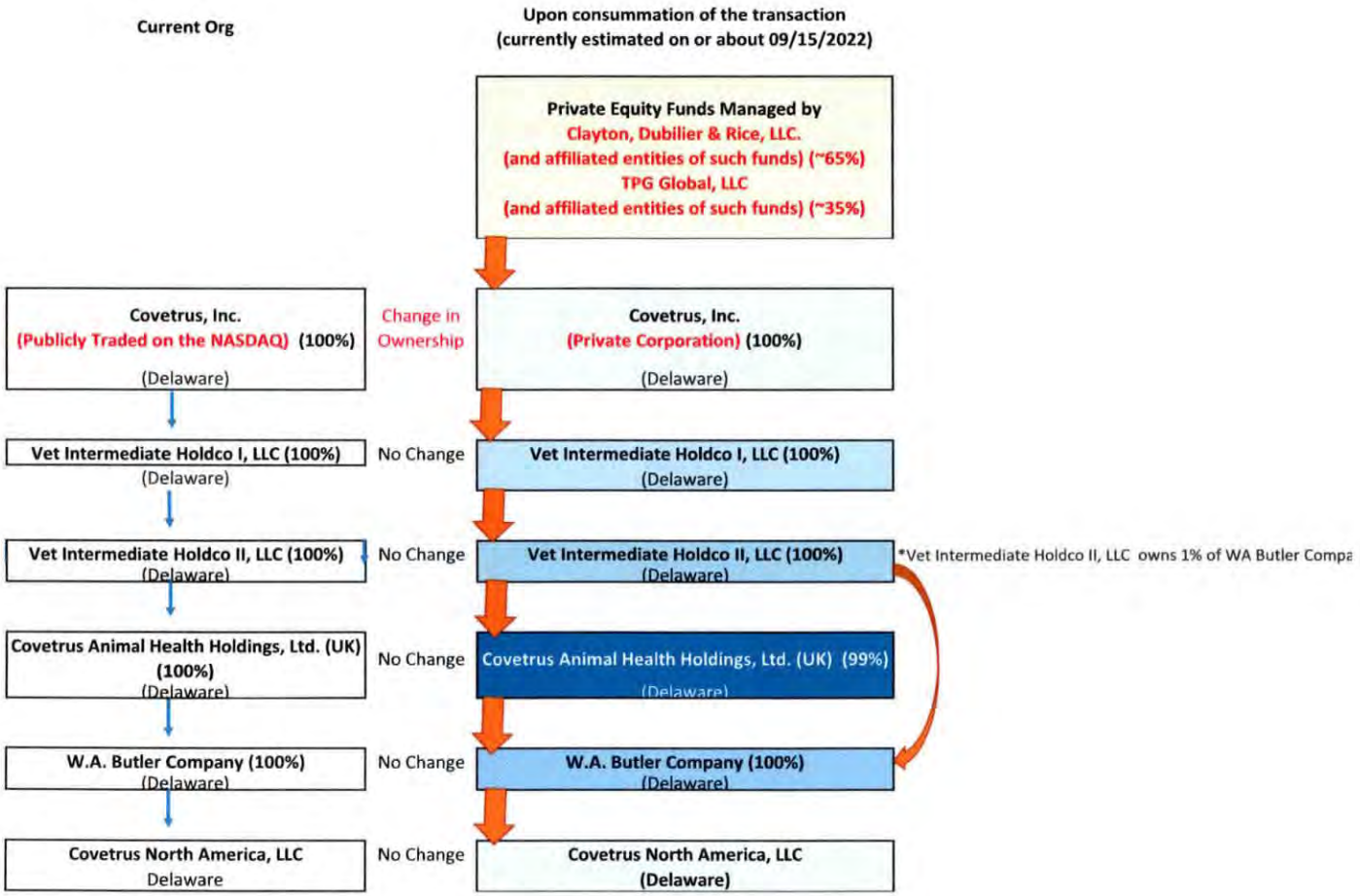
• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

Signature Philip Mario Lombardi Date 8/31/22

Philip Mario Lombardi, VP of Operations & Logistics Services

Covetrus North America , LLC Business Organizational Structure



* Current, private equity funds managed by Clayton, Dubilier & Rice, LLC. (and affiliated entities of such funds) own approximately 24.2% of the outstanding share of Covetrus, Inc's common stock and will continue as indirect owners of Covetrus, Inc. following the consummating of the transaction.

** Note that in preparation of the consummation of the transactions, a number of holding company entities are expected to be formed as direct or indirect parent entities of Corgi Bidco, Inc. (and which are not shown, on this organizational structure chart).

*** FEIN of all entities listed will remain the same.

Location Address
Covetrus North America LLC
14800 FAA Blvd
Ft. Worth, TX 76155
Mon-Fri. 8am-5pm

Business Description:

Covetrus North America, LLC's Ft. Worth location is a 120,000 sq. ft. facility.

Security:

The physical facility has a security alarm system that was installed by Protection One. The alarm system is monitored remotely by a central station of Protection One, all perimeter doors (main entry, emergency exit doors, loading dock doors, are alarmed. The alarm system allows for arming and disarming of the systems as needed.

Temperature & Humidity:

Covetrus North America's distribution Centers are fitted with HVAC units to provide controlled temperature and humidity levels. Each DC is equipped with temperature and humidity monitoring devices, manufactured by Lascar Electronics, which utilizes the WiFi service to allow for continuous and off site monitoring. The Lascar system allows for temperature excursion alerts via text message and email communication. Temperature ranges are set according to the Prescription Drug Marketing Act (PDMA). In addition the cooler storage area is equipped with a secondary line of defense through our security alarm system, if temperature excursions occur out of normal set ranges a phone call is received by our security monitoring service. Daily checks of the Mean Kinetic Temperature are performed by management on site during normal business hours.

Quarantined area for damaged, outdated, deteriorated, misbranded, or adulterated drugs:

Wire cage approximately 8ft. high. It is located away from regular salable stock.

Products:

The following is a generalized representative list of items/ products that Covetrus North America distributes to our veterinary customers:

1. Federal legend drug that are Human Prescription Drugs
2. Federal Legend drugs and devices that are Veterinary Prescription Drugs
3. Over-the counter items
4. Equipment Items that are veterinary legend devices
5. Biologicals (vaccines) for animal use only
6. Supplies and equipment needed for a veterinary practice

Customers:

Covetrus North America distributes only to veterinarians, veterinary schools involved in teaching and research institutions where the veterinary drug is used in a research environment. No sales are made where the veterinary legend drug or device, will end up in a human clinical environment.

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

COVETRUS NORTH AMERICA ATTN REULATORY AFFAIRS
400 METRO PLACE NORTH STE 100
DUBLIN OH 43017

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

COVETRUS NORTH AMERICA LLC

14800 FAA BLVD STE 100
FORT WORTH, TX 76155

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1003269
Expires: July 18, 2023

NON-TRANSFERABLE

Commissioner

514658

NABP ACCREDITED

DRUG DISTRIBUTOR

Butler Animal Health Supply, LLC
dba Covetrus North America

located at

14800 FAA Blvd, Ste 100, Fort Worth, TX 76155

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

8/15/2020 - 8/14/2023
Period of Accreditation

1484

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0393912	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	08-02-2022

COVETRUS NORTH AMERICA, LLC
14800 FAA BLVD STE 100
FORT WORTH, TX 761552247

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0393912	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	08-02-2022

COVETRUS NORTH AMERICA, LLC
14800 FAA BLVD STE 100
FORT WORTH, TX 761552247

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0393912	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	08-02-2022

COVETRUS NORTH AMERICA, LLC
14800 FAA BLVD STE 100
FORT WORTH, TX 761552247

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20220405779

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202598023

Date: 02-07-22

covetrus

Covetrus North America, LLC
List of Officers

Victor Thomas Forte IV
Title: President
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Lee Wise
Title: CFO & Treasurer
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Tamika Simmons
Title: Secretary
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Philip Mario Lombardi
Title: VP of Operations & Logistics
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Unique Identifier	Name	Line Detail 2
Fort Worth, Texas (US) - Suite 100		Location (54 Members)
1_Alanna_Eadie	Alanna Eadie	
2_Alicia_Chambers	Alicia Chambers	
3_Angelia_Jimerson	Angelia Jimerson	
4_Aundrina_Gunter_(On_Leave)	Aundrina Gunter (On Leave)	
5_Benjamin_Marquez	Benjamin Marquez	
6_Betty_Solache	Betty Solache	
7_Cheri_Miller	Cheri Miller	
8_Conley_Blake_[C]	Conley Blake [C]	
9_Corey_Smith	Corey Smith	
10_Crystal_Ortiz	Crystal Ortiz	
11_Daniel_Espinoza	Daniel Espinoza	
12_Daniel_Fritz	Daniel Fritz	
13_Edwin_Sanchez	Edwin Sanchez	
14_Ernesto_Pacheco_Rodriguez	Ernesto Pacheco Rodriguez	
15_Eva_Arroyo	Eva Arroyo	
16_Gabe_Vasquez	Gabe Vasquez	
17_Glen_Morse	Glen Morse	
18_Hendrick_Davis	Hendrick Davis	
19_Jacqueline_Perez_Ocampo	Jacqueline Perez Ocampo	
20_Jeff_Baurys	Jeff Baurys	
21_Josefa_Toledo	Josefa Toledo	
22_Jose_Zamora	Jose Zamora	
23_Karie_Knuppe	Karie Knuppe	
24_Karin_Fanley_[C]	Karin Fanley [C]	
25_Landy_Rodriguez_Silvestre	Landy Rodriguez Silvestre	
26_Lawrence_Mitchell	Lawrence Mitchell	
27_Leonardo_Martinez	Leonardo Martinez	
28_Lisa_Sanchez	Lisa Sanchez	
29_Mack_Neal	Mack Neal	
30_Magali_Chaves	Magali Chaves	
31_Magdalena_Cruz	Magdalena Cruz	
32_Maria_Rodriguez	Maria Rodriguez	

33_Maria_Silva	Maria Silva
34_Mary_Yanis	Mary Yanis
35_Molly_English	Molly English
36_Nathan_Banks	Nathan Banks
37_Nora_Harrison	Nora Harrison
38_Patricia_Walker	Patricia Walker
39_Pedro_Rodriguez	Pedro Rodriguez
40_Raymond_Hollins	Raymond Hollins
41_Reginald_Little	Reginald Little
42_Ricardo_Duran_Arrieta	Ricardo Duran Arrieta
43_Richard_McDonald	Richard McDonald
44_Shirah_Swopes	Shirah Swopes
45_Steven_Ogenteru_[C]	Steven Ogenteru [C]
46_Tacarra_Lowery	Tacarra Lowery
47_Tatiana_Pisoni	Tatiana Pisoni
48_Teague_Atherton	Teague Atherton
49_Teresa_Smith	Teresa Smith
50_Valencia_Doss	Valencia Doss
51_Veronica_Carranza	Veronica Carranza
52_Victor_Hasenauer	Victor Hasenauer
53_Yolanda_Lemus	Yolanda Lemus
54_Zakirah_Battles	Zakirah Battles

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/02/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
One Liberty Plaza
165 Broadway, Suite 3201
New York NY 10006 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	ProAssurance Specialty Insurance Company	17400
INSURER B:	Starr Indemnity & Liability Company	38318
INSURER C:	ACE Property & Casualty Insurance Co.	20699
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Covetrus, Inc.
Custom House Square
7 Custom House Street
Portland ME 04101 USA

COVERAGES **CERTIFICATE NUMBER:** 570091837437 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY			1000100099221	03/01/2022	03/01/2023	EACH OCCURRENCE	$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	Excluded
	OTHER:							
B	AUTOMOBILE LIABILITY			1000639300221	03/01/2022	03/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
B				1000639301221	03/01/2022	03/01/2023	BODILY INJURY (Per person)	
	X ANY AUTO			(MA)			BODILY INJURY (Per accident)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY							
	X Comp/Coll. $1,000							
C	X UMBRELLA LIAB X OCCUR			XEUG7178115A003	03/01/2022	03/01/2023	EACH OCCURRENCE	$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			1000004069	03/01/2022	03/01/2023	X PER STATUTE OTH-ER	
B	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A		(AOS) 1000004071	03/01/2022	03/01/2023	E.L. EACH ACCIDENT	$1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			(FL, MA)			E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
A	Products Liab			N22ME380001	03/01/2022	03/01/2023	Aggregate	$10,000,000
							Each Occurrence	$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

US Industrial REIT II as landlord, Commercial Advisors Asset Services LLC as management company and The Prudential Insurance Company as lender are included as Additional Insured as required by written agreement, but limited to the operations of the Insured under said agreement, with respect to the General Liability policy. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to the certificate holder, but only to the extent required by written agreement with the Insured. A Waiver of Subrogation is granted as required by written agreement but limited to the operations of the Insured under said agreement, with respect to the General Liability, Automobile Liability and Workers' Compensation policies.

CERTIFICATE HOLDER

US Industrial REIT II
c/o Commercial Advisors
5101 Wheelis Drive, Suite 320
Memphis TN 38117 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570091837437

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The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000078389
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Covetrus, Inc.
POLICY NUMBER: See Certificate Number: 570091837437	
CARRIER: See Certificate Number: 570091837437 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		1000004067 AZ,CT,IA,NJ,NY,NC,TX,VT	03/01/2022	03/01/2023		
B		N/A		1000004070 (WI)	03/01/2022	03/01/2023		

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Covetrus North America, LLC

Pharmacy/Wholesaler License # (if applicable) WH 01834

Physical Address 14800 FAA Blvd, Suite 100

City Fort Worth State Texas Zip 76155

Mailing Address (if different from physical address) 400 Metro Place N, Suite 100

City Dublin State OH Zip 43017

Telephone 614-717-7121 Website northamerica.covetrus.com

Licensing Company Email cvet-na-licensing@covetrus.com

Section 2: Personal Information

First Jeffrey Middle Warren Last Baurys

Alias(es, nicknames, name changes, etc.) Jeff

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Hanover Street

City Grand Prairie State TX Zip 75052

Telephone [redacted] Email jeff.baurys@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
South San Antonio High School		May 1981	
Address	**City**	**State**	**Zip**
2515 Navajo Street	San Antonio	TX	78224
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1994 - present	[redacted] Hanover Street	Grand Prairie	TX	75052
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Covetrus North America, LLC			From - To (MM/YY – MM/YY): 12/2015 - Present
Business Address: 14800 FAA Blvd. Ste. 100	City: Fort Worth	State: TX	Zip: 76115
Phone: (817) 864-4000	Title: DC Manager		Number of Employed Hours: Approximately 12,480
Description of Duties: Plans and directs all distribution activities, directs and oversees job assignments, directs and oversees all delivery service operations, ensures high inventory accuracy.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Applicant's Initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			03/00 - present
Business Address	**City**	**State**	**Zip**
14800 FAA Blvd, Suite 100	Fort Worth,	Texas	76155
Phone	**Title**	**Number of Employed Hours**	
817-864-4000 ext 3850	Distribution Center Manager	6000 +	
Description of Duties			
Responsible for all aspects of wholesale drug distribution at Fort Worth location.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Jeffrey Barry
Original Signature (electronic, copies or stamps not accepted)

9/6/2022
Date

I, Jeff Baurys, **certify that as the designated representative for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ___ I am at least 21 years of age;
3. ___ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ___ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ___ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ___ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ___ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jeffrey Baurys

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/6/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeffrey Barry S
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/6/2022
Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of Tarrant

I, Jeffrey Barry S, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/6/2022
Date

Subscribed and Sworn to before me this 6 day of September 2022

Shanna Salter
Notary Public Signature

SHANNA SALTER
Notary ID #133650324
My Commission Expires
March 16, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 -- Reno, NV 89521 -- 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Covetrus North America, LLC MDEG License # (if applicable) _____

Physical Address 14800 FAA Blvd, Suite 100

City Fort Worth, State TX Zip 76155

Mailing Address (if different from physical address) 400 Metro Place N, Suite 100

City Dublin State OH Zip 43017

Telephone 614-717-7121 Website covetrus.com

Licensing Company Email cvet-na-licensing@covetrus.com

Section 2: Personal Information

First Jeffery Middle Warren Last Baurys

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Hanover Street

City Grand Prairie State TX Zip 75052

Telephone [redacted] Email jeff.baurys@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	n/a	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
South San Antonio High School		May 1981	
Address	**City**	**State**	**Zip**
2515 Navajo Street	San Antonio	TX	78224
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1994 - present	[redacted] Hanover Street	Grand Prairie	TX	75052
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			3/00 - present
Business Address	**City**	**State**	**Zip**
14800 FAA Blvd, Suite 100	Fort Worth,	Texas	76155
Phone	**Title**	**Number of Employed Hours**	
817-864-4000 ext 3850	Distribution Center Manager	6000 +	
Description of Duties			
Responsible for all aspects of wholesale drug distribution at Fort Worth location.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/11/22
Date

I, Jeffery Baurys, **certify that as the MDEG Administrator for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeffery Baurys
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/11/22
Date

Board Use Only	Date Received: 10-17-22

RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of COVETRUS NORTH AMERICA, LLC
(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

Address	City	ST	Zip code
13250 East Smith Rd., Unit E	Aurora	CO	80011
3820 Twin Creeks Drive	Columbus	OH	43204
3850 Twin Creeks Drive	Columbus	OH	43204
14800 FAA Blvd, #100	Ft. Worth	TX	76155
920 Citation Blvd	Lexington	KY	40511
1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
19905 SW 95th Ave	Tualatin	OR	97062
7940 W. Doe Ave, Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd. Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No. **8205735-015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

AKLIMA NOORHASSAN

165 BROADWAY
NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993 Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

COVETRUS NORTH AMERICA, LLC

Entity Number:

E0213702005-0

Entity Type:

Foreign Limited-Liability Company

Entity Status:

Active

Formation Date:

04/13/2005

NV Business ID:

NV20051127174

Termination Date:

Perpetual

Annual Report Due Date:

4/30/2023

Series LLC:

Domicile Name:

Jurisdiction:

Delaware

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

CORPORATION SERVICE COMPANY

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Commercial Registered Agent

NV Business ID:

NV20101844335

Office or Position:

Jurisdiction:

DELAWARE

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Mailing Address:

Individual with Authority to Act:

Not Available

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

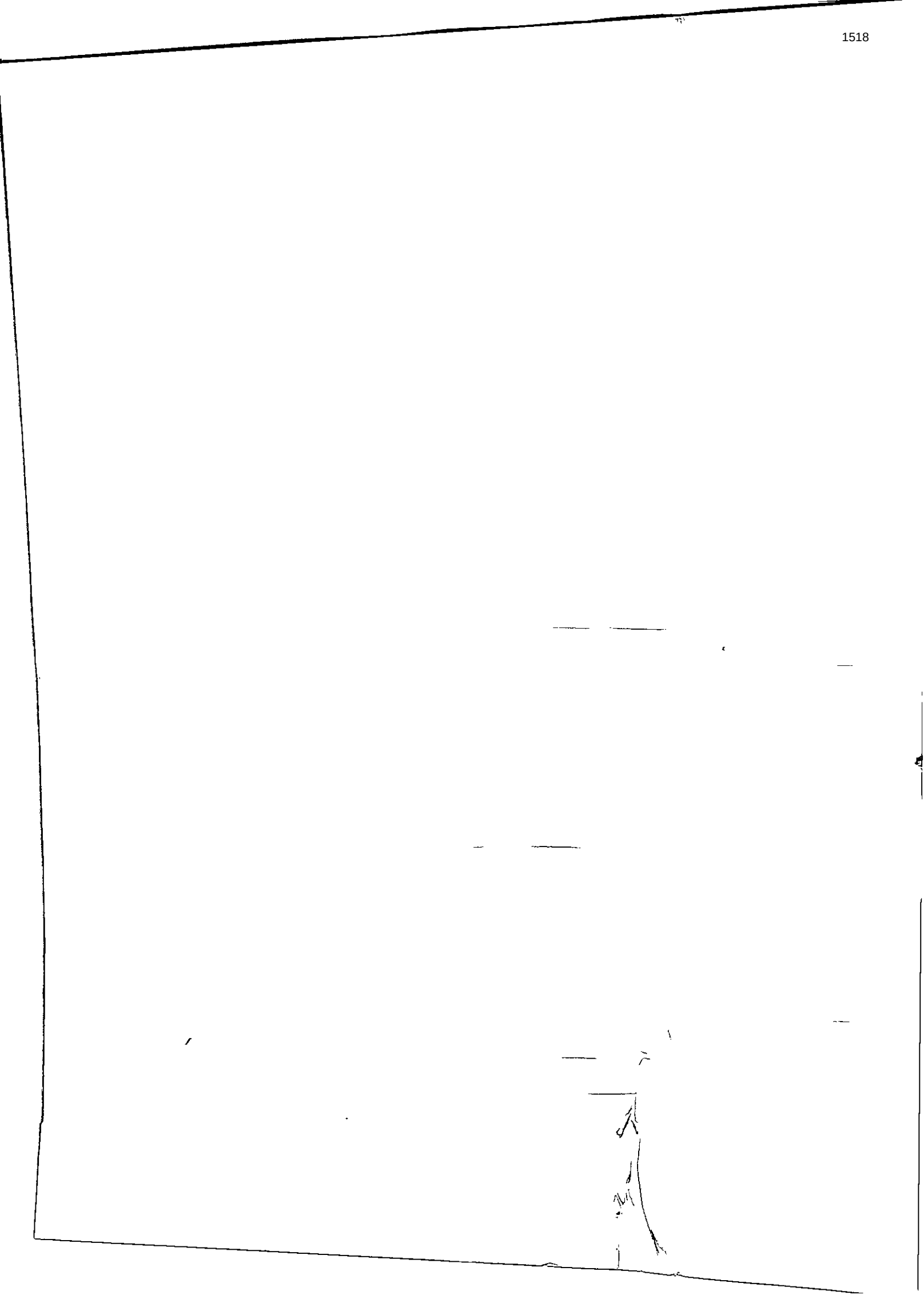
Title	Name	Address	Last Updated	Status
Authorized Signer	Geoff Hadam	7 Custom House St, 2nd Floor, Portland, ME, 04101, USA	04/29/2022	Active

Title	Name	Address	Last Updated	Status
Managing Member	BUTLER ANIMAL HEALTH HOLDING COMPANY LLC	400 METRO PLACE NORTH, DUBLIN, OH, 430173378	04/30/2019	Active

Page 1 of 1, records 1 to 2 of 2

Filing History Name History Mergers/Conversions

Return to Search Return to Results



4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02092	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 920 Citation Blvd

City: Lexington State: KY Zip: 40511

Mailing Address (if different from physical address): 400 Metro Place North, Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-717-7121 Website: northamerica.covetrus.com

Name of Designated Representative (DR): Sam Vixaysack

Licensing Company Email: cvet-na-licensing@covetrus.com DR Email: sam.vixaysack@covetrus.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Zoo/Humane Society		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See attached disciplinary action chart.

Philip Mario Jombard

Original Signature (electronic, copies or stamps not accepted)

8/31/2022

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis
Address: 10 Sylvan Way City: Parsippany State: NY Zip: 07054

Name: Merck Animal Health
Address: 2 Giralda Falls City: Madison State: NJ Zip: 07904

Name: Elanco
Address: 2500 Innovation Way City: Greenfield State: IN Zip: 46140

Name: Vedco
Address: 5503 Corporate Drive City: Saint Joseph State: MO Zip: 64507

Section 4: Publicly Traded Corporation

State of Incorporation: n/a
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): W.A. Butler Company
Corporation/Organization Name: Covetrus North America, LLC
Mailing Address: 400 Metro Place N, Suite 100
City: Dublin State: OH Zip: 43017
Telephone: 614-717-7121 Email: cvet-na-licensing@covetrus.com
Contact Person Name: Matthew Malenfant or Lee Wise

Section 6: Partnership

Partnership Name: n/a
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: n/a
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Covetrus North America, LLC

Facility Name

Philip Mario Lombardi

Print Name of Authorized Person Submitting Application

Philip Mario Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

8/31/22

Date

Board Use Only	Date Received: 9.6.22	Amount: 1000.00 CC

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) **- Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

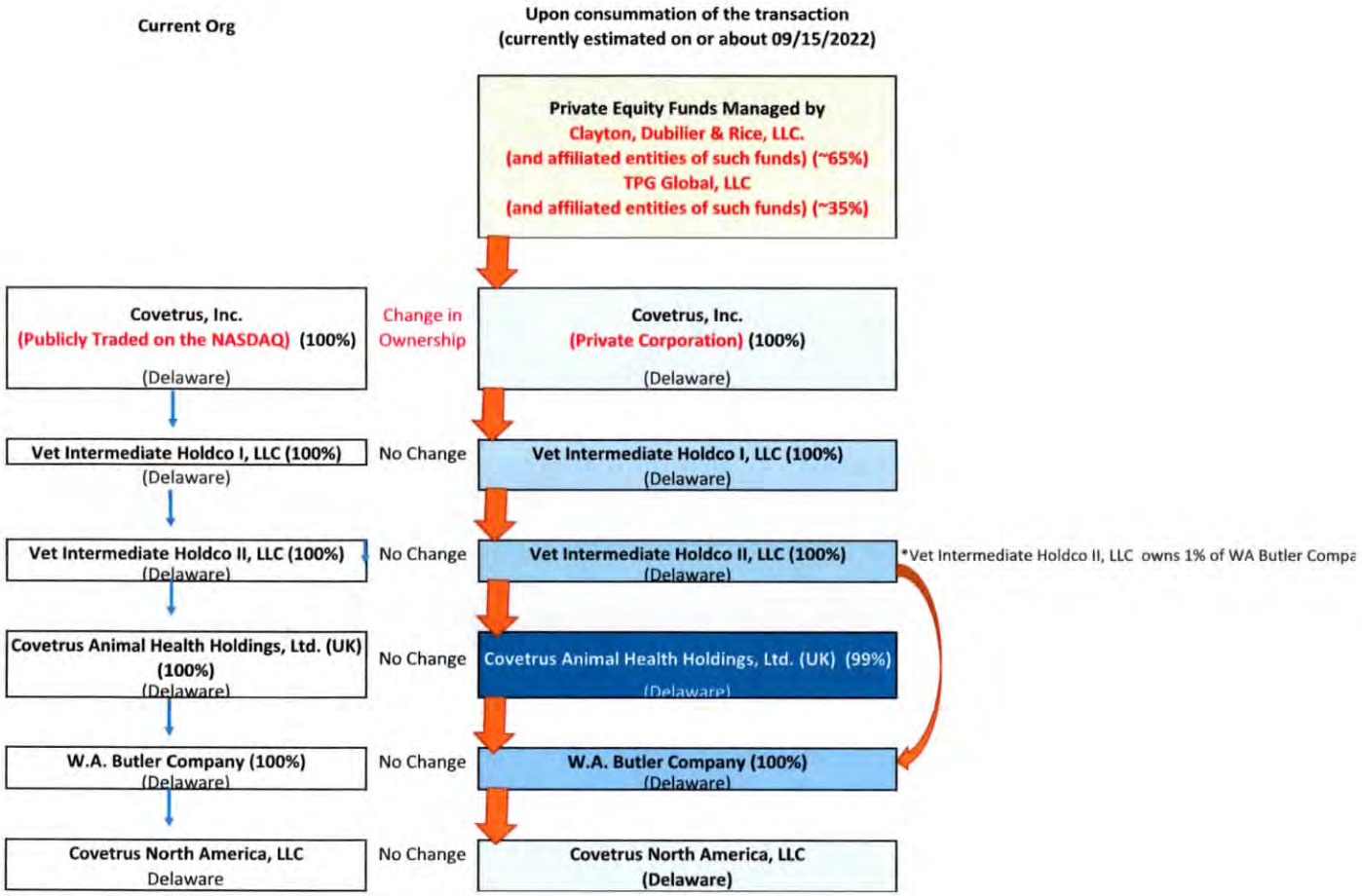
• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

Signature Philip Mario Lombardi Date 5/31/22

Philip Mario Lombardi, VP of Operations & Logistics Services

Covetrus North America , LLC Business Organizational Structure



* Current, private equity funds managed by Clayton, Dubilier & Rice, LLC. (and affiliated entities of such funds) own approximately 24.2% of the outstanding share of Covetrus, Inc's common stock and will continue as indirect owners of Covetrus, Inc. following the consummating of the transaction.

** Note that in preparation of the consummation of the transactions, a number of holding company entities are expected to be formed as direct or indirect parent entities of Corgi Bidco, Inc. (and which are not shown, on this organizational structure chart).

*** FEIN of all entities listed will remain the same.

Location Address
Covetrus North America, LLC
920 Citation Blvd.
Lexington, KY 40511
Mon-Fri. 8am-5pm

Description of Business:

Covetrus North America, LLC's Lexington KY location is a 68,330 sq. ft. facility.

Security:
The physical facility has a security alarm system that was installed by Protection One. The alarm system is monitored remotely by a central station of Protection One, all perimeter doors (main entry, emergency exit doors, loading dock doors, are alarmed. The alarm system allows for arming and disarming of the systems as needed.

Temperature & Humidity:
Covetrus North America's distribution Centers are fitted with HVAC units to provide controlled temperature and humidity levels. Each DC is equipped with temperature and humidity monitoring devices, manufactured by Lascar Electronics, which utilizes the WiFi service to allow for continuous and off site monitoring. The Lascar system allows for temperature excursion alerts via text message and email communication. Temperature ranges are set according to the Prescription Drug Marketing Act (PDMA). In addition the cooler storage area is equipped with a secondary line of defense through our security alarm system, if temperature excursions occur out of normal set ranges a phone call is received by our security monitoring service. Daily checks of the Mean Kinetic Temperature are performed by management on site during normal business hours.

Quarantined area for damaged, outdated, deteriorated, misbranded, or adulterated drugs:
Locked cabinets on the ground level with pallet racking above the cabinets. It is located away from regular salable stock.

Products:
The following is a generalized representative list of items/ products that Covetrus North America distributes to our veterinary customers:

1. Federal legend drug that are Human Prescription Drugs
2. Federal Legend drugs and devices that are Veterinary Prescription Drugs
3. Over-the counter items
4. Equipment Items that are veterinary legend devices
5. Biologicals (vaccines) for animal use only
6. Supplies and equipment needed for a veterinary practice

Customers:
Covetrus North America distributes only to veterinarians, veterinary schools involved in teaching and research institutions where the veterinary drug is used in a research environment. No sales are made where the veterinary legend drug or device, will end up in a human clinical environment.

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Wholesale Distributor

EFFECTIVE DATE: 10/01/2021

NUMBER: W04611

EXPIRATION DATE: 09/30/2023

Issued to:
COVETRUS NORTH AMERICA LLC

920 CITATION BLVD
LEXINGTON, KY 40511

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address. and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

400 METRO PLACE NORTH
STE 100
DUBLIN, OH 43017

cvet-na-licensing@covetrus.com

NABP ACCREDITED
DRUG DISTRIBUTOR

Covetrus North America, LLC

located at

920 Citation Blvd, Lexington, KY, 40511

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

11/09/2021 to 11/08/2024
Period of Accreditation

1534

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20220405779

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202598023

Date: 02-07-22

covetrus

Covetrus North America, LLC
List of Officers

Victor Thomas Forte IV
Title: President
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Lee Wise
Title: CFO & Treasurer
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Tamika Simmons
Title: Secretary
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Philip Mario Lombardi
Title: VP of Operations & Logistics
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Unique Identifier	Name	Line Detail 2
Lexington,_Kentucky_(US)_-_Citation_Blvd.		Location (37 Members)
1_Adam_Tappan	Adam Tappan	
2_Andrew_Gibbs	Andrew Gibbs	
3_Ashley_Taylor	Ashley Taylor	
4_Cess_Shamberger_[C]	Cess Shamberger [C]	
5_Chad_Izsak	Chad Izsak	
6_Charles_White	Charles White	
7_Christopher_Jewell	Christopher Jewell	
8_Colton_Beall	Colton Beall	
9_Courtney_Hatton	Courtney Hatton	
10_Curt_Davis	Curt Davis	
11_David_Tyler	David Tyler	
12_Demetrick_Samuels	Demetrick Samuels	
13_Derek_Stone	Derek Stone	
14_Donna_Fetters	Donna Fetters	
15_Elishajuan_Johnson_[C]	Elishajuan Johnson [C]	
16_EuCari_Garner	EuCari Garner	
17_Jason_Vires	Jason Vires	
18_Jermaine_Ransom	Jermaine Ransom	
19_Jerry_Jones	Jerry Jones	
20_Jessica_Miracle	Jessica Miracle	
21_Jonathan_Jackson_(On_Leave)	Jonathan Jackson (On Leave)	
22_Julie_Fitzpatrick	Julie Fitzpatrick	
23_Justina_Pruner	Justina Pruner	
24_KELSEY_SURBAUGH	KELSEY SURBAUGH	
25_Kim_Shanks	Kim Shanks	
26_Marcus_James	Marcus James	
27_Meosha_Bates	Meosha Bates	
28_Michael_Childrey	Michael Childrey	
29_Michael_Denniston	Michael Denniston	
30_Miranda_Turley	Miranda Turley	
31_Nathan_Simpson	Nathan Simpson	
32_Raekwon_Hale	Raekwon Hale	
33_Ronald_Johnson	Ronald Johnson	
34_Sam_Vixaysack	Sam Vixaysack	
35_Shane_Bailey	Shane Bailey	
36_Trinity_Burkett_[C]	Trinity Burkett [C]	
37_William_Linton	William Linton	

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/02/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	ProAssurance Specialty Insurance Company	17400
INSURER B:	Starr Indemnity & Liability Company	38318
INSURER C:	ACE Property & Casualty Insurance Co.	20699
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Covetrus, Inc.
Custom House Square
7 Custom House Street
Portland ME 04101 USA

COVERAGES **CERTIFICATE NUMBER:** 570091837437 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY			1000100099221	03/01/2022	03/01/2023	EACH OCCURRENCE	$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$2,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	Excluded
B	AUTOMOBILE LIABILITY			1000639300221	03/01/2022	03/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
B	X ANY AUTO			1000639301221 (MA)	03/01/2022	03/01/2023	BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	X Comp/Coll. $1,000							
C	X UMBRELLA LIAB X OCCUR			XEUG7178115A003	03/01/2022	03/01/2023	EACH OCCURRENCE	$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			1000004069 (AOS)	03/01/2022	03/01/2023	X PER STATUTE OTH-ER	
B	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A		1000004071 (FL, MA)	03/01/2022	03/01/2023	E.L. EACH ACCIDENT	$1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
A	Products Liab			N22ME380001	03/01/2022	03/01/2023	Aggregate Each Occurrence	$10,000,000 $10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

US Industrial REIT II as landlord, Commercial Advisors Asset Services LLC as management company and The Prudential Insurance Company as lender are included as Additional Insured as required by written agreement, but limited to the operations of the Insured under said agreement, with respect to the General Liability policy. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to the certificate holder, but only to the extent required by written agreement with the Insured. A Waiver of Subrogation is granted as required by written agreement but limited to the operations of the Insured under said agreement, with respect to the General Liability, Automobile Liability and Workers' Compensation policies.

CERTIFICATE HOLDER

US Industrial REIT II
c/o Commercial Advisors
5101 Wheelis Drive, Suite 320
Memphis TN 38117 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570091837437

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AGENCY CUSTOMER ID: 570000078389
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Covetrus, Inc.
POLICY NUMBER: See Certificate Number: 570091837437	
CARRIER: See Certificate Number: 570091837437 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		1000004067 AZ,CT,IA,NJ,NY,NC,TX,VT	03/01/2022	03/01/2023		
B		N/A		1000004070 (WI)	03/01/2022	03/01/2023		

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Covetrus North America, LLC — MDEG License # (if applicable): _____

Physical Address: 920 Citation Blvd

City: Lexington — State: KY — Zip: 40324

Mailing Address (if different from physical address): 400 Metro Place N, Suite 100

City: Dublin — State: OH — Zip: 43017

Telephone: 614-717-7121 — Website: covetrus.com

Licensing Company Email: cvet-na-licensing@covetrus.com

Section 2: Personal Information

First: Sam — Middle: Sams — Last: Vixaysack

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Golden Oaks Drive

City: Lexington — State: KY — Zip: 40515

Telephone: [redacted] — Email: sam.vixaysack@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	n/a	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		2014	
Address	**City**	**State**	**Zip**
	Sandy	UT	
Diploma/Degree obtained, if any			
Master of Science: Business Administration			
School Name		**From - To (MM/YY – MM/YY)**	
University of Phoenix		2010	
Address	**City**	**State**	**Zip**
	Taylorsville	UT	
Diploma/Degree obtained, if any			
Bachelor of Science: Business Management			
School Name		**From - To (MM/YY – MM/YY)**	
Idaho State University		1999	
Address	**City**	**State**	**Zip**
	Pocatello	ID	
Diploma/Degree obtained, if any			
Associate Degree: Welding and Blueprint			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3/17 -present	[redacted]Golden Oaks Drive	Lexington	KY	40324
06/06 - 03/17	[redacted]West Volta Ave	West Valley	UT	84120

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			03/17 - present
Business Address	**City**	**State**	**Zip**
920 Citation Blvd,	Lexington,	KY	40511
Phone	**Title**	**Number of Employed Hours**	
859-381-1073	Senior Distribution Center Manager	6000 +	
Description of Duties			
Responsible for all aspects of wholesale drug distribution at Lexington location.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/12/22
Date

I, Sam Vixaysack, **certify that as the MDEG Administrator for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sam Vixaysack
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/12/22
Date

Board Use Only	Date Received: 10-17-22

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Covetrus North America, LLC

Pharmacy/Wholesaler License # (if applicable) WH 02092

Physical Address 920 Citation Blvd

City Lexingon State KY Zip 40511

Mailing Address (if different from physical address) 400 Metro Place N, Suite 100

City Dublin State OH Zip 43017

Telephone 614-717-7121 Website northamerica.covetrus.com

Licensing Company Email cvet-na-licensing@covetrus.com

Section 2: Personal Information

First Sam Middle Sams Last Vixaysack

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Golden Oak Drive

City Lexington State KY Zip 40515

Telephone [redacted] Email sam.vixaysack@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		2014	
Address	City	State	Zip
	Sandy	UT	
Diploma/Degree obtained, if any			
Master of Science: Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		2010	
Address	City	State	Zip
	Taylorsville	UT	
Diploma/Degree obtained, if any			
Bachelor of Science: Business Management			

School Name		From - To (MM/YY – MM/YY)	
Idaho State University		1999	
Address	City	State	Zip
	Pocatello	ID	
Diploma/Degree obtained, if any			
Associates Degree: Welding and Blueprint			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/17 - present	[redacted] Golden Oak Drive	Lexington	KY	40515
06/06 - 03/17	[redacted] West Volta Ave	West Valley	UT	84120
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Covetrus North America, LLC			From - To (MM/YY – MM/YY): 03/2017 to Present
Business Address: 920 Citation Blvd	City: Lexington,	State: KY	Zip: 40511
Phone: 859-381-1073	Title: Senior Distribution Manager		Number of Employed Hours: Approximately 8,320
Description of Duties: Plans and directs all distribution activities, directs and oversees job assignments, directs and oversees all delivery service operations, ensures high inventory accuracy.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			03/17 - present
Business Address	**City**	**State**	**Zip**
920 Citation Blvd,	Lexington	KY	40511
Phone	**Title**	**Number of Employed Hours**	
859-381-1073	Senior Distribution Center Manager	6000 +	
Description of Duties			
Responsible for all aspects of wholesale drug distribution at Lexington location.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

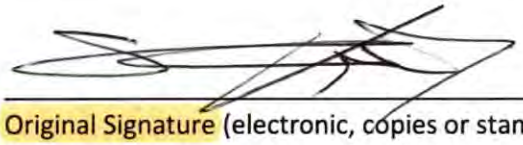
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

8/31/22

Date

I, Sam Vixaysack, **certify that as the designated representative for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SV I am at least 21 years of age;
3. SV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Sam Vixaysack
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/31/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sam Vitaysack
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/31/22
Date

Please have this section completed in the presence of a Notary Public.

State of Kentucky, ss. County of Fayette

I, Sam Vitaysack, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/31/22
Date

Subscribed and Sworn to before me this 31 day of August.

Samuel A Gagnon
Notary Public Signature

Samuel A. Gagnon
Notary ID: KYNP55993
Kentucky-Fayette County
Exp: July 27, 2026

SAM VIXAYSACK

[redacted] Sweet Clover Lane Lexington KY, 40509 | H: [redacted] | C: [redacted]

Executive Summary

A highly experienced and results oriented professional with demonstrated success in Lean Warehousing Management within supply chain. More than 15 years of verifiable management experience with a strong emphasis on warehousing distribution systems, operations, and logistics. In addition, I have superior history of building a quality culture through innovation and continuous improvements from the implementation of lean programs.

Education

Master of Science: Business Administration University of Phoenix — 2014, sandy, UT

Bachelor of Science: Business Management University of Phoenix — 2010, Taylorsville, UT.

Associates Degree: Welding and Blueprint, Idaho State University — 1999, Pocatello , ID

Professional Experience

Senior Distribution Manager — 03/2017 to Present

Covetrus North America (fka Henry Schein Animal Health) — Lexington, KY

- Plans and directs all distribution activities including receiving, storing, shipping, routing, handling returned/damaged goods, and administrative tasks to ensure customer and company requirements are met.
- Directs and oversees job assignments and daily schedules to ensure timely and accurate receiving and shipping.
- Manages, coaches and develops key leaders within the DC, which could include: Inbound Manager and Outbound Manager positions; Provides work direction, resolves problems, and sets deadlines to ensure timely completion of work.
- Directs and oversees all delivery service operations including scheduling drivers, ensuring timely delivery and compliance with all Company regulations and provide Regulatory Affairs with all required reports and logs (as applicable).
- Ensures a work environment which provides for team spirit, quality work, and safety by: carrying out the Company's pay-for-performance evaluation system and implementing operating procedures and safety education programs; recruit, train, and provide development opportunities for employees to ensure a motivated and productive work team. • Collaborates with key internal partners (Sales, Purchasing, etc.) and seeks feedback to continually exceed and enhance the customer experience.
- Ensures all DC personnel maintain a professional and courteous relationship with customers, vendors, and co-workers.
- Develops, implements, and maintains effective and timely communication processes between DC and Company personnel.
- Ensures high inventory accuracy through daily cycle counts, physical inventories, timely inventory adjustments and vendor returns, and actively monitors morgue inventory.
- Controls DC operating expenditures in accordance with budgetary guidelines: participates with Area and Corporate management in the development of annual operating budgets.
- Ensures the efficient organization and layout of the warehouse by optimizing processes for receiving, picking, packing, and shipping customer orders.

- Manages a regional distribution center in addition to DC operations.

Regional Logistics and Distribution Manager-North America (NAM) 05/2011 to 02/2017

Boart Longyear Salt Lake City, UT

- Work closely with Regional Managers as well as Directors of Products and Supply chain to ensure a safe, profitable and efficient operation.
- Oversee all core business functions including P&L, budgeting, safety and compliance training, Human Resources and customer service for 3 Distribution Centers, 6 Forward Stocking locations, NAM Exports documentation team as well as overseeing various Drilling Services locations in NAM.
- Successful implementation of Lean Office and Warehousing in all major NAM DC's and FSL's.
- Fully align NAM financial performances with corporate objectives with a $6.8 million annual budget.
- Developed and Implemented global standards for various Warehouse Standard Operation Procedures and Job Safety Analysis.
- Oversee the execution of annual Fiscal Inventories for all DC's and FSL's in NAM.
- Work closely with sourcing, demand planning, and manufacturing to ensure proper inventory levels are met on a consistent basis.
- Broad training and experience in various business administration fields.
- Ensure compliance and safety with policies, practices and standard operating procedures within the business.
- Possess strong business and financial acumen along with ability to communicate effectively both orally and in writing.
- Implemented Lean programs in all major NAM DC's which resulted in increased efficiencies and velocities through 5S, Value Stream Mapping, 7 Wastes and other lean principles.

Warehouse Operations Manager 01/2007 to 05/2011

AmerisourceBergen Salt Lake City, UT

- Key player in the implementation of the Work Information and PKMS (Pick Ticket Managing System) for SLC, UT Division.
- Broad knowledge of all warehouse duties including, but not limited to, inventory management, cycle count execution and all back office functions along with Data Processing.
- Key contributor in the implementation of SAP systems.
- Organized and supervised the execution of Distribution Centers annual Fiscal Inventories on over 22,000 different Sku's and over $50 million in inventory.
- Accountable for the timely expedite of critical lifesaving drugs to multiple facilities throughout the globe. • Managed the daily operations of inbound/outbound Parcel and LTL shipments, warehouse replenishments, and everyday processes of pick, pack, and shipping of over 20,000 lines per day.
- Ensured Corporate Security Regulatory Affairs compliance along with facility preparedness activities for auditing initiatives.
- Partnered with the DEA and FDA to ensure all distribution of pharmaceuticals to hospitals and pharmacies were compliant.
- Managed transportation of product to customers through the utilization of Global National couriers and air transportation companies.
- Working collaboratively and cohesively with my fellow co-workers to establish an organized working environment so that my external customers can get the best possible customer service as well as receiving a positive customer service experience.

RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of COVETRUS NORTH AMERICA, LLC

(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY

(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

Address	City	ST	Zip code
13250 East Smith Rd., Unit E	Aurora	CO	80011
3820 Twin Creeks Drive	Columbus	OH	43204
3850 Twin Creeks Drive	Columbus	OH	43204
14800 FAA Blvd, #100	Ft. Worth	TX	76155
920 Citation Blvd	Lexington	KY	40511
1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
19905 SW 95th Ave	Tualatin	OR	97062
7940 W. Doe Ave, Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd. Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

Liberty Mutual SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8205735-015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

S-1282LMIC/e 3/21

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

AKLIMA NOORHASSAN

165 BROADWAY
NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993 Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

COVETRUS NORTH AMERICA, LLC

Entity Number:

E0213702005-0

Entity Type:

Foreign Limited-Liability Company

Entity Status:

Active

Formation Date:

04/13/2005

NV Business ID:

NV20051127174

Termination Date:

Perpetual

Annual Report Due Date:

4/30/2023

Series LLC:

Domicile Name:

Jurisdiction:

Delaware

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

CORPORATION SERVICE COMPANY

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Commercial Registered Agent

NV Business ID:

NV20101844335

Office or Position:

Jurisdiction:

DELAWARE

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Mailing Address:

Individual with Authority to Act:

Not Available

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
Authorized Signer	Geoff Hadam	7 Custom House St, 2nd Floor, Portland, ME, 04101, USA	04/29/2022	Active

Title	Name	Address	Last Updated	Status
Managing Member	BUTLER ANIMAL HEALTH HOLDING COMPANY LLC	400 METRO PLACE NORTH, DUBLIN, OH, 430173378	04/30/2019	Active

Page 1 of 1, records 1 to 2 of 2

Filing History Name History Mergers/Conversions

Return to Search Return to Results

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH 02901	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 1085 E Stateline Rd, Suite 103

City: Southaven State: MS Zip: 38671

Mailing Address (if different from physical address): 400 Metro Place North, Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-717-7121 Website: northamerica.covetrus.com

Name of Designated Representative (DR): Nikko Everroad

Licensing Company Email: cvet-na-licensing@covetrus.com DR Email: nikko.everroad@covetrus.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Zoo/Humane Society		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See attached disciplinary action chart.

Philip Mario Lombardi

Original Signature (electronic, copies or stamps not accepted)

8/31/22

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis
Address: 10 Sylvan Way City: Parsippany State: NY Zip: 07054

Name: Merck Animal Health
Address: 2 Giralda Falls City: Madison State: NJ Zip: 07904

Name: Elanco
Address: 2500 Innovation Way City: Greenfield State: IN Zip: 46140

Name: Vedco
Address: 5503 Corporate Drive City: Saint Joseph State: MO Zip: 64507

Section 4: Publicly Traded Corporation

State of Incorporation: n/a
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): W.A. Butler Company
Corporation/Organization Name: Covetrus North America, LLC
Mailing Address: 400 Metro Place N, Suite 100
City: Dublin State: OH Zip: 43017
Telephone: 614-717-7121 Email: cvet-na-licensing@covetrus.com
Contact Person Name: Matthew Malenfant or Lee Wise

Section 6: Partnership

Partnership Name: n/a
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: n/a
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Covetrus North America, LLC

Facility Name

Philip Mario Lombardi

Print Name of Authorized Person Submitting Application

Philip Mario Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

8/31/22

Date

Board Use Only	Date Received: 9.6.22	Amount: 1000.00 CC

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) **- Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries

*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**

Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

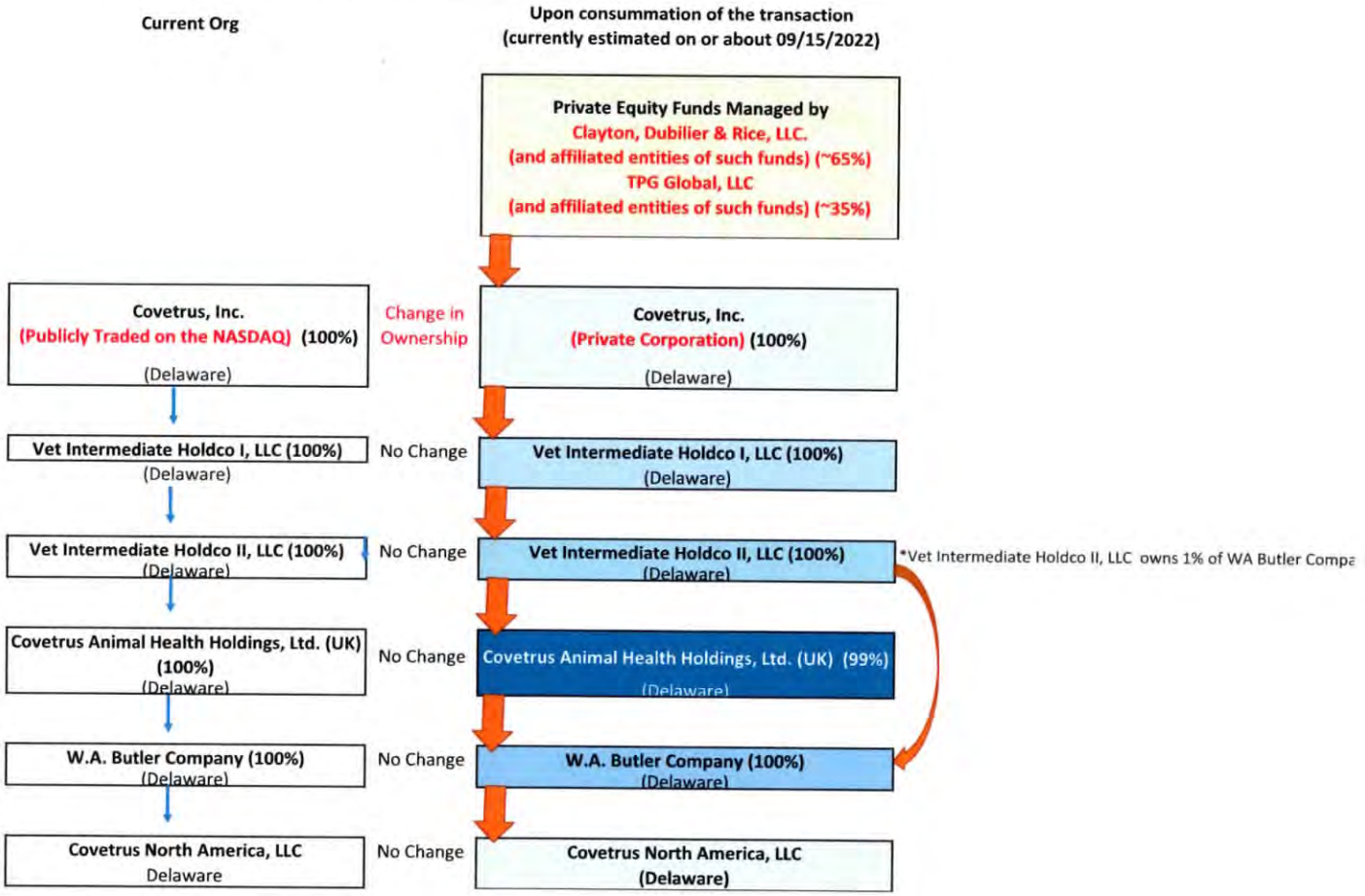
• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

Signature Philip Mario Lombardi Date 8/31/22

Philip Mario Lombardi, VP of Operations & Logistics Services

Covetrus North America , LLC Business Organizational Structure



* Current, private equity funds managed by Clayton, Dubilier & Rice, LLC. (and affiliated entities of such funds) own approximately 24.2% of the outstanding share of Covetrus, Inc's common stock and will continue as indirect owners of Covetrus, Inc. following the consummating of the transaction.

** Note that in preparation of the consummation of the transactions, a number of holding company entities are expected to be formed as direct or indirect parent entities of Corgi Bidco, Inc. (and which are not shown, on this organizational structure chart).

*** FEIN of all entities listed will remain the same.

Location Address
1085 E. Stateline Road
Suite 103
Southaven, MS 38671
Mon-Fri. 8am-5pm

Description of Business:

Covetrus North America's Southaven, MS location is a 48,448 sq. ft. facility.

Security:

Type of system: Honeywell Vista 128BP Intrusion Alarm System with IGSMV4G Network & Cellular Communicator.
Installation contractor and monitoring company Protection 1 (now ADT) Alarm Monitoring, Inc. 4221 W John Carpenter Fwy, Irving, TX 75063
Contact information for monitoring company 24/7/365 is Monitoring Center at 877-357-1808 Motion monitoring specs: Perimeter Pedestrian and Overhead Doors, Interior Motion Detection, Skylight Motion Detection, and Glass Break Protection.
Backup Battery with Supervision and Notification over Network and Redundant over GSM Cellular Communicator. Secondary backup for temperature monitoring. Protection One will alert as a "critical environment" notification if temperature ranges rise or fall out of set specification.

Temperature & Humidity:

Covetrus North America's distribution Centers are fitted with HVAC units to provide controlled temperature and humidity levels. Each DC is equipped with temperature and humidity monitoring devices, manufactured by Lascar Electronics, which utilizes the Wi-Fi service to allow for continuous and off site monitoring. The Lascar system allows for temperature excursion alerts via text message and email communication. Temperature ranges are set according to the Prescription Drug Marketing Act (PDMA). In addition the cooler storage area is equipped with a secondary line of defense through our security alarm system, if temperature excursions occur out of normal set ranges a phone call is received by our security monitoring service. Daily checks of the Mean Kinetic Temperature are performed by management on site during normal business hours.

Quarantined area for damaged, outdated, deteriorated, misbranded, or adulterated drugs:

Wire cage with pallet racking, approximately 10ft. high. It is located away from regular salable stock.

Products:

The following is a generalized representative list of items/products that Covetrus North America distributes to our veterinary customers:

1. Federal legend drug that are Human Prescription Drugs
2. Federal legend drugs and devices that are Veterinary Prescription Drugs
3. Over-the counter items
4. Equipment Items that are veterinary legend devices
5. Biologicals (vaccines) for animal use only
6. Supplies and equipment needed for a veterinary practice

Customers:

Covetrus North America distributes only to veterinarians, veterinary schools involved in teaching and research institutions where the veterinary drug is used in a research environment. Covetrus North America also distributes to humane societies and zoos. No sales are made where the veterinary legend drug or device, will end up in a human clinical environment.

MISSISSIPPI
Board of Pharmacy

Permit #
16376 / 16.5

Drug Facility
Wholesale Distributor (In-State)

Covetrus North America LLC

Permit Holder:
Eric Bike

1085 Stateline Road East
Ste 103
Southaven, MS 38671
DeSoto

This permit is not transferable or assignable.

Issued: 11/01/2017
Renewed: 09/29/2021
Expires: 12/31/2022

Susan McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

NABP
National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 14 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

<<Previous 1 2

Name	Address	Accreditation Date
Covetrus North America	920 Citation Blvd Lexington, KY 40511	11/09/21
Covetrus North America	3850 Twin Creeks Dr Columbus, OH 43204	Reaccreditation in process
Covetrus North America	1085 Stateline Rd E Southaven, MS 38671	Reaccreditation in process
Covetrus North America	1908 Ruffin Mill Rd Colonial Heights, VA 23834	Reaccreditation in process

<<Previous 1 2

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Contact

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The National Association of Boards of Pharmacy®
hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

Butler Animal Health Supply, LLC
dba Covetrus North America

located at

1085 Stateline Rd E, Southaven, MS 38671

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

April 15, 2019 - April 14, 2022
Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20220405779

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202598023

Date: 02-07-22

covetrus

Covetrus North America, LLC
List of Officers

Victor Thomas Forte IV
Title: President
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Lee Wise
Title: CFO & Treasurer
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Tamika Simmons
Title: Secretary
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Philip Mario Lombardi
Title: VP of Operations & Logistics
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Unique Identifier	Name	Line Detail 2
Southaven, Mississippi (US)		Location (28 Members)
1_Alyssia_Siggers	Alyssia Siggers	
2_Amber_Adams	Amber Adams	
3_Andrea_Lauber	Andrea Lauber	
4_Ashley_Wilkins	Ashley Wilkins	
5_Asten_Chambers	Asten Chambers	
6_Brittney_Lacy	Brittney Lacy	
7_Carlyce_Black	Carlyce Black	
8_Charles_Montgomery	Charles Montgomery	
9_Clemente_Najera_[C]	Clemente Najera [C]	
10_Danyelle_McKinney_[C]	Danyelle McKinney [C]	
11_Freda_Graham	Freda Graham	
12_Hazel_Canales	Hazel Canales	
13_Marco_Lozano	Marco Lozano	
14_Merissa_Ramsey	Merissa Ramsey	
15_Michael_Henderson	Michael Henderson	
16_Michael_Wilson_(On_Leave)	Michael Wilson (On Leave)	
17_Nate_Price_[C]	Nate Price [C]	
18_Nikko_Everroad	Nikko Everroad	
19_Patrice_Cross	Patrice Cross	
20_Renice_Jones	Renice Jones	
21_Robinson_Fallorina	Robinson Fallorina	
22_Shaquilla_Blackmon	Shaquilla Blackmon	
23_Sharon_Moore	Sharon Moore	
24_Tiffany_Walls	Tiffany Walls	
25_Todd_Thompson	Todd Thompson	
26_Troy_Wade	Troy Wade	
27_Victor_Blevins	Victor Blevins	
28_Wendell_Bea_[C]	Wendell Bea [C]	

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/02/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
One Liberty Plaza
165 Broadway, Suite 3201
New York NY 10006 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	ProAssurance Specialty Insurance Company	17400
INSURER B:	Starr Indemnity & Liability Company	38318
INSURER C:	ACE Property & Casualty Insurance Co.	20699
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Covetrus, Inc.
Custom House Square
7 Custom House Street
Portland ME 04101 USA

COVERAGES **CERTIFICATE NUMBER:** 570091837437 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY			1000100099221	03/01/2022	03/01/2023	EACH OCCURRENCE	$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$2,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	Excluded
B	AUTOMOBILE LIABILITY			1000639300221	03/01/2022	03/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
B	X ANY AUTO			1000639301221 (MA)	03/01/2022	03/01/2023	BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	X Comp/Coll. $1,000							
C	X UMBRELLA LIAB X OCCUR			XEUG7178115A003	03/01/2022	03/01/2023	EACH OCCURRENCE	$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			1000004069 (AOS)	03/01/2022	03/01/2023	X PER STATUTE OTH-ER	
B	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N / N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			1000004071 (FL, MA)	03/01/2022	03/01/2023	E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
A	Products Liab			N22ME380001	03/01/2022	03/01/2023	Aggregate Each Occurrence	$10,000,000 $10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

US Industrial REIT II as landlord, Commercial Advisors Asset Services LLC as management company and The Prudential Insurance Company as lender are included as Additional Insured as required by written agreement, but limited to the operations of the Insured under said agreement, with respect to the General Liability policy. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to the certificate holder, but only to the extent required by written agreement with the Insured. A Waiver of Subrogation is granted as required by written agreement but limited to the operations of the Insured under said agreement, with respect to the General Liability, Automobile Liability and Workers' Compensation policies.

CERTIFICATE HOLDER

US Industrial REIT II
c/o Commercial Advisors
5101 Wheelis Drive, Suite 320
Memphis TN 38117 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570091837437

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AGENCY CUSTOMER ID: 570000078389
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Covetrus, Inc.
POLICY NUMBER: See Certificate Number: 570091837437	
CARRIER: See Certificate Number: 570091837437 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		1000004067 AZ,CT,IA,NJ,NY,NC,TX,VT	03/01/2022	03/01/2023		
B		N/A		1000004070 (WI)	03/01/2022	03/01/2023		

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Nikko Everroad

Memphis, TN [redacted]

Professional Objective

Organize and execute daily management/warehouse duties to satisfy customer needs and job expectation. Train and develop employees to improve skills and knowledge of the job and build their confidence in their abilities. Combine strong planning, organizational, and communication skills with the ability to work in a fast-paced environment. Trusted advisor, liaison, and teammate. Strong commitment to excellence and customer satisfaction.

- Training and development
- Fast Learner
- Strategic Thinker
- Flexible & Versatile
- Team Oriented
- Excellent Time Management Skills

Professional Experience

Covetrus North America - Southaven, MS **2017 – Present**

Outbound Supervisor (2021-Present)

Outbound Lead (2017 – 2021)

- Part of original facility team (startup warehouse). Helped implement a fresh culture. Introduced new S.O.Ps and , K.P.Is
- Inspire, lead, and motivate team to organize and encourage teamwork within the workforce to ensure productivity targets are met or exceeded
- Liaise with customers, suppliers and transport companies such as UPS, FEDEX, R&L, etc.
- Coordinate and monitor the receipt, order, assembly and dispatch of goods
- Respond to and deal with customer communication by email and telephone

Wynit Distribution LLC – Memphis, TN **2015 – 2017**

Distribution Supervisor (2016 – 2017)

- Lead distribution center operations including order picking, order inspection, order packing
- Worked to build an effective team in an ever changing work environment with 75+ full time and temporary employees in a 250,000 sq. ft. facility
- Lead process improvement projects related to capacity, production, order management and safety
- Partnered with internal and external teams to ensure a high level customer experience and to execute operational metrics
- Lead a team of new and existing coordinators in a challenging work environment where the culture was in need of repair
- Lead the team to take the proactive approach to people and the business
- Trained/Certified associates on fork lift machines

Key Accomplishment:

- *Received exceptional evaluation from Management*

Distribution Associate: Receiving/Shipping (2015 – 2016)

- Responsible for keeping track of inbound and outbound orders
- Received and put-away inventory using Highjump system
- Shipped outbound orders via Highjump system
- Trained associates on fork lift machines

Key Accomplishment:

- Gained all managers and supervisors trust and quickly obtained promotion opportunities

Williams -Sonoma – Olive Branch, MS **2014 – 2015**
Truck loading/Unloading

- Unloaded, picked, staged and loaded products for shipping
- Worked at a rapid pace to meet tight deadlines
- Removed pallets, freezer boxes and damaged products from returning trailers
- Assembled product containers and crates
- Cleared damaged items and loaded freight
- Transported goods from racks, shelves and vehicles

Burger King – Memphis, TN **2013 – 2014**
Crew

- Worked "drive-thru" window
- Operated large-volume cooking equipment such as grills, deep-fat fryers and griddles
- Maintained sanitation, health, and safety standards in all work areas

Marble INC – Memphis, TN **2013 – 2014**
Chemical Mixer

- Mixed paints/solutions and monitored temperatures
- Inspected finished products for quality and adherence to customer satisfactions

Finish Line – Memphis, TN **2012 – 2013**
Sales Associate

- Assisted consumers in finding appropriate dress apparel
- Managed stock inventory.
- Monitored dressing rooms to help prevent theft

Education

Southwest Tennessee Community College – Memphis, TN
Major: EMT
GPA: 3.0

Cumberland University – Lebanon, TN
Major: Psychology
GPA: 3.5

Computer Skills

Windows · Microsoft Word · Excel · PowerPoint · Internet Explorer · Outlook

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Covetrus North America, LLC

Pharmacy/Wholesaler License # (If applicable): WH 02901

Physical Address: 1085 E. Stateline Road, Suite 103

City: Southaven State: MS Zip: 38671

Mailing Address (if different from physical address): 400 Metro Place N, Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-717-7121 Website: northamerica.covetrus.com

Licensing Company Email: cvet-na-licensing@covetrus.com

Section 2: Personal Information

First: Nikko Middle: Deon Last: Everroad

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Copper Street

City: Southhaven State: TN Zip: 38672

Telephone: [redacted] Email: nikko.everroad@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Southwest Tennessee Community College		2012	
Address	City	State	Zip
	Memphis	TN	
Diploma/Degree obtained, if any			
EMT			
School Name		From - To (MM/YY – MM/YY)	
Cumberland University		2014	
Address	City	State	Zip
	Lebanon	TN	
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2020-2022	[redacted] Copper Street	Southaven	MS	38672
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018 -2020	[redacted] Eastbrook Lane [redacted]	Memphis	TN	38134
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			2017 - present
Business Address	**City**	**State**	**Zip**
1085 E. Stateline Road, Suite 103	Southaven	MS	38678
Phone	**Title**	**Number of Employed Hours**	
901-548-9000	Outbound Supervisor and Lead	6000 +	
Description of Duties			
Supervise wholesale drug distribution at Southaven location.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✗	✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

~~** see attached corporate statement**~~

Nikolas Gerard

Original Signature (electronic, copies or stamps not accepted)

8/31/22

Date

I, Nikko Everroad, **certify that as the designated representative for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. NE I am at least 21 years of age;
3. NE I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NE I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NE I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NE I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NE I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

NIKKO EVERROAD
Print Name (First, Last)

Nikko Everroad
Original Signature (electronic, copies or stamps not accepted)

8/31/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nikko Everroad
Print Name (First, Last)

Nikko Everroad
Original Signature (electronic, copies or stamps not accepted)

8/31/22
Date

Please have this section completed in the presence of a Notary Public.

State of Mississippi, ss. County of Desoto

I, Nikko Everroad, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Nikko Everroad
Original Signature

8/31/22
Date

Subscribed and Sworn to before me this 31st day of Aug 2022

Notary Public Signature

STATE OF MISSISSIPPI
MILLIE POWERS
NOTARY PUBLIC
ID No. 291644
Commission Expires
June 24, 2025
DESOTO COUNTY

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Covetrus North America, LLC MDEG License # (if applicable) _____

Physical Address 1085 E. Stateline Road, Suite 103

City Southaven State MS Zip 38671

Mailing Address (if different from physical address) 400 Metro Place N, Suite 100

City Dublin State OH Zip 43017

Telephone 614-717-7121 Website covetrus.com

Licensing Company Email cvet-na-licensing@covetrus.com

Section 2: Personal Information

First Nikko Middle Deon Last Everroad

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Copper Street

City Southaven State MS Zip 38672

Telephone [redacted] Email nikko.everroad@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	n/a	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Southwest Tennessee Community College		2012	
Address	**City**	**State**	**Zip**
	Memphis	TN	
Diploma/Degree obtained, if any			
EMT			
School Name		**From - To (MM/YY – MM/YY)**	
Cumberland University		2014	
Address	**City**	**State**	**Zip**
	Lebanon	TN	
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2020-2022	[redacted] Copper Street	Southaven	MS	38672
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018 -2020	[redacted] Eastbrook Lane [redacted]	Memphis	TN	38134
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America, LLC			2017 - present	
Business Address		**City**	**State**	**Zip**
1085 E. Stateline Road, Suite 103,		Southaven,	MS	38671
Phone	**Title**		**Number of Employed Hours**	
901-548-9000	Outbound Supervisor and Lead		6000 +	
Description of Duties				
Supervise wholesale drug distribution at Southaven location.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

n/a

Original Signature (electronic, copies or stamps not accepted)

11/10/22
Date

I, Nikko Everroad, **certify that as the MDEG Administrator for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nikko Everroad
Print Name (First, Last)

Nikko Everroad
Original Signature (electronic, copies or stamps not accepted)

11/10/22
Date

Board Use Only	Date Received: 10-17-22

RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of COVETRUS NORTH AMERICA, LLC

(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY

(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

Address	City	ST	Zip code
13250 East Smith Rd., Unit E	Aurora	CO	80011
3820 Twin Creeks Drive	Columbus	OH	43204
3850 Twin Creeks Drive	Columbus	OH	43204
14800 FAA Blvd, #100	Ft. Worth	TX	76155
920 Citation Blvd	Lexington	KY	40511
1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
19905 SW 95th Ave	Tualatin	OR	97062
7940 W. Doe Ave, Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd. Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8205735-015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

S-1262LMIC/a 3/21

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

AKLIMA NOORHASSAN

165 BROADWAY
NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993 Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW

Non-Resident Producer
Casualty, Property

Issue Date 06-10-2016 Expiration Date 07-01-2022

Generated by Sircon 191412208

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

COVETRUS NORTH AMERICA, LLC

Entity Number:

E0213702005-0

Entity Type:

Foreign Limited-Liability Company

Entity Status:

Active

Formation Date:

04/13/2005

NV Business ID:

NV20051127174

Termination Date:

Perpetual

Annual Report Due Date:

4/30/2023

Series LLC:

Domicile Name:

Jurisdiction:

Delaware

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

CORPORATION SERVICE COMPANY

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Commercial Registered Agent

NV Business ID:

NV20101844335

Office or Position:

Jurisdiction:

DELAWARE

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Mailing Address:

Individual with Authority to Act:

Not Available

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
Authorized Signer	Geoff Hadam	7 Custom House St, 2nd Floor, Portland, ME, 04101, USA	04/29/2022	Active

Title	Name	Address	Last Updated	Status
Managing Member	BUTLER ANIMAL HEALTH HOLDING COMPANY LLC	400 METRO PLACE NORTH, DUBLIN, OH, 430173378	04/30/2019	Active

Page 1 of 1, records 1 to 2 of 2

Filing History Name History Mergers/Conversions

Return to Search Return to Results

MISSISSIPPI BOARD OF PHARMACY

DRUG FACILITY INSPECTION FORM

6360 I-55 North, Suite 400, Jackson MS 39211
Phone: 601-899-8880 • Fax: 601-899-8851

`License #: 16376-16.5 Inspection Date: 6-22-2021 Date of Last Inspection: 7-20-2020

■ WDD 3PL Veterinarian Virtual Email:

Facility Name: BUTLER ANIMAL HEALTH SUPPLY Address: 1085 STATELINE ROAD EAST STE 103

City: SOUTHAVEN State: MS ZIP: 38671 Phone: 614 553 4135

	PHONE: Yes	No	Comments:
1. Current MBOP license displayed (not initial)	✔		16376-16.5
2. FDA Registered (annual registration required)	✔		19273007314
3. Facility is of suitable size and construction	✔		50,000
4. Facility is clean, orderly and staffed	✔		
5. Is there product in the facility	✔		
6. Facility is free from any infestation by insects, rodents, birds, etc. (Has SOP)	✔		NORTH MS PEST CONTROL LAST 5-14-2021
7. Storage area provides adequate:	✔		
a. Lighting	✔		
b. Ventilation	✔		
c. Sanitation	✔		
d. Space	✔		
e. Security	✔		

License #: 16376-16.5 Inspection Date: 6-22-2021

Facility Name: BUTLER ANIMAL HEALTH SUPPLY

MISSISSIPPI BOARD OF PHARMACY

DRUG FACILITY INSPECTION FORM

6360 I-55 North, Suite 400, Jackson MS 39211
Phone: 601-899-8880 • Fax: 601-899-8851

	Yes	No	Comments:
f. Equipment	✔		
8. Doors locked and access limited	✔		BADGE ACCESS
9. Sign in and identification required	✔		
10. Storage area has designated and clearly marked quarantine areas	✔		
11. Storage area is clean and well organized	✔		
12. Medical gases stored on open dock area has a working monitored alarm system			NA
13. Facility is equipped with working security system suitable for protection against theft or diversion of product and tampering with computer or electronic records	✔		ADT
14. Is there a system to track all products by lot number.	✔		
15. Shipping and receiving records readily available for inspection	✔		
16. Perpetual inventories and records of all transactions for all drugs, devices, and/or medical gases are current	✔		
17. Temperature monitoring logs are maintained and current (excluding medical gases only)	✔		
18. Copies of customer licenses verifying authority to purchase drug products on file and current for each state	✔		
19. Has verified that WDD/3PL out of state are Trading Partners and are licensed by MS BOP	✔		

License #: 16376-16.5 Inspection Date: 6-22-2021

Facility Name: BUTLER ANIMAL HEALTH SUPPLY

MISSISSIPPI BOARD OF PHARMACY

DRUG FACILITY INSPECTION FORM

6360 I-55 North, Suite 400, Jackson MS 39211
Phone: 601-899-8880 • Fax: 601-899-8851

	Yes	No	Comments
20. Has established and maintains Standard Operating Procedures covering:	☑	☐	
a. Receipt of drugs, and devices	☑	☐	DC-RES-307
b. Shipping of drugs and devices	☑	☐	DCPPS-400-404-401-408
c. Inventory and distribution	☑	☐	DC-INV-706
d. Monitoring & recording of storage temperatures and humidity	☑	☐	DC-GN-212-207-208
e. Quality inspection of all incoming & outgoing shipments	☑	☐	DC-REC-300 DCPPS400
f. Product rotation (FIFO)	☑	☐	DC-REC-313
g. Product recalls & withdrawals	☑	☐	RA-GN-403
h. Return or out of date product Quarantine	☑	☐	DC-INV-718 RP RETURNS
i. Complaints & adverse events	☑	☐	RA-GN-440
j. DSCSA transaction report	☑	☐	RA-GN-401
k. Security and crisis handling	☑	☐	DC-MSC-800 DN GN 202
l. Validation of customer state licenses and FDA/DEA registration	☑	☐	DC-REC-311 CONA POLICY 004
m. Notification of theft & diversions; finding of contraband and counterfeit	☑	☐	RA-GN-400

License #: 16376-16.5 Inspection Date: 6-22-2021

Facility Name: BUTLER ANIMAL HEALTH SUPPLY

MISSISSIPPI BOARD OF PHARMACY

DRUG FACILITY INSPECTION FORM

6360 I-55 North, Suite 400, Jackson MS 39211
Phone: 601-899-8880 • Fax: 601-899-8851

	Yes	No	Comments:
21. Has Trade/Quality agreements with all trading partners	✔		
22. Is warehouse and storage areas restricted to authorized personnel	✔		BADGE ACCESS
23. Is there a training program for all employees including cGMP training (Records of)	✔		
24. Has current list of responsible persons – owners, officers, directors, and designated rep	✔		
a. List of employees with access to product.	✔		BADGE ACCESS
b. List of employees with access to building after hours (Hours of operation)	✔		POSTED ON ALARM PANEL
25. Facilities handling controlled substances			NA
a. Has current MS CS registration			NA
b. Has current DEA registration			NA
c. Has CS cage/vault (List of access- emp.)			NA

License #: 16376-16.5 Inspection Date: 6-22-2021

Facility Name: BUTLER ANIMAL HEALTH SUPPLY

MISSISSIPPI BOARD OF PHARMACY

DRUG FACILITY INSPECTION FORM

6360 I-55 North, Suite 400, Jackson MS 39211
Phone: 601-899-8880 • Fax: 601-899-8851

Notes:

The signature of license representative only validates that an inspection took place

Licensee Representative: _____ (Print) MARK BLAKE

Inspection By: _____ (Print) GERALD PUGH

License #: 16376-16.5 Inspection Date: 6-22-2021

Facility Name: BUTLER ANIMAL HEALTH SUPPLY

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01380	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 19905 SW 95th Ave

City: Tualatin State: OR Zip: 97062

Mailing Address (if different from physical address): 400 Metro Place North, Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-717-7121 Website: northamerica.covetrus.com

Name of Designated Representative (DR): Rhine Lenhart

Licensing Company Email: cvet-na-licensing@covetrus.com DR Email: rhine.lenhart@covetrus.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Zoo/Humane Society		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See attached disciplinary action chart.

Philip Mario Tombarelli

Original Signature (electronic, copies or stamps not accepted)

8/31/22

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis
Address: 10 Sylvan Way City: Parsippany State: NY Zip: 07054
Name: Merck Animal Health
Address: 2 Giralda Falls City: Madison State: NJ Zip: 07904
Name: Elanco
Address: 2500 Innovation Way City: Greenfield State: IN Zip: 46140
Name: Vedco
Address: 5503 Corporate Drive City: Saint Joseph State: MO Zip: 64507

Section 4: Publicly Traded Corporation

State of Incorporation: n/a
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): W.A. Butler Company
Corporation/Organization Name: Covetrus North America, LLC
Mailing Address: 400 Metro Place N, Suite 100
City: Dublin State: OH Zip: 43017
Telephone: 614-717-7121 Email: cvet-na-licensing@covetrus.com
Contact Person Name: Matthew Malenfant or Lee Wise

Section 6: Partnership

Partnership Name: n/a
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: n/a
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Covetrus North America, LLC

Facility Name

Philip Mario Lombardi

Print Name of Authorized Person Submitting Application

Philip Mario Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

8/31/22

Date

Board Use Only	Date Received: 9.4.22	Amount: 1000.00 CC

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) **- Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

Signature Philip Mario Lombardi Date 8/31/2022

Philip Mario Lombardi, VP of Operations & Logistics Services

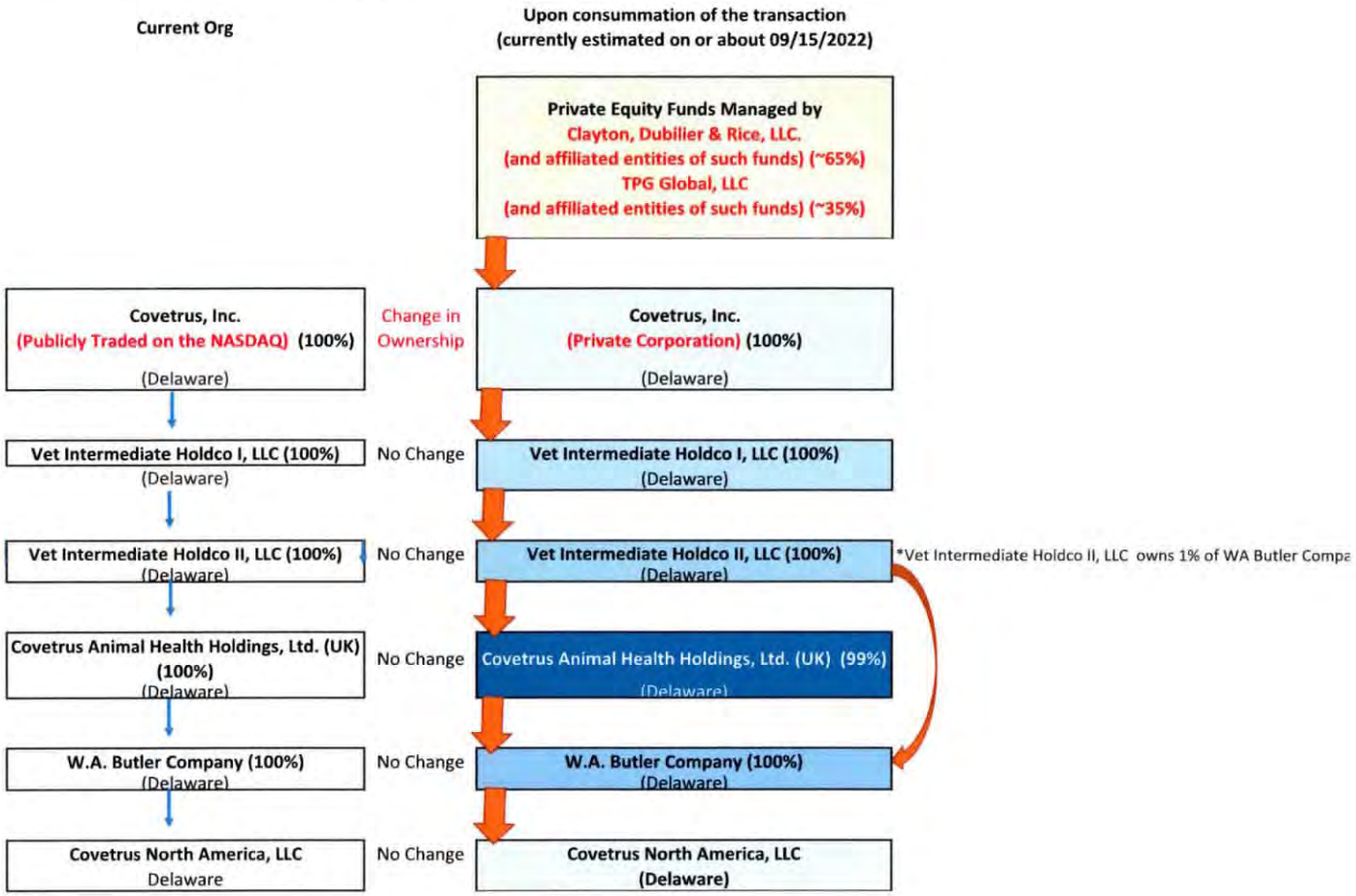
• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

Covetrus North America , LLC Business Organizational Structure



* Current, private equity funds managed by Clayton, Dubilier & Rice, LLC. (and affiliated entities of such funds) own approximately 24.2% of the outstanding share of Covetrus, Inc's common stock and will continue as indirect owners of Covetrus, Inc. following the consummating of the transaction.

** Note that in preparation of the consummation of the transactions, a number of holding company entities are expected to be formed as direct or indirect parent entities of Corgi Bidco, Inc. (and which are not shown, on this organizational structure chart).

*** FEIN of all entities listed will remain the same.

Licensee Details

Demographic Information

Name: COVETRUS NORTH AMERICA LLC

Address Information

Line 1: 19905 SW 95TH AVE
Line 2:
Line 3:
Line 4: TUALATIN OR 97062

License Information

Type: Wholesaler with Prescription
Lic #: W1-0004035
Status: Active
Issued: 6/14/2013
Expiration Date: 9/30/2023
Last Renewed: 9/2/2022

Small Business?	N	N	N

Prerequisite Information

	Relationship/Name	Dates	License Details
Self Automatic	COVETRUS NORTH AMERICA LLC	**Since:**	Controlled Substance W1-0004035-CS **Status:** Active

Specialty Information

No Specialty Information

Discipline Information

No Discipline Information

Board Orders

No Available Board Orders

NABP ACCREDITED

DRUG DISTRIBUTOR

Butler Animal Health Supply, LLC
dba Covetrus North America

located at

19905 SW 95th Ave, Tualatin, OR 97062

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

8/15/2020 - 8/14/2023
Period of Accreditation

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0394938	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	08-09-2022

COVETRUS NORTH AMERICA, LLC
19905 SW 95TH AVE BLDG F
TUALATIN, OR 970627527

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0394938	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	08-09-2022

COVETRUS NORTH AMERICA, LLC
19905 SW 95TH AVE BLDG F
TUALATIN, OR 970627527

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0394938	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	08-09-2022

COVETRUS NORTH AMERICA, LLC
19905 SW 95TH AVE BLDG F
TUALATIN, OR 970627527

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20220405779

Authentication: 202598023

Date: 02-07-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

covetrus

Covetrus North America, LLC
List of Officers

Victor Thomas Forte IV
Title: President
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Lee Wise
Title: CFO & Treasurer
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Tamika Simmons
Title: Secretary
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Philip Mario Lombardi
Title: VP of Operations & Logistics
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/02/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
Covetrus, Inc. Custom House Square 7 Custom House Street Portland ME 04101 USA	INSURER A:	ProAssurance Specialty Insurance Company	17400
	INSURER B:	Starr Indemnity & Liability Company	38318
	INSURER C:	ACE Property & Casualty Insurance Co.	20699
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570091837437 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			1000100099221	03/01/2022	03/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$2,000,000 $100,000 $5,000 $2,000,000 $4,000,000 Excluded
B B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY X Comp/Coll. $1,000 SCHEDULED AUTOS NON-OWNED AUTOS ONLY			1000639300221 1000639301221 (MA)	03/01/2022 03/01/2022	03/01/2023 03/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$2,000,000
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION			XEUG7178115A003	03/01/2022	03/01/2023	EACH OCCURRENCE AGGREGATE	$10,000,000 $10,000,000
B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		1000004069 (AOS) 1000004071 (FL, MA)	03/01/2022 03/01/2022	03/01/2023 03/01/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000
A	Products Liab			N22ME380001	03/01/2022	03/01/2023	Aggregate Each Occurrence	$10,000,000 $10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

US Industrial REIT II as landlord, Commercial Advisors Asset Services LLC as management company and The Prudential Insurance Company as lender are included as Additional Insured as required by written agreement, but limited to the operations of the Insured under said agreement, with respect to the General Liability policy. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to the certificate holder, but only to the extent required by written agreement with the Insured. A Waiver of Subrogation is granted as required by written agreement but limited to the operations of the Insured under said agreement, with respect to the General Liability, Automobile Liability and Workers' Compensation policies.

CERTIFICATE HOLDER

US Industrial REIT II
c/o Commercial Advisors
5101 Wheelis Drive, Suite 320
Memphis TN 38117 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570091837437

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AGENCY CUSTOMER ID: 570000078389
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Covetrus, Inc.
POLICY NUMBER: See Certificate Number: 570091837437	
CARRIER: See Certificate Number: 570091837437 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		1000004067 AZ,CT,IA,NJ,NY,NC,TX,VT	03/01/2022	03/01/2023		
B		N/A		1000004070 (WI)	03/01/2022	03/01/2023		

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Unique Identifier	Name	Line Detail 2
Tualatin, Oregon (US)		Location (19 Members)
1_Ana_Techman	Ana Techman	
2_Ana_Villasenor	Ana Villasenor	
3_Carrie_Ford-Garcia_(On_Leave)	Carrie Ford-Garcia (On Leave)	
4_Chad_Birdwell	Chad Birdwell	
5_Donovan_Raschdorf	Donovan Raschdorf	
6_Grayson_Tebo	Grayson Tebo	
7_Gregory_Arnhart	Gregory Arnhart	
8_Harry_Burns	Harry Burns	
9_Jennifer_Vasquez_(On_Leave)	Jennifer Vasquez (On Leave)	
10_Kerry_Hall	Kerry Hall	
11_Marilyn_Gaskin	Marilyn Gaskin	
12_Matthew_Stripling	Matthew Stripling	
13_Nicholas_Castellano	Nicholas Castellano	
14_Randi_Tate	Randi Tate	
15_Rhine_Lenhart	Rhine Lenhart	
16_Sarah_Hope_Sos_[C]	Sarah Hope Sos [C]	
17_Stacie_Ward	Stacie Ward	
18_Taylor_Chambers	Taylor Chambers	
19_Wesley_Anthony	Wesley Anthony	

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Covetrus North America, LLC

Pharmacy/Wholesaler License # (if applicable) WH 01380

Physical Address 19905 SW 95th Ave

City Tualatin State OR Zip 97062

Mailing Address (if different from physical address) 400 Metro Place N, Suite 100

City Dublin State OH Zip 43017

Telephone 614-717-7121 Website northamerica.covetrus.com

Licensing Company Email cvet-na-licensing@covetrus.com

Section 2: Personal Information

First Rhine Middle Von Last Lenhart

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] SW Inkster Drive

City Sherwood State OR Zip 97140

Telephone [redacted] Email rhine.lenhart@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	X	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	X	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Hillcrest/Valley High School			
Address	City	State	Zip
		UT	
Diploma/Degree obtained, if any			
HS Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/21 - Current	[redacted] SW Inkster Dr	Sherwood	OR	97140
From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/19 - 6/21	[redacted] Jasper St Unit 136	Commerce City	CO	80022
From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/94 11/13	[redacted] SapporoCircile	Taylorsville	UT	84129
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Covetrus North America				From - To (MM/YY – MM/YY): 06/2021 - Present
Business Address: 19905 SW 95th Ave		City: Tualatin	State: OR	Zip: 97062
Phone: 503-692-4935	Title: Distribution Center Manager			Number of Employed Hours: Approximately 1,680
Description of Duties: Plans and directs all distribution activities, directs and oversees job assignments, directs and oversees all delivery service operations, ensures high inventory accuracy.				

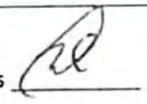
Business Name: Covetrus North America				From - To (MM/YY – MM/YY): 05/2019 - 06/2021
Business Address: 13250 E. Smith Rd. Unit E		City: Aurora	State: CO	Zip: 80011
Phone: 303-344-9200	Title: Distribution Center Manager			Number of Employed Hours: Approximately 4,320
Description of Duties: Plans and directs all distribution activities, directs and oversees job assignments, directs and oversees all delivery service operations, ensures high inventory accuracy.				

Business Name: Butler Schein Animal Health				From - To (MM/YY – MM/YY): 04/1993 - 11/2013
Business Address: 850 S. 3600 W		City: Salt Lake City	State: UT	Zip: 84094
Phone: 801-595-1243	Title: Assistant Branch Manager			Number of Employed Hours: Approximately 41,600
Description of Duties: Plans and directs all distribution activities, directs and oversees job assignments, directs and oversees all delivery service operations, ensures high inventory accuracy.				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Continue on next page if additional space is needed.

Applicant's Initials 

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			06/21 - present
Business Address	**City**	**State**	**Zip**
19905 SW 95th Ave,	Tualatin	Oregon	97062
Phone	**Title**	**Number of Employed Hours**	
503-692-4935	Distribution Center Manager	2,000 +	

Description of Duties

Responsible for all aspects of wholesale drug distribution at Tualatin location.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			05/19 -06/21
Business Address	**City**	**State**	**Zip**
13250 E. Smith Road, Unit E	Aurora	Colorado	80011
Phone	**Title**	**Number of Employed Hours**	
303-344-9200	Distribution Center Manager	2000 +	

Description of Duties

Responsible for all aspects of wholesale drug distribution at Aurora location.

Business Name			From - To (MM/YY – MM/YY)
Henry Schein Animal Health			04/94 - 11/13
Business Address	**City**	**State**	**Zip**
850 S 3600 W	Salt Lake City	Utah	84107
Phone	**Title**	**Number of Employed Hours**	
801-595-1243	Assistant Distribution Center Manager	6000 +	

Description of Duties

Responsible for all aspects of wholesale drug distribution at Salt Lake City location.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	X	
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/21/2021		OR	Beaverton	Washington
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2021-172036		State of Oregon		
Reason/Charge				
Class B Misdemeanor Indecent Exposure				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Defendant				
Name of Business/Industry/Entity				
Townplace Suites				

Provide explanation below: I was in the middle of moving from Colorado to Oregon 6.19.22. Along the way, I stayed at a local hotel in Oregon. I woke early 6/21/22 and went to the breakfast area to get a cup of coffee and did not realize I hadn't zipped my shorts. Later that day I was contacted by the local police and charges were placed. Upon the counsel of my attorney, I entered a plea of no contest. I completed the required 16 hours of community service within 90 days and my attorney has filed papers for it to be expunged.

Original Signature (electronic, copies or stamps not accepted)

9.1.22
Date

I, Rhine Von Lenhart, **certify that as the designated representative for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Rhine Lenhart

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9.1.22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rhine Lenhart

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9.1.22

Date

Please have this section completed in the presence of a Notary Public.

State of Oregon, ss. County of Washington

I, Zelly Cruz-Roberts, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9.1.22

Date

Subscribed and Sworn to before me this 1st day of September.

Notary Public Signature

OFFICIAL STAMP
ZELLY CRUZ-ROBERTS
NOTARY PUBLIC - OREGON
COMMISSION NO. 1014135
MY COMMISSION EXPIRES JULY 05, 2025

(Seal)

BEAVERTON MUNICIPAL COURT

4755 SW Griffith Drive | PO Box 4755 | Beaverton, OR 97076
Phone (503) 526-2290 | Fax (503) 350-4031

NOTICE OF SET ASIDE

November 8, 2022

NEAL WEINGART
ATTORNEY AT LAW, LLC
1 SW COLUMBIA ST, SUITE 1850
PORTLAND, OR 97204

Defendant's Last Name: LENHART Defendant's First Name: RHINE

Defendant's DOB: [redacted] Case Number: 21-10723

Charge(s): INDECENT EXPOSURE (ORS 221.926)

The above named individual has been granted an order setting aside their arrest and/or conviction, pursuant to ORS 137.225.

Attached please find a certified copy of the Order to Set Aside Arrest and/or Conviction

Please seal any and all records pertaining to this case.

If you have any questions or concerns, please feel free to contact us.

Sincerely,

Sue Carlile-Hopper

Sue Carlile-Hopper
Court Support Specialist III
Administrative Records

Form: 991330
Updated: 07/18/2019

IN THE MUNICIPAL COURT FOR THE

CITY OF BEAVERTON, IN WASHINGTON COUNTY, OREGON

CITY OF BEAVERTON, Plaintiff, v. RHINE LENHART Defendant.	Case No. 21-10723 ORDER TO SET ASIDE RECORD OF ARREST

THIS MATTER having come before the Court upon the Motion of the Defendant for an order setting aside records of arrest, pursuant to ORS 137.225; and the Court having reviewed the records and files herein, and being fully advised in the premises, the Court finds as follows:

1. That the Defendant was arrested as follows:

   Original Arrest Date: June 22, 2021

   Original Arrest Charges: Count 1: Indecent Exposure

   Submitting Agency:

   Agency #:

   Date of Disposition: May 13, 2022

   Disposition of Charges: Count 1: Dismissed

2. That positive identification of the Defendant has been established as follows:

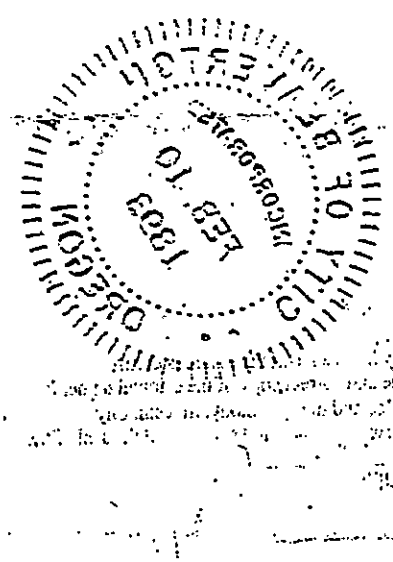
   FBI Identification Number:

   Oregon State Bureau Number: 26098023

   Submitting Agency Number:

STATE OF OREGON
City of Beaverton
The foregoing copy has been compared and is certified by me as a full, true and correct copy of the original tendered for filing in my office and in my custody. In testimony whereof I have hereunto set my hand and affixed the seal of the Court on 11-8-22
MUNICIPAL COURT
Administrator
By [signature]
Court Clerk

Neal Weingart
Attorney at Law, LLC
1 SW Columbia St., Suite 1850
Portland, OR 97204
neal@nealweingartlaw.com



3. That the circumstances and behavior of the Defendant since the date of arrest are found to warrant setting aside records of that arrest.

NOW, THEREFORE, IT IS HEREBY ORDERED, that the Defendant's arrest herein should be and the same hereby is set aside, pursuant to ORS 137.225, and hereafter the Defendant, for all purposes of the law, shall be deemed not to have been previously arrested.

IT IS HEREBY FURTHER ORDERED that the Clerk of the Court shall forward a certified copy of this Order to all law enforcement agencies mentioned in the court's file, including the following:

A) the Federal Bureau of Investigation, and

B) the Oregon State Police, and

C) the Oregon State Corrections Division, and

D) the Arresting Agency

IT IS HEREBY FURTHER ORDERED that thereafter the record of arrest herein shall be sealed together with other official records in this case, including investigation reports of the involved law enforcement agencies concerning the criminal episode.

11/4/22

Submitted By:
Neal Weingart
Neal Weingart, OSB #066551
Attorney at Law, LLC

Neal Weingart
Attorney at Law, LLC
1 SW Columbia St., Suite 1850
Portland, OR 97204
neal@nealweingartlaw.com

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Covetrus North America, LLC MDEG License # (if applicable): _____
Physical Address: 19905 SW 95th Ave
City: Tualatin State: OR Zip: 97062
Mailing Address (if different from physical address): 400 Metro Place N, Suite 100
City: Dublin State: OH Zip: 43017
Telephone: 614-717-7121 Website: covetrus.com
Licensing Company Email: cvet-na-licensing@covetrus.com

Section 2: Personal Information

First: Rhine Middle: Von Last: Lenhart
Alias(es, nicknames, name changes, etc.): _____
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X
Mailing Address: [redacted] SW Inkster Drive
City: Sherwood State: OR Zip: 97140
Telephone: [redacted] Email: rhine.lenhart@covetrus.com
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	n/a	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Hillcrest/Valley High School			
Address	**City**	**State**	**Zip**
		UT	
Diploma/Degree obtained, if any			
HS Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/21 - present	[redacted] SW Inkster Drive	Sherwood	OR	97140
05/19 -06/21	[redacted] Jasper Street, Unit 136	Commerce City	CO	80022
05/19 - 11/13	[redacted] Sapporo Circle	Taylorsville	UT	84129
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			06/21 - present
Business Address	**City**	**State**	**Zip**
19905 SW 95th Ave,	Tualatin	Oregon,	97062
Phone	**Title**	**Number of Employed Hours**	
503-692-4935	Distribution Center Manager	2,000+	

Description of Duties

Responsible for all aspects of wholesale drug distribution at Tualatin location.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			05/19 -06/21
Business Address	**City**	**State**	**Zip**
13250 E. Smith Road, Unit E	Aurora,	Colorado	80011
Phone	**Title**	**Number of Employed Hours**	
303-344-9200	Distribution Center Manager	2,000 +	

Description of Duties

Responsible for all aspects of wholesale drug distribution at Aurora location.

Business Name			From - To (MM/YY – MM/YY)
Henry Schein Animal Health			04/94 - 11/13
Business Address	**City**	**State**	**Zip**
850 S 3600 W	Salt Lake City	UT	84107
Phone	**Title**	**Number of Employed Hours**	
303-344-9200	Assistant Distribution Center Manager	6,000+	

Description of Duties

Responsible for all aspects of wholesale drug distribution at facility.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/21/2021		OR	Beaverton	Washington

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2021-172036	State of Oregon

Reason/Charge
Class B Misdemeanor Indecent Exposure

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	

Name of Business/Industry/Entity
Townplace Suites

Provide explanation below:

I was in middle of moving from Colorado to Oregon 6/21/21, Along the way, I stayed at a local hotel in Oregon. I woke early on 6/21/21and went to the breakfast area to get a cup of coffee and did not realize I hadn't zipped my shorts. Later that day I was contacted by the local police and charges were placed. Upon the counsel of my attorney, I entered a plea of no contest. I completed the required 16 hours of community service within 90 days and my attorney has filed papers for it to be expunged.

Original Signature (electronic, copies or stamps not accepted)

10.14.2022
Date

I, Rhine Von Lenhart, **certify that as the MDEG Administrator for**

_____,

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rhine Von Lenhart
Print Name (First, Last)

Rhine Von Lenhart
Original Signature (electronic, copies or stamps not accepted)

10.14.2022
Date

Board Use Only	Date Received: 10-20-22

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8205735-015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

AKLIMA NOORHASSAN

165 BROADWAY
NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993 Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

COVETRUS NORTH AMERICA, LLC

Entity Number:

E0213702005-0

Entity Type:

Foreign Limited-Liability Company

Entity Status:

Active

Formation Date:

04/13/2005

NV Business ID:

NV20051127174

Termination Date:

Perpetual

Annual Report Due Date:

4/30/2023

Series LLC:

Domicile Name:

Jurisdiction:

Delaware

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

CORPORATION SERVICE COMPANY

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Commercial Registered Agent

NV Business ID:

NV20101844335

Office or Position:

Jurisdiction:

DELAWARE

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Mailing Address:

Individual with Authority to Act:

Not Available

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
Authorized Signer	Geoff Hadam	7 Custom House St, 2nd Floor, Portland, ME, 04101, USA	04/29/2022	Active

Title	Name	Address	Last Updated	Status
Managing Member	BUTLER ANIMAL HEALTH HOLDING COMPANY LLC	400 METRO PLACE NORTH, DUBLIN, OH, 430173378	04/30/2019	Active

Page 1 of 1, records 1 to 2 of 2

Filing History Name History Mergers/Conversions

Return to Search Return to Results

RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of COVETRUS NORTH AMERICA, LLC

(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY

(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

Address	City	ST	Zip code
13250 East Smith Rd., Unit E	Aurora	CO	80011
3820 Twin Creeks Drive	Columbus	OH	43204
3850 Twin Creeks Drive	Columbus	OH	43204
14800 FAA Blvd, #100	Ft. Worth	TX	76155
920 Citation Blvd	Lexington	KY	40511
1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
19905 SW 95th Ave	Tualatin	OR	97062
7940 W. Doe Ave, Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd. Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01105	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Covetrus North America, LLC

Physical Address: 7940 W. Doe Ave Suite 300 & 400

City: Visalia State: CA Zip: 93291

Mailing Address (if different from physical address): 400 Metro Place North, Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-717-7121 Website: northamerica.covetrus.com

Name of Designated Representative (DR): Yvonne Medrano

Licensing Company Email: cvet-na-licensing@covetrus.com DR Email: yvonne.medrano@covetrus.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Zoo/Humane Society		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached disciplinary action chart.

Philip Mario Lombardi

Original Signature (electronic, copies or stamps not accepted)

8/31/22

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis
Address: 10 Sylvan Way City: Parsippany State: NY Zip: 07054
Name: Merck Animal Health
Address: 2 Giralda Falls City: Madison State: NJ Zip: 07904
Name: Elanco
Address: 2500 Innovation Way City: Greenfield State: IN Zip: 46140
Name: Vedco
Address: 5503 Corporate Drive City: Saint Joseph State: MO Zip: 64507

Section 4: Publicly Traded Corporation

State of Incorporation: n/a
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): W.A. Butler Company
Corporation/Organization Name: Covetrus North America, LLC
Mailing Address: 400 Metro Place N, Suite 100
City: Dublin State: OH Zip: 43017
Telephone: 614-717-7121 Email: cvet-na-licensing@covetrus.com
Contact Person Name: Matthew Malenfant or Lee Wise

Section 6: Partnership

Partnership Name: n/a
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: n/a
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Covetrus North America, LLC

Facility Name

Philip Mario Lombardi

Print Name of Authorized Person Submitting Application

Philip Mario Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

8/31/22

Date

Board Use Only	Date Received: 9.6.22	Amount: 1000.00 CC 9/26

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) **- Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

Signature Philip Mario Lombardi Date 8/31/22

Philip Mario Lombardi, VP of Operations & Logistics Services

Location Address
Covetrus North America, LLC
7940 W Doe Ave Suite 400
Visalia, Ca. 93291
Mon-Fri. 8am-7:30pm

Business Description:

Covetrus North America's Visalia location is a 59,139 sq. ft. facility.

Security:
The physical facility has a security alarm system that was installed by Johnson Controls. The alarm system is monitored remotely by a central station of Johnson Controls, all perimeter doors (main entry, emergency exit doors, loading dock doors, are alarmed. The alarm system allows for arming and disarming of the systems as needed.

Temperature & Humidity:
Covetrus North America's distribution Centers are fitted with HVAC units to provide controlled temperature and humidity levels. Each DC is equipped with temperature and humidity monitoring devices, manufactured by Lascar Electronics, which utilizes the WiFi service to allow for continuous and off site monitoring. The Lascar system allows for temperature excursion alerts via text message and email communication. Temperature ranges are set according to the Prescription Drug Marketing Act (PDMA). In addition the cooler storage area is equipped with a secondary line of defense through our security alarm system, if temperature excursions occur out of normal set ranges a phone call is received by our security monitoring service. Daily checks of the Mean Kinetic Temperature are performed by management on site during normal business hours.

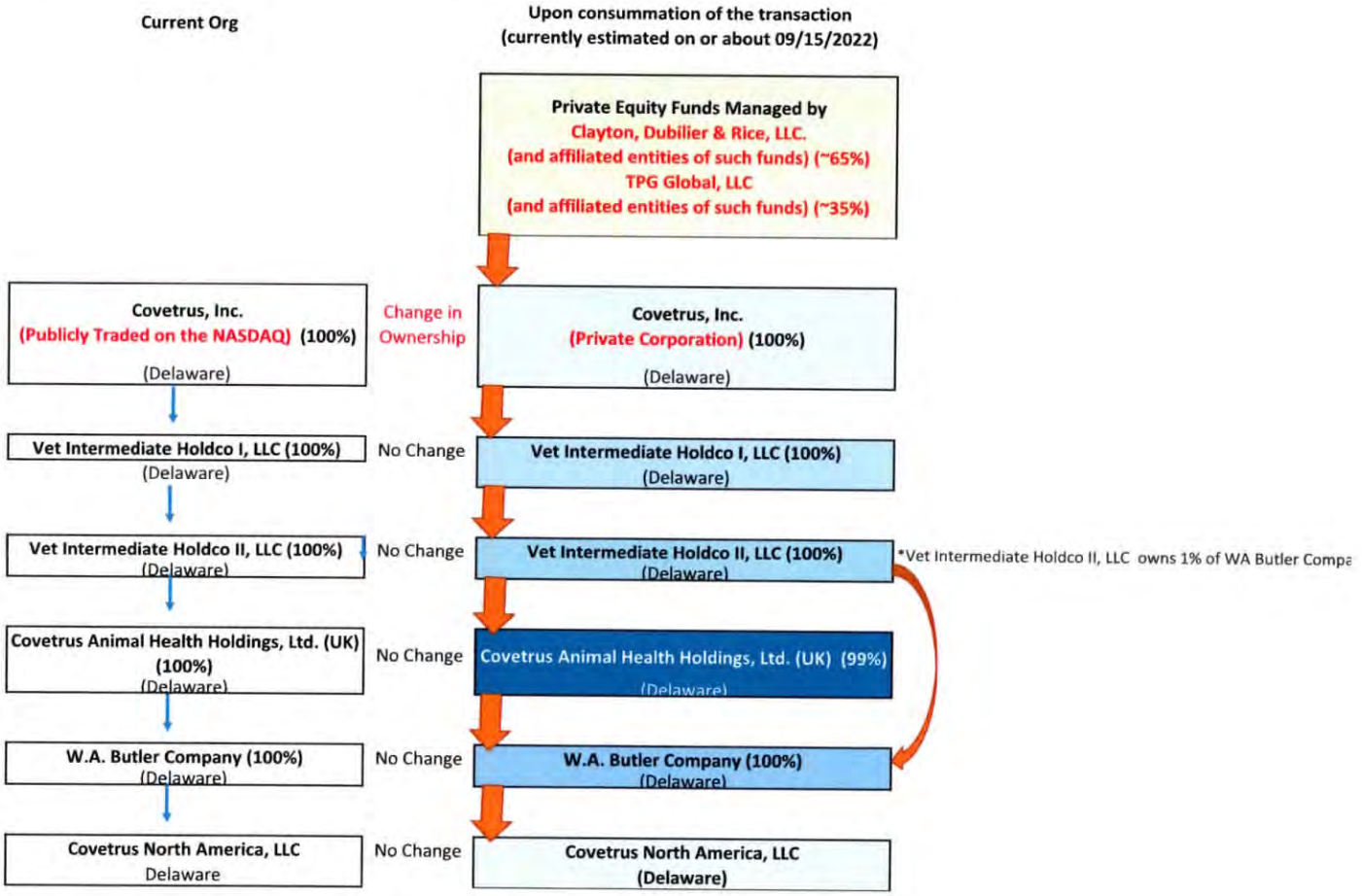
Quarantined area for damaged, outdated, deteriorated, misbranded, or adulterated drugs:
Wire cage approximately 8ft. high. It is located away from regular salable stock.

Products:
The following is a generalized representative list of items/ products that Covetrus North America distributes to our veterinary customers:

1. Federal legend drug that are Human Prescription Drugs
2. Federal Legend drugs and devices that are Veterinary Prescription Drugs
3. Over-the counter items
4. Equipment Items that are veterinary legend devices
5. Biologicals (vaccines) for animal use only
6. Supplies and equipment needed for a veterinary practice

Customers:
Covetrus North America distributes only to veterinarians, veterinary schools involved in teaching and research institutions where the veterinary drug is used in a research environment. No sales are made where the veterinary legend drug or device, will end up in a human clinical environment.

Covetrus North America , LLC Business Organizational Structure



* Current, private equity funds managed by Clayton, Dubilier & Rice, LLC. (and affiliated entities of such funds) own approximately 24.2% of the outstanding share of Covetrus, Inc's common stock and will continue as indirect owners of Covetrus, Inc. following the consummating of the transaction.

** Note that in preparation of the consummation of the transactions, a number of holding company entities are expected to be formed as direct or indirect parent entities of Corgi Bidco, Inc. (and which are not shown, on this organizational structure chart).

*** FEIN of all entities listed will remain the same.

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7953

NAME: COVETRUS NORTH AMERICA LLC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

7940 WEST DOE AVE STE 300 & 400
VISALIA CA 93291
TULARE COUNTY

ISSUANCE DATE

OCTOBER 12, 2021

EXPIRATION DATE

OCTOBER 1, 2023

CURRENT DATE / TIME

OCTOBER 5, 2022
2:5:27 PM

LICENSE RELATIONSHIPS

NAME: MEDRANO, YVONNE EMILY

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 19319 **PRIMARY STATUS:** CLEAR

From: Gangle, Sarah
To: White, Stephanie; Caldwell, Samantha
Cc: Barnes, Kelly Ann
Subject: RE: NABP Visalia
Date: Friday, November 18, 2022 3:10:14 PM
Attachments: image002.png
image003.png

Hi Stephanie,

All paperwork has been submitted for Visalia and they are inspection ready and in the queue. We are just waiting on the NABP now.

Thank you

Sarah Gangle
Quality Supervisor

C: 330-573-9791
Sarah.gangle@covetrus.com
www.covetrus.com/

covetrus

From: White, Stephanie <Stephanie.White@covetrus.com>
Sent: Friday, November 18, 2022 4:00 PM
To: Gangle, Sarah <sarah.gangle@covetrus.com>; Caldwell, Samantha <samantha.caldwell@covetrus.com>
Cc: Barnes, Kelly Ann <KellyAnn.Barnes@covetrus.com>
Subject: NABP Visalia

Sara or Samantha,

Do you have any information regarding the NABP renewal for Visalia? I don't see it on the NABP website.

Stephanie White
Licensing and Credentialing Analyst

T: +1 614.717-7121
stephanie.white@covetrus.com
http://www.covetrus.com

covetrus

The National Association of Boards of Pharmacy®
hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation
to

Butler Animal Health Supply, LLC
dba Covetrus North America

located at

7940 W Doe Ave, Ste 400, Visalia, CA 93291

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

October 17, 2019 - October 16, 2022
Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0398001	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	08-25-2022

COVETRUS NORTH AMERICA, LLC
7940 W DOE AVE STE 300
BLDG
VISALIA, CA 932919703

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0398001	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	08-25-2022

COVETRUS NORTH AMERICA, LLC
7940 W DOE AVE STE 300
BLDG
VISALIA, CA 932919703

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RB0398001	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	08-25-2022

COVETRUS NORTH AMERICA, LLC
7940 W DOE AVE STE 300
BLDG
VISALIA, CA 932919703

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20220405779

Authentication: 202598023

Date: 02-07-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

covetrus

Covetrus North America, LLC

List of Officers

Victor Thomas Forte IV
Title: President
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Lee Wise
Title: CFO & Treasurer
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Tamika Simmons
Title: Secretary
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Philip Mario Lombardi
Title: VP of Operations & Logistics
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Unique Identifier	Name	Line Detail 2
Visalia, California (US)		Location (35 Members)
1_Adolfo_Mendoza	Adolfo Mendoza	
2_Alejandro_Bueno	Alejandro Bueno	
3_Alex_Selby	Alex Selby	
4_Alonzo_Jimenez	Alonzo Jimenez	
5_Antonia_Sandoval	Antonia Sandoval	
6_Austin_Chambers-Armstrong	Austin Chambers-Armstrong	
7_Ceasar_Avila	Ceasar Avila	
8_Chapi_See	Chapi See	
9_Charles_Holden	Charles Holden	
10_Connie_Sanchez	Connie Sanchez	
11_Daniel_Avalos	Daniel Avalos	
12_Edward_Garcia	Edward Garcia	
13_Emma_Cardenes_Gutierrez	Emma Cardenes Gutierrez	
14_Gabriel_Marquez	Gabriel Marquez	
15_George_Saesee	George Saesee	
16_Gustavo_Delgadillo	Gustavo Delgadillo	
17_Issac_Sierra	Issac Sierra	
18_Jennifer_Rocha-melo	Jennifer Rocha-melo	
19_Jerry_GONZALEZ	Jerry GONZALEZ	
20_Jim_See	Jim See	
21_Joanna_Lopez_Ramos	Joanna Lopez Ramos	
22_John_Pham	John Pham	
23_Lai_Saechao	Lai Saechao	
24_LAI_SAECHAO	LAI SAECHAO	
25_Mario_Delanda	Mario Delanda	
26_Mercedes_Rosales	Mercedes Rosales	
27_Oscar_Flores	Oscar Flores	
28_Pablo_Rodriguez	Pablo Rodriguez	
29_Ricardo_Velarde_(On_Leave)	Ricardo Velarde (On Leave)	
30_Robert_Gallegos	Robert Gallegos	
31_Rogelio_Munoz	Rogelio Munoz	
32_Ruben_Garcia	Ruben Garcia	
33_Ruben_Nungaray	Ruben Nungaray	
34_Yien_Sae_Lee	Yien Sae Lee	
35_Yvonne_Medrano	Yvonne Medrano	

Yvonne Medrano, R - CPhT

[redacted]Village Ct., Exeter CA 93221
[redacted]

I am currently an Inventory Manager with Covetrus North America in Visalia, CA.

I enjoy working in a company that shares the same passion for animals as I have. My experience here has contributed to the health and wellness of all animals and that is my goal.

Experience/Skills

- **Inventory Management** – Cycle Count Reports, Inventory adjustments, Location Transfers, Product location setup, Transfers of Short Dated/Expired/Damaged Product to the Morgue, Replenishment maintenance, Inventory Audit Check, Date Check reports, Picking Discrepancy Investigation, Short Pick reports, Inbound/Outbound Inventory discrepancy investigation.
  Maintain Item balance reports daily – Research transaction history of every item to pinpoint imbalance – take appropriate action to correct imbalance.
  Ensures all returns to Reverse Distributor or Vendors are successfully processed.
  Communicate with Inbound and Outbound Managers to maintain Inventory accuracy.
  Work with Shipping carriers when researching order shortages including Controls Cage.
  Credit customers, accordingly, process inventory into stock or morgue for return or disposal.
  Contact ISR with notification of return reason for re-orders.
  Cold and Dry Morgue Reconciliation Quarterly.
  Prepare and send Write Off and Expiring Inventory monthly.
  Process adjustments and request Approvals according to the adjustment levels.
- **Receiving Department** – Receive Purchase orders, transfers. Research shortage/overage discrepancies with Vendors/DC facilities. Works with Accounts Payable, Procurement and Vendors. Work with Receiving Department to resolve any pending issues.
- **Morgue Management** – Monthly Morgue Report Reconciliation, Vendor Returns, Recalls, Customer Returns, expiring product reports, WO Reports, Expired/Damaged goods destruction, Donation shipments, Regular follow up with Inbound to resolve Receiving discrepancies, Communicate with Vendors, DC's, Purchasing Dept., ISR's, Regulatory, UPS/GSO claims.
- **Controls Cage** – Maintain accurate Record keeping and provide required documentation needed for all DEA Audits. 100% daily Inventory accuracy and Order Completion, Morgue maintenance, Reverse Distribution for Expired/Damaged product, Receiving, Returns, Recalls, Cage associate training in SOP. Maintain contact with Regulatory, Purchasing, ISR's, Vendors, Carriers, as needed.
  - *Oversee all areas in our Controls Cage*. Main point of contact for cage related issues.

Employment History

- **Inventory Manager** – 2021 – present
  Covetrus North America, Visalia CA
- **Distribution Pharmacy Technician** – 2018-2021
  Covetrus North America, Visalia CA
- **Morgue/Inventory Management** – 2009-2018
  Henry Schein Animal Health, Visalia CA
- **Receiving Department Lead** – 2002-2009
  Butler Animal Health, Visalia CA

License/Education

- **Certified Designated Representative License – CDR** - 2005 – *Current*
  Covetrus North America, Visalia CA
- **Registered – Certified Pharmacy Technician License – R-CPhT** – 2018 - *Current*
  San Joaquin Valley College, Visalia CA
- **Associate of Science Degree – AS** – 1997-1998
  Medical Field, San Joaquin Valley College, Visalia CA
- **Diploma** - Fresno High School – 1996
  Fresno, CA

Interests - I enjoy anything that has to do with nature and animals and always try to help any animal in need. I enjoy working with a company that supports Animal Health; it is a great feeling to help that cause.

References

- Mario Delanda – Covetrus – DC Manager, Visalia, CA - 559-991-5485
- Nino Lopez - Covetrus – DC Manager, Denver, CO - 559-397-4166

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Covetrus North America, LLC

Physical Address: 7940 West Doe Ave STE 300 & 400

City: Visalia State: CA Zip: 93291

Mailing Address (if different from physical address): 400 Metro Place North Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 559-651-2941 Website:

Licensing Company Email: CVET-NA-Licensing@covetrus.com

Section 2: Personal Information

First: Yvonne Middle: Emily Last: Medrano

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] West Doe Ave STE [redacted]

City: Visalia State: CA Zip: 93291

Telephone: 559-651-2941 ext. 4802 Email: yvonne.medrano@covetrus.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Applicant's initials: YMM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
San Joaquin Valley College		1997-1998	
Address	**City**	**State**	**Zip**
Associate of Science Degree	Visalia	CA	
Diploma/Degree obtained, if any			
AS			

School Name		From - To (MM/YY – MM/YY)	
Fresno High School		-1996	
Address	**City**	**State**	**Zip**
	Fresno	CA	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2/11/2020- present	[redacted]Village Ct.	Exeter	CA	93221
From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/19/2014-2/11/2020	[redacted]North B. Street	Exeter	CA	93221
From - To (MM/YY – MM/YY)	Address	City	State	Zip
- 9/19/2014				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America, LLC			2021- present	
Business Address		**City**	**State**	**Zip**
7940 West Doe Ave STE 300 & 400		Visalia	CA	93291
Phone	**Title**		**Number of Employed Hours**	
559-651-2941	Inventory Manager		40 per week	
Description of Duties				
See resume				

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America, LLC			2018-2021	
Business Address		**City**	**State**	**Zip**
7940 West Doe Ave STE 300 & 400		Visalia	CA	93291
Phone	**Title**		**Number of Employed Hours**	
559-651-2941	Distribution Pharmacy Technician		40 per Week	
Description of Duties				
See resume				

Business Name			From - To (MM/YY – MM/YY)	
Henry Schein Animal Health			2009-2018	
Business Address		**City**	**State**	**Zip**
7940 West Doe Ave STE 300 & 400		Visalia	CA	93291
Phone	**Title**		**Number of Employed Hours**	
559-651-2941	Morgue/Inventory Management		6,000+	
Description of Duties				
See resume				

Business Name			From - To (MM/YY – MM/YY)	
Henry Schein Animal Health			2002-2009	
Business Address		**City**	**State**	**Zip**
7940 West Doe Ave STE 300 & 400		Visalia	CA	93291
Phone	**Title**		**Number of Employed Hours**	
559-651-2941	Receiving Department Lead		6,000+	
Description of Duties				
See resume				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

n/A

Original Signature (electronic, copies or stamps not accepted)

9-1-22
Date

Applicant's initials

I, Yvonne Medrano, **certify that as the designated representative for** Covetrus North America, LLC (Visalia, CA),

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Yvonne Medrano

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-1-22

Date

Applicant's initials YM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Yvonne Medrano
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-1-22
Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Tulare

I, Yvonne Medrano, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9-1-22
Date

Subscribed and Sworn to before me this 1st day of September 2022.

See jurat attached.
Notary Public Signature J. Collinwood

(Seal)

Applicant's initials YH

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of CA

County of Tulare

Subscribed and sworn to (or affirmed) before me on this 1 day of Sept., 2022, by

Yvonne Medrano

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

J. Collinwood

Signature

J. COLLINWOOD
Notary Public - California
Tulare County
Commission # 2285535
My Comm. Expires May 13, 2023

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Covetrus North America, LLC MDEG License # (if applicable) _____

Physical Address 7940 West Doe Ave, #300 and 400

City Visalia State CA Zip 93291

Mailing Address (if different from physical address) 400 Metro Place N, Suite 100

City Dublin State OH Zip 43017

Telephone 614-717-7121 Website covetrus.com

Licensing Company Email cvet-na-licensing@covetrus.com

Section 2: Personal Information

First Yvonne Middle Emily Last Medrano

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] West Doe Ave, [redacted]

City Visalia State CA Zip 93291

Telephone [redacted] Email yvonne.medrano@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	n/a	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Fresno High School		1996	
Address	**City**	**State**	**Zip**
	Fresno	CA	
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
San Joaquin Valley College		1997- 1998	
Address	**City**	**State**	**Zip**
Associate of Science Degree	Visalia	CA	
Diploma/Degree obtained, if any			
AS			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2/11/20 - present	[redacted] Village Ct	Exeter	CA	93221
9/19/14 -2/11/20	[redacted] North B Street	Exeter	CA	93221
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America, LLC			2021-present	
Business Address		**City**	**State**	**Zip**
7940 West Doe Ave, #400,		Visalia,	California	93291
Phone	**Title**		**Number of Employed Hours**	
559-651-2941	Inventory Manager		40 per week	

Description of Duties

Manage inventory at Visalia location.

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America, LLC			2018-2021	
Business Address		**City**	**State**	**Zip**
7940 West Doe Ave, #400,		Visalia,	California	93291
Phone	**Title**		**Number of Employed Hours**	
559-651-2941	Distribution Pharmacy Tech		40 per week	

Description of Duties

Manage several aspects of wholesale drug distribution with the leadership team.

Business Name			From - To (MM/YY – MM/YY)	
Henry Schein Animal Health			2009-2018	
Business Address		**City**	**State**	**Zip**
7940 West Doe Ave, #400,		Visalia,	CA	93291
Phone	**Title**		**Number of Employed Hours**	
559-651-2941	Morgue/Inventory Management		6000 +	

Description of Duties

Manage inventory and mourgue for all inventory items.

Business Name			From - To (MM/YY – MM/YY)	
Henry Schein Animal Health			2002-2009	
Business Address		**City**	**State**	**Zip**
7940 West Doe Ave, #400,		Visalia,	CA	93291
Phone	**Title**		**Number of Employed Hours**	
559-651-2941	Receiving Department Lead		6000 +	

Description of Duties

Lead in product receiving department oversee others in receiving department.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/14/22
Date

I, Yvonne Emily Medrano, **certify that as the MDEG Administrator for** Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements):

1. ✓ Have a high school diploma or its equivalent;
2. ✓ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ✓ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ✓ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Yvonne Emily Medrano
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/14/22
Date

Board Use Only	Date Received: 10-20-22

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/02/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
One Liberty Plaza
165 Broadway, Suite 3201
New York NY 10006 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	ProAssurance Specialty Insurance Company	17400
INSURER B:	Starr Indemnity & Liability Company	38318
INSURER C:	ACE Property & Casualty Insurance Co.	20699
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Covetrus, Inc.
Custom House Square
7 Custom House Street
Portland ME 04101 USA

COVERAGES **CERTIFICATE NUMBER:** 570091837437 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY			1000100099221	03/01/2022	03/01/2023	EACH OCCURRENCE	$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$2,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	Excluded
B	AUTOMOBILE LIABILITY			1000639300221	03/01/2022	03/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
B				1000639301221	03/01/2022	03/01/2023	BODILY INJURY (Per person)	
	X ANY AUTO			(MA)			BODILY INJURY (Per accident)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY							
	X Comp/Coll. $1,000							
C	X UMBRELLA LIAB X OCCUR			XEUG7178115A003	03/01/2022	03/01/2023	EACH OCCURRENCE	$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			1000004069 (AOS)	03/01/2022	03/01/2023	X PER STATUTE OTH-ER	
B	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A		1000004071 (FL, MA)	03/01/2022	03/01/2023	E.L. EACH ACCIDENT	$1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
A	Products Liab			N22ME380001	03/01/2022	03/01/2023	Aggregate	$10,000,000
							Each Occurrence	$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

US Industrial REIT II as landlord, Commercial Advisors Asset Services LLC as management company and The Prudential Insurance Company as lender are included as Additional Insured as required by written agreement, but limited to the operations of the Insured under said agreement, with respect to the General Liability policy. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to the certificate holder, but only to the extent required by written agreement with the Insured. A Waiver of Subrogation is granted as required by written agreement but limited to the operations of the Insured under said agreement, with respect to the General Liability, Automobile Liability and Workers' Compensation policies.

CERTIFICATE HOLDER

US Industrial REIT II
c/o Commercial Advisors
5101 Wheelis Drive, Suite 320
Memphis TN 38117 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570091837437

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AGENCY CUSTOMER ID: 570000078389
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Covetrus, Inc.
POLICY NUMBER: See Certificate Number: 570091837437	
CARRIER: See Certificate Number: 570091837437 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		1000004067 AZ,CT,IA,NJ,NY,NC,TX,VT	03/01/2022	03/01/2023		
B		N/A		1000004070 (WI)	03/01/2022	03/01/2023		

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RIDER

To be attached to and form part of:

Bond Number 015209193

dated January 21, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of COVETRUS NORTH AMERICA, LLC

(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY

(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Following Locations to be added to Bond:

Address	City	ST	Zip code
13250 East Smith Rd., Unit E	Aurora	CO	80011
3820 Twin Creeks Drive	Columbus	OH	43204
3850 Twin Creeks Drive	Columbus	OH	43204
14800 FAA Blvd. #100	Ft. Worth	TX	76155
920 Citation Blvd	Lexington	KY	40511
1085 E. Stateline Rd. Suite 103	Southaven	MS	38671
19905 SW 95th Ave	Tualatin	OR	97062
7940 W. Doe Ave, Ste. 400	Visalia	CA	93291

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 7th day of December, 2021.

Signed, Sealed & Dated this 7th day of December, 2021.

COVETRUS NORTH AMERICA, LLC
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Sandra Diaz, Attorney-in-Fact

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015209193

Application/License No. WH01834

COVETRUS NORTH AMERICA, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 13250 East Smith Rd. Unit E, Aurora, CO 80011 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of January, 2022.

APPLICANT/PRINCIPAL

COMPANY
COVETRUS NORTH AMERICA, LLC

Authorized Representative

SURETY

Liberty Mutual Insurance Company

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Grace Laterza

Witness Francesca Kazmierczak

Countersigned by:

Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

Liberty Mutual SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8205735-015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31st day of January, 2022.

By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAIEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

S-1262LMIC/a 3/21

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

AKLIMA NOORHASSAN

165 BROADWAY
NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993 Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

COVETRUS NORTH AMERICA, LLC

Entity Number:

E0213702005-0

Entity Type:

Foreign Limited-Liability Company

Entity Status:

Active

Formation Date:

04/13/2005

NV Business ID:

NV20051127174

Termination Date:

Perpetual

Annual Report Due Date:

4/30/2023

Series LLC:

Domicile Name:

Jurisdiction:

Delaware

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

CORPORATION SERVICE COMPANY

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Commercial Registered Agent

NV Business ID:

NV20101844335

Office or Position:

Jurisdiction:

DELAWARE

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Mailing Address:

Individual with Authority to Act:

Not Available

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
Authorized Signer	Geoff Hadam	7 Custom House St, 2nd Floor, Portland, ME, 04101, USA	04/29/2022	Active

Title	Name	Address	Last Updated	Status
Managing Member	BUTLER ANIMAL HEALTH HOLDING COMPANY LLC	400 METRO PLACE NORTH, DUBLIN, OH, 430173378	04/30/2019	Active

Page 1 of 1, records 1 to 2 of 2

Filing History Name History Mergers/Conversions

Return to Search Return to Results

4NN

AMENDED

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 9440 South State Road 39, Suite 200

City: Mooresville State: IN Zip: 46158

Mailing Address (if different from physical address): 360 Westar Blvd, Dept 555

City: Westerville State: OH Zip: 43082

Telephone: 714-709-2000 Website: www.exel.com

Name of Designated Representative (DR): Chad Wooldridge

Licensing Company Email: DHL@Iqvia.com DR Email: chad.wooldridge2@dhl.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Cosmetics	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Third Party Logistics Provider

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Synthes Trauma/CMF
Address: 1101 Synthes Avenue City: Monument State: CO Zip: 80132

Name: DePuy Joints
Address: 700 Orthopaedic Drive City: Warsaw State: IN Zip: 46581

Name: DePuy Spine
Address: 325 Paramount Drive City: Raynham State: MA Zip: 02767

Name: Mitek
Address: 325 Paramount Drive City: Raynham State: MA Zip: 02767

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: MA
Parent Company (if any): DPWN Holdings (USA), Inc.
Corporation/Organization Name: Exel Inc. dba DHL Supply Chain (USA)
Mailing Address: 360 Westar Blvd, Dept 555
City: Westerville State: OH Zip: 43082
Telephone: 614-865-8500 Email: regulatory@dhl.com
Contact Person Name: Mark A. Smolik

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form at:** http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Exel Inc. dba DHL Supply Chain (USA)

Facility Name

Mark A. Smolik

Print Name of Authorized Person Submitting Application

Mark A. Smolik

→ Original signature of Authorized Person (copies or stamps not accepted)

7/20/22

→ Date

Board Use Only	Date Received: 7/25/22	Amount: 1,000.00 CK-647234 8/03

DHL Supply Chain
Regulatory Affairs

360 Westar Boulevard, Westerville, OH 43082

October 14, 2022

RE: NV Initial Wholesaler Application

To whom it may concern,

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is submitting this letter in reference to the question on Wholesaler Application regarding pending complaint, investigation, or disciplinary actions.

[Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is a part of Deutsche Post DHL Group, the world's leading contract logistics provider, and has tens of thousands of employees across North America. At any given time, DHL is a named defendant in civil matters, including employment cases. Based on knowledge and belief of the respondent completing this application after reasonable inquiry, DHL is not involved in any pending criminal proceedings. Nor is DHL part of any pending malpractice claims, civil claims, or lawsuits in connection with drugs/devices.]

Attached are letters from the State Board for the following 2 items:

1. On March 27, 2019, DHL received a notice from the Colorado Board of Pharmacy indicating that the Board initiated disciplinary action against DHL in connection with DHL's failure to notify the Board of a change in its Designated Representative for the site located at 1635 Stone Ridge Drive, Stone Mountain, GA 30083-118. The matter was resolved with the Board as of April 29, 2019 and is now closed.

2. On August 10, 2022, DHL received a proposed Imposition of Civil Fine from the Board in connection with DHL's alleged failure to timely notify the Board of a change in its Designated Representative. DHL accepted the Imposition of Civil Fine in the amount of $500, which was a technical violation only and not related to the delivery of patient care. Although we did notify on time and at all times a DR was present at the facility, the method of notification was technically incorrect which led to the delay. The matter was resolved with the Board as of September 19, 2022.

Please be assured that DHL takes these matters very seriously and has implemented corrective actions to prevent similar issues from occurring in the future. If you have any concerns regarding the matters set forth in this notice, please do not hesitate to contact DHL Regulatory Affairs at regulatory@dhl.com.

Respectfully,

John Kropczynski, BSE, MBA

John Kropczynski

Director, Regulatory Affairs, America's

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE
Case # 2022-000354

I, JONATHAN MENEZES, as an agent for Exel Inc. Dba DHL Supply Chain (USA), admit and agree the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of Third-Party Logistics Provider License No. 156932, and over this Imposition of Civil Fine.

1. On June 30, 2021, we appointed a new Facility Manager. On March 21, 2022, the Board received our Change of Facility Manager form with the new Facility Manager notification; 264 days after the Facility Manager change occurred. **This is a violation of 12 AAC 52.697(c).**

We admit that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of my license pursuant to AS 08.01.75 and 12 AAC 52.697(c). We are agreeing to this Imposition of a Civil Fine of five hundred dollars ($500) in cash, certified check, or money order payable to the **"State of Alaska"** within ninety (90) days after this Imposition of Civil Fine is accepted by the Board.

We have the right to consult with an attorney, and a right to an administrative hearing on the facts in this case. We understand and agree by voluntarily signing this Imposition of Civil Fine, we are waiving our rights to counsel and to a hearing on this matter.

JONATHAN MENEZES
Name/Title, Respondent
SENIOR DIRECTOR

9/19/22
Date

SUBSCRIBED AND SWORN TO before me this 19th day of September, 2022, at Delaware County, Ohio, ~~Alaska~~.

SEAL

Allison E. Haedt
Notary Public ~~in and for Alaska~~.

CLP
EP

Allison E. Haedt
Notary Printed Name
My commission expires: N/A

NOTARIAL SEAL
STATE OF OHIO

Allison Haedt, Attorney At Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date
Sec. 147.03 R.C.

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

FORM REVISED 5/01/2015

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

In the Matter of:)
)
Exel Inc.)
Dba DHL Supply Chain (USA))
)
Respondent)
Case No. 2022-000354

ORDER

The Alaska Board of Pharmacy (Board), having examined the Imposition of Civil Fine, Case No. 2022-000354, regarding license number 156932, for failure to timely notify the Board of a Facility Manager change, hereby adopts the Imposition of Civil Fine.

The Board has determined this is a technical violation of professional licensing statutes and regulations, therefore this matter can be resolved with a civil fine.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 22nd day of September, 2022, at Anchorage, Alaska.

ALASKA BOARD OF PHARMACY

By: Justin Ruffridge
Board Chair

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

DHL Supply Chain

570 Polaris Parkway
Westerville, OH 43082

April 30, 2019

RE: Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") – Notice of Colorado State Board of Pharmacy Discipline Action

To whom it may concern,

On March 27, 2019, DHL received a notice from the Colorado State Board of Pharmacy (the "Board") indicating that the Board initiated disciplinary action against DHL in connection with DHL's failure to timely notify the Board of a change in its designated representative for the site located at 1635 Stone Ridge Drive, Stone Mountain, GA 30083-118. The matter was resolved with the Board as of April 29, 2019 and is now closed.

Please be assured that DHL takes these matters very seriously and has implemented corrective actions to prevent similar issues from occurring in the future. If you have any questions or concerns regarding the matters set forth in this notice please do not hesitate to contact DHL Regulatory Affairs at Regulatory@dhl.com.

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-844

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE OUT-OF-STATE PRESCRIPTION DRUG WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF EXEL INC., DBA DHL SUPPLY CHAIN (USA), REGISTRATION NO. WHO 8288,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Exel Inc., dba DHL Supply Chain (USA)("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2019-844, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as an out-of-state prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2018).

2. Respondent Outlet was originally registered in the State of Colorado on or about November 19, 2010, being issued registration #WHO 8288, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 1635 Stone Ridge Drive, Stone Mountain, Georgia.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit to the Board an application detailing a change in designated representative and fee. In this case, 320 days transpired between March 9, 2018, the date the previous designated representative ceased the position, and January 23, 2019, the date the application and fee were received.

6. On or about February 4, 2019, the Board initiated a complaint against Respondent Outlet because of the delay of 320 days in submitting an application detailing a change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

12-42.5-303. Wholesaler license requirements.

(3)(a) An applicant for a wholesaler license shall provide to the board the following information, and any other information deemed appropriate by the board on a form provided by the board:

(I) The name, full business address, and telephone number of the applicant;

(II) The trade and business names used by the applicant;

(III) The addresses, telephone numbers, and names of the contact persons for all facilities used by the applicant for the storage, handling, and distribution of prescription drugs;

(IV) The type of ownership or operation of the applicant;

(V) The names of the owner and the operator of the applicant, including:
(A) The name of each partner if the applicant is a partnership;
(B) The name and title of each officer and director, the name of the corporation, and the state of incorporation, if the applicant is a corporation;
(C) The name of the limited liability company, if the applicant is a limited liability company, and the name of the parent company, if any, and the state of incorporation or formation of both; or

(D) The name of the sole proprietor and the business entity if the applicant is a sole proprietorship;

(VI) A list of the licenses and permits issued to the applicant by any other state that authorizes the applicant to purchase or possess prescription drugs; and

(VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section.

(b) A licensee shall complete and return a form approved by the board at each renewal period. The board may suspend or revoke the license of a wholesaler if the board determines that the wholesaler no longer qualifies for a license.

* * *

Pharmacy Board Rules and Regulations

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the Board on a form supplied by the Board within thirty calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

8. Fine with Surcharge. Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of **One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.

9. Compliance. Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

10. Other Requirements. Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

    a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

    b. to respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

    d. to appeal this Final Agency Order.

    Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

12. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

13. Violations. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension

or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. Public Record. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

16. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

Mark A. Lunaik Dated: 4/18/19

Authorized Representative

Vice President, General Counsel and Secretary

Name / Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 29 day of April, 2019.

State Board of Pharmacy

BY: Dmitry Kunin
Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 29th day of April 2019, addressed as follows:

By electronic mail:

Exel Inc. dba DHL Supply Chain USA
1635 Stone Ridge Dr
Stone Mountain, GA 30083-1118

Email: renewals@licenselogix.com; and andrew.post@dhl.com

Linda Stanko
Agent of the Board

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

February 04, 2019

Exel Inc. dba DHL Supply Chain (USA)
Attn: Designated Representative
1635 Stone Ridge Dr
Stone Mountain, GA 30083-1118

Also sent via email: renewals@licenselogix.com

RE: Case 2019-844

Dear Designated Representative:

The Colorado State Board of Pharmacy ("Board") has received the attached complaint regarding the conduct of the Board-registered out-of-state prescription drug wholesaler detailed above. The Board is investigating this complaint. It is being sent to you as the designated representative of the above listed out-of-state prescription drug wholesaler. The first step in the process is to obtain your response to the allegations raised in the complaint. At this point, no assumption has been made about the truth or validity of any information provided to the Board.

Please send a written response within thirty (30) days of the date of this letter as indicated above. An earlier response may expedite the Board's review of this matter. To facilitate an efficient and timely review, please type your response. If this is not possible, please legibly print your response.

We encourage you to respond electronically. If you do, please submit the response to dora_pharmacyboard@state.co.us. Please scan and attach any relevant documents. Address all correspondence to the Board.

Also, please be sure that any copies submitted with your response are legible. Be sure to include the case number listed above on all correspondences and address your response to my attention.

It is the policy of the Division of Professions and Occupations to copy your attorney (if you are represented) on all correspondences in order to assure that your attorney is aware of the developments in your case. If you are represented by an attorney in this matter, please provide the Board in writing with your attorney's contact information. If the Board already has your attorney's contact information, your attorney name

should be identified below as a carbon copy of "cc," indicating that a copy of this letter was sent to that attorney. If at any time it appears that the Board does not have the correct information regarding your legal representation, please update the Board and provide your attorney with a copy of all correspondences from the Board.

We strongly encourage you to begin preparing your response to the complaint as soon as possible, as extensions to the thirty day response time will not be granted except in very limited circumstances. Additionally, if you choose to be represented by an attorney, please contact him or her immediately. A delay in doing so will not be grounds for an extension.

Following receipt of your response, the Board will review the complaint and your response thereto. The Board will then determine what further action, if any, is warranted. Please note you will be advised in writing of the Board's disposition of this complaint.

Thank you for your cooperation and prompt attention to this matter. If you have any questions, please contact me at dora_pharmacyboard@state.co.us or (303) 894-7800.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Lana Hyatte
Program Specialist

Enclosures: Q&A Brochure
Complaint

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Management Branch
Office of Enforcement - Pharmacy Inspections

MEMORANDUM			
Board/Program:	State Board of Pharmacy	Specialist:	Lana Hyatte
Case Number:	2019-844	Date of Memorandum:	02/01/2019
RESPONDENT INFORMATION			
Name:	Exel Inc. dba DHL Supply Chain (USA)		
License Type:	WHO	Number:	8288

SUMMARY

On 01/23/19, the Colorado State Board of Pharmacy ("Board") received an application from Exel Inc. dba DHL Supply Chain (USA), detailing a change of designated representative along with fee (Attachment 1). This application indicates that on 03/09/18, Thomas Flynn ceased being the designated representative. Consequently, 320 days elapsed between the 03/09/18 date that Mr. Flynn ceased being the designated representative and the 01/23/19 date the application and fee were received.

Board Rule 15.01.14 (c) states that within thirty calendar days any changes in information shall be submitted to the Board. Within the thirty days after termination of the former designated representative's employment, an application to transfer the registration to the new representative and paid transfer fee must be submitted. CRS 12-42.5-123(1)(c)(I)(II)(III) provides that the Board may suspend, revoke, refuse to renew, or otherwise discipline any registration issued by it, after a hearing, upon proof that the registrant has violated any lawful rules of the Board or any state or federal laws pertaining to drugs.

Accordingly, per standard procedure, please initiate a complaint against the registration of this Wholesaler Out-of-State drug outlet using this memo and a copy of the 01/23/19 application.

ATTACHMENTS	EXHIBITS
1. Application	1.

Reviewer's Initials

PAID
35.00 mc
1602875

DPO 920
JHN23F19/00242

Division of Professions and Occupations
Office of Licensing—Pharmacy
1560 Broadway, Suite 1350
Denver, CO 80202
(303) 894-7800 / Fax (303) 894-7693
www.dora.colorado.gov/professions

Application for Registration OUT-OF-STATE WHOLESALER / DISTRIBUTOR OF PRESCRIPTION DRUGS and/or CONTROLLED SUBSTANCES

New Registration or Ownership Transfer: **$450**
Change Location: **$125**
Change Name or Change Designated Representative: **$35**
Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to State of Colorado

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

If additional pages are attached to respond to requested information in any part of the application, please indicate the number of the item to which you are responding.

PART 1.

Select from the following and submit the appropriate fee for each selection:

☐ **I am submitting an application for NEW Out-of-State Wholesaler registration.** $450
- *Enclose fee with your application and continue to Part 2.*

—OR—

☐ **I am reporting a TRANSFER OF OWNERSHIP for a current registration.** $450
Previous owner name: _____
Effective date of new ownership: _____

☒ **I am reporting a change in existing registration as follows:** (select all that apply)

☐ **CHANGE OF LOCATION** $125
Previous location: _____
Effective date of relocation: _____

☐ **CHANGE OF BUSINESS NAME** $35
Colorado registration number: _____
Previous business name: _____
New business name: _____
Effective date of new name: _____

☒ **CHANGE OF DESIGNATED REPRESENTATIVE** $35
Colorado registration number: WHO.0008288
New Designated Representative Name: James Patrick Kennedy
New Designated Representative Social Security No: 259-49-9617
Previous Designated Representative Name: Thomas Flynn
Effective date of change: 3/9/2018
Designated Representative Affidavit (page 5): _____

Total Fee: $ 35

PART 2.

1. Colorado Registration Number: WHO.0008288 *If this is a new registration, leave blank.*
2. Business Name: _____
   List all trade names or DBA names used by business: _____
3. Wholesaler business license number in the state of residence: _____

DESIGNATED REPRESENTATIVE AFFIDAVIT

Facility Name: Exel Inc. dba DHL Supply Chain (USA)

Address: 1635 Stone Ridge Drive, Stone Mountain, GA 30083

I, James Patrick Kennedy, certify the following:

1. I am the designated representative for the above-referenced facility.
2. The information contained in the application and this document is correct including, but not limited to, the responses to the Background Questions in Part 3.
3. I am familiar with the requirements of the Federal Food, Drug and Cosmetic Act and its supporting regulations.
4. I am at least twenty-one years of age.
5. I have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the record keeping related to prescription drugs.
6. I am employed by the applicant or facility in a full-time managerial position.
7. I am actively involved in and aware of the actual daily operation of the wholesaler.
8. I am physically present at the facility during regular business hours, except when the absence of the designated representative is authorized, including but not limited to, sick leave and vacation leave.
9. I do not serve as the designated representative for more than one wholesaler.
10. I do not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or a controlled substance.
11. I do not have any felony, civil, or misdemeanor convictions pursuant to federal, state, or local law. (This includes deferred judgments or deferred sentences.)
12. I agree to notify the Board in writing when I cease to be the designated representative of this facility.
13. I certify that the applicant wholesaler will not distribute any new drug into Colorado not authorized to move into interstate commerce under appropriate federal law.
14. I attest that, pursuant to § 12-42.5-304, C.R.S., I have submitted my fingerprints to the Colorado Bureau of Investigation (CBI) for the purpose of conducting a state and national fingerprint-based criminal history record check utilizing records of the CBI and the Federal Bureau of Investigation (FBI). The Board, which makes the determination of suitability for licensing, will provide the applicant the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R. 16.34. The Board will not deny the license based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. Direct all challenges to your record to the FBI's Criminal Justice Information Services Division, Attention: Correspondence Group, 1000 Custer Hollow Rd., Clarksburg, WV 26306.

Per § 12-4-104(13)(a), C.R.S., any applicant who, under oath, supplies false information to an agency in an application for a license, commits perjury in the second degree as defined in § 18-8-503, C.R.S.. In accordance with §§ 18-8-503 and C.R.S. 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law.

Signature: J P K Date: 1-7-19

If the wholesaler is changing designated representatives, indicate the name of the previous designated representative and the date this individual ceased to be the designated representative for this wholesaler.

Previous Designated Representative: Thomas Flynn

Date Ceased to be Designated Representative: 3/9/2018

James Patrick Kennedy

Peachtree Corners, Georgia 30092

[redacted]

SUMMARY

A meticulous and highly reliable supply chain professional with extensive experience in inventory management, international logistics, regulatory compliance, process improvement, metrics and analysis, team development and mentoring, safety control, warehousing, vendor and governmental relations, and SAP training. Excels at finding new ways to streamline efforts and collaborate more effectively as a means of lowering costs and increasing overall accuracy. A driven producer who provides the proper logistics and internal support a company requires to achieve key business objectives.

EXPERIENCE

January 2018-Present

Field Quality Assurance Specialist

- Conduct internal audits and lead communication with government officials in regulatory audits
- Export controlled drugs including preparing documentation and Drug Enforcement Administration expert permit submission
- Review and revise standard operating procedures
- Train new and existing employees on Standard Operating Procedures and Work Instructions
- Provide guidance on regulatory compliance with FDA and DEA regulations

January 2017-October 2017 Hospira, a Pfizer company, Stone Mountain, Georgia

Warehouse Manager

- Provided leadership and motivation during company transition
- Analyzed metrics resulting in improvement of accuracy and productivity
- Counseled employees on errors and perform reviews
- Chaired the distribution center safety committee
- Retained all International Logistics Specialist responsibilities

November 2011-January 2017 Hospira, a Pfizer company, Stone Mountain, Georgia

International Logistics Specialist

- Executed highly regulated and refrigerated product shipments in 2015 with zero product loss
- Implemented and led employee group meetings for 4 areas of warehouse focused on improving accuracy and productivity. Parcel order shipping errors(less than 150 lbs) were reduced by 62% and "less than full case" errors were reduced by 44%
- Researched and implemented carrier changes for Puerto Rico shipments resulting in cost savings of over 30 %.
- Successfully communicated with the Drug Enforcement Administration over 5 years strengthening relationship and developing rapport
- Obtained a high level of SAP comprehension resulting in becoming the on-site SAP trainer and problem solver
- Assumed responsibilities of Information Security Officer in March 2016

May 2010-November 2011 Hospira Inc., Stone Mountain, Georgia

Controlled Drug Vault Supervisor

- Supervised eight vault employees
- Created Microsoft Excel based daily inventory spreadsheet resulting in the elimination of human count errors and reduction of inventory reconciliation time

- Improved process of checking DEA issued form 222 for customer orders allowing for reduction in misplaced 222 forms and ability for employees to be cross-trained
- Managed daily operations in all aspects of shipping, receiving, and product inventories
- Redesigned warehouse racking and labeling configurations to reduce product searches by 90%

September 2005-May 2010 Hospira Inc., Stone Mountain, Georgia

ARCOS Specialist/Warehouse Supervisor- ARCOS is the Automation of Reports and Consolidated Order System. This system monitors the sales of controlled substances and is reported by pharmaceutical companies to the Drug Enforcement Administration

- Verified ARCOS entries and provided quarterly reporting to the Drug Enforcement Administration
- Supervised 15 employees
- Restructured local fleet(truck/trailer) operations at the distribution center transforming failing operation into an asset; cost savings and efficiencies led to transportation department growth of 100%
- Developed new process for daily controlled drug inventories resulting in $35,000 in annual cost savings and increased accuracy

SKILLS AND ACCOMPLISHMENTS

- Proficient in Microsoft Office
- Display a high comprehension of distribution operations and SAP
- Rang the opening bell at the New York Stock Exchange with the CEO and members of the Senior Leadership Team of Hospira, Inc. in May 2014
- 10+ years managing and leading employees
- During nationwide controlled drug shortage, received 1 of 2 inter company supply chain awards given for outstanding leadership

TRAINING

- International Air Transport Association(IATA) regulations
- US Department of Transportation(DOT) regulations
- Resource Conservation and Recovery Act(RCRA) hazardous waste regulations
- General Drug Enforcement Administration(DEA), DEA Automation of Reports and Consolidated Order System(ARCOS), and DEA controlled drug exporting regulations
- Good Manufacturing Practices(GMP) compliance and Corrective Action/Preventative Action(CAPA) within GMP
- Automated Commercial Environment(ACE) system within US Customs and Border Protection
- Participated in off-campus training in communication, managing and supervising people, writing skills, finance, accounting, time management, and advanced Microsoft Excel techniques

EDUCATION

BA Economics
University of Georgia - Athens, Georgia (December 1998)

NABP ACCREDITED
DRUG DISTRIBUTOR

Exel Inc.
dba DHL Supply Chain (USA)

located at

9440 South State Rd 39, Ste 200, Mooresville, IN 46158

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

05/04/2022 - 05/03/2025
Period of Accreditation

1745

Corporate Officer Information:

Name:	Kenneth Scott Sureddin	Scot Kevin Hofacker	Mark Andrew Smolik
Title:	Chairman/CEO	VP/CFO	Officer/Secretary
Email	scott.sureddin@dhl.com	scot.hofacker@dhl.com	mark.smolik@dhl.com
Office Address:	360 Westar Blvd, Westerville OH 43082	360 Westar Blvd, Westerville OH 43082	360 Westar Blvd, Westerville OH 43082
Office Phone:	614-865-8500	614-865-8500	614-865-8500
% Ownership	0	0	0

William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

Date: January 07, 2022

To Whom It May Concern :

I hereby certify that according to the records of this office,

EXEL INC.

is a domestic corporation organized on **June 01, 1983** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 22010143980

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: tad

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record

Personal Information	
Facility Name:	Exel Inc. dba Supply Chain (USA)
Address:	9440 South State Road 39 Suite 200 Mooresville, IN 46158
Owner Name:	

License Information	
Number Issued:	94000176A
License Type:	Third Party Logistics Provider
Status:	Active
Issue date:	03/24/2021
Expiration Date:	09/30/2022
Obtained By:	Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at http://www.in.gov/pla/boards.htm.

Digitally Certified on: Tue Jun 15 02:34:46 PM EST 2021

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

License Number	Expire Date
94000176A	09/30/2022

Exel Inc. dba Supply Chain (USA)

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

License Number	Expire Date
94000176A	09/30/2022

Exel Inc. dba Supply Chain (USA)

Signature _____

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: Exel Inc. dba Supply Chain (USA)

I, Deborah J. Frye, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to
https://secure.in.gov/apps/pla/search/verify/
and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Deborah J. Frye

Deborah J. Frye, Executive Director
Tue Jun 15 02:34:46 PM EST 2021

Corporate Officer Information:

Name:	Kenneth Scott Sureddin	Scot Kevin Hofacker	Mark Andrew Smolik
Title:	Chairman/CEO	VP/CFO	Officer/Secretary
Email	scott.sureddin@dhl.com	scot.hofacker@dhl.com	mark.smolik@dhl.com
Office Address:	360 Westar Blvd, Westerville OH 43082	360 Westar Blvd, Westerville OH 43082	360 Westar Blvd, Westerville OH 43082
Office Phone:	614-865-8500	614-865-8500	614-865-8500
% Ownership	0	0	0


Deutsche Post AG
(Germany)
Publicly Traded
100%
Deutsche Post DHL Beteiligungen Holding GmbH (DPBH)
(Germany)
100%
Deutsche Post DHL Beteiligungen GmbH (DPDHL Beteiligungen)
(Germany)
100%
DPWN Holdings (USA), Inc.
State of Incorporation: Ohio
100%
Exel Inc. dba DHL Supply Chain (USA)
360 Westar Boulevard
Westerville, OH 43082
(Parent Company/North America Headquarters)
State of Incorporation: Massachusetts
Corporate Officers:
Kenneth Scott Sureddin: CEO & Chairman
Scot Hofacker: CFO & VP
Mark Smolik: Officer & Secretary



Exel Inc. dba DHL Supply Chain (USA)

Business Description

Exel Inc. dba DHL Supply Chain (USA) has been at the forefront of innovative supply chain solutions for the life sciences and healthcare industries for 20 years. As a trusted global partner we create agile, highly responsive supply chains capable of transporting critical, sensitive and valuable products, even to the world's most rugged and remote locations.

Our extensive experience of supplying logistical solutions to the life sciences and healthcare sector has enabled us to develop specific expertise in the following areas: Vaccines, Generic Pharmaceuticals, Controlled Substances, Over The Counter (OTC) Medication, and Animal Health. For each of these areas we have experts working with our customers to optimize their supply chains.

A connected global footprint and industry expertise
With over 120 sites in 40 countries and 4,500 dedicated healthcare staff, serving 250 life sciences and healthcare customers worldwide, we're always there to offer a safe pair of hands. We have the scale and experience to implement healthcare logistics solutions across the world.

Quality and regulatory compliance
For our customers, deep sector expertise is vital to track, comprehend, and comply with essential and increasing rules and regulations for the storage, transportation and delivery of pharmaceuticals, medical equipment and patient-specific treatments.

With our Global Quality Assurance group of over 100 individuals driving operational consistency and governance we're always up to date with the latest changes in local and international regulations. Our global network provides highly controlled environments and we ensure full GxP (Good Practice) compliance from origin to destination.

Health, safety and security
We help to achieve high standards on health, safety and security through extensive training and timely monitoring. We offer consulting on global safety regulations and conduct regular inspections and process audits of our facilities.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 04/25/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): 800-363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Exel Inc. DBA DHL Supply Chain (USA) 360 Westar Boulevard Westerville OH 43082-7627 USA	INSURER A: National Union Fire Ins Co of Pittsburgh	19445
	INSURER B: AIU Insurance Company	19399
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Holder Identifier : X

COVERAGES **CERTIFICATE NUMBER:** 570092809976 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			3372557	05/01/2022	05/01/2023	EACH OCCURRENCE	$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$5,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$17,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$6,000,000
	OTHER:							
A	AUTOMOBILE LIABILITY			480-54-00 AOS	05/01/2022	05/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
A	X ANY AUTO			480-53-96 MA	05/01/2022	05/01/2023	BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
A	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			480-53-95 VA	05/01/2022	05/01/2023	PROPERTY DAMAGE (Per accident)	
				SIR applies per policy terms & conditions				
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC013755706 AOS	05/01/2022	05/01/2023	X PER STATUTE OTH-ER	
B	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) N/A			WC013755702 CA	05/01/2022	05/01/2023	E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000

Certificate No : 570092809976

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Aon Risk Services Central, Inc. is not the broker of record for the Excess Liability policy. Please see attached certificate of insurance evidencing Excess Liability issued by AIG. RE: 2450 Creekside Parkway, Lockbourne Ohio. See Attached List of Named Insureds.

CERTIFICATE HOLDER

Exel Inc. dba DHL Supply Chain (USA)
360 Westerville Boulevard
Westerville OH 43082-7627 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central Inc.

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AGENCY CUSTOMER ID: 570000054594
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Exel Inc. DBA DHL Supply Chain (USA)
POLICY NUMBER: See Certificate Number: 570092809976	
CARRIER: See Certificate Number: 570092809976 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		WC013755705 WI SIR applies per policy terms & conditions	05/01/2022	05/01/2023		

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AGENCY CUSTOMER ID: 570000054594
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Exel Inc. DBA DHL Supply Chain (USA)
POLICY NUMBER: See Certificate Number: 570092809976	
CARRIER: See Certificate Number: 570092809976 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured List

Exel Inc. d/b/a DHL Supply Chain (USA)
DPWN Holdings (USA), Inc.
Power Packaging, Inc.
Hyperion Properties, Inc.
Exel Freight Connect Inc. dba DHL Transport Brokerage
Tibbett & Britten Group North America, LLC
Advance Logistics Inc.
Genesis Logistics Inc.
Heartland Logistics Inc.

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/25/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Karen Buggle
American International Group UK Ltd 58 Fenchurch Street London, EC3M 4AB United Kingdom	PHONE (A/C, No, Ext): 44 (0) 20 7954 4930 FAX (A/C, No): E-MAIL ADDRESS: karen.buggle@aig.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : American International Group UK Ltd
INSURED Exel dba DHL Supply Chain (USA) 360 Westar Boulevard Westerville, OH 43082-7627	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$ 5,000,000
	☒ EXCESS LIAB ☐ CLAIMS-MADE			23002713	05/01/2022	05/01/2023	AGGREGATE	$ 5,000,000
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is included as Additional Insured where required by written contract, but limited to the operations of the Named Insured under said contract in accordance with the terms and conditions of the Excess Liability policy.

CERTIFICATE HOLDER

Exel Inc. dba DHL Supply Chain (USA)
360 Westerville Boulevard
Westerville OH 43082-7627 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE 20/04/22

RIDER

To be attached to and form part of:

Bond Number 016075066

dated April 15, 2017

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

and in favor of THE STATE OF NEVADA
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

Adding the following location:

J&J Belmont - 9400 South State Rd 39, Ste 200 Mooresville, IN 46158

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 9th day of June, 2022.

Signed, Sealed & Dated this 9th day of June, 2022.

EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

By: Robert C. Wapple, Asst. Secretary

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Pedro Gonzalez Jr., Attorney-in-Fact

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8207389-016018

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Claudette Alexander Hunt, Pedro Gonzalez, Jr.

all of the city of Miami state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 24th day of February, 2022.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 24th day of February, 2022 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th day of June, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 016075066

Application/License No. _____

EXEL, INC. DBA DHL SUPPLY CHAIN (USA), doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
570 Polaris Parkway, Dept. 555 Westerville, OH 43082, as
Address of Applicant/Principal
PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY, a
Surety Company
corporation organized under the laws of the state of MA
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
175 Berkeley Street Boston, MA 02116 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 4/15/2017.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 17th day of April, 2017.

APPLICANT/PRINCIPAL
EXEL, INC. DBA OHL SUPPLY CHAIN (USA)

_____
Authorized Representative

SURETY COMPANY
LIBERTY MUTUAL INSURANCE COMPANY

Claudette Alexander Hunt
Surety Company's Representative

Claudette Alexander Hunt, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Jeannie Reinoso

_____
Witness

_____
Witness Camille M. Cruz

Countersigned by:

n/a
Nevada Resident Agent

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.
This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 736328

American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Camille M. Cruz; Claudette Alexander Hunt; Jacqueline Jordan Hampton

all of the city of Miami, state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 17th day of May, 2016.

American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 17th day of May, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires March 28, 2017
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 17 day of April, 2017.

By: Gregory W. Davenport
Gregory W. Davenport, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

LMS_12873_122013

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Exel Inc. dba DHL Supply Chain (USA)

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 9440 South State Road 39, Suite 200

City: Mooresville State: IN Zip: 46158

Mailing Address (if different from physical address): 360 Westar Blvd, Dept 555

City: Westerville State: OH Zip: 43082

Telephone: 714-709-2000 Website: www.exel.com

Licensing Company Email: DHL@IQVIA.com

Section 2: Personal Information

First: Chad Middle: Last: Wooldridge

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] South State Road 39, Suite [redacted]

City: Mooresville State: IN Zip: 46158

Telephone: [redacted] Email: chad.wooldridge@dhl.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
International Business College		08/10-08/12	
Address	**City**	**State**	**Zip**
5699 Coventry Lane	Fort Wayne	IN	46804
Diploma/Degree obtained, if any			
Associates Degree			

School Name		From - To (MM/YY – MM/YY)	
Martinsville High School		08/06-06/10	
Address	**City**	**State**	**Zip**
1360 E Gray Street	Martinsville	IN	46151
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
July 2021 - Present	[redacted] Country View Ct	Martinsville	IN	46151
April 2014-July 2021	[redacted] Crabapple Ct	Martinsville	IN	46151

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Exel Inc. dba DHL Supply Chain (USA)			From - To (MM/YY – MM/YY): April 2014 - Present
Business Address: 9440 South State Road 39, Suite 200	City: Mooresville	State: IN	Zip: 46158
Phone: 714-709-2000	Title: Operations Manager		Number of Employed Hours: 6,000+
Description of Duties: Manage the daily operations.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Chad Wooldridge, certify that as the designated representative for

Exel Inc. dba DHL Supply Chain (USA),

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CW I am at least 21 years of age;
3. CW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Chad Wooldridge
Print Name (First, Last)

→ Original Signature (electronic, copies or stamps not accepted)

10-26-2022
→ Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chad Wooldridge

Print Name (First, Last)

→ Original Signature (electronic, copies or stamps not accepted)

→ Date 10-26-22

→ **Please have this section completed in the presence of a Notary Public.**

State of Indiana, ss. County of Hendrix

I, Chad Wooldridge, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date 10-26-2022

Subscribed and Sworn to before me this 26 day of October.

Kenneth Ryan I.

Notary Public Signature

Kenneth Ryan
Notary Public Seal State of Indiana
Johnson County
Commission Number NP0739058
My Commission Expires 2/9/2030

(Seal)

Chad Wooldridge

[redacted] Country View Ct., Indiana, 46151 | [redacted] | chad.wooldridge2@dhl.com

Objective

To coordinate and supervise activities of the distribution center including, providing leadership, motivate, train, and develop the workforce. Follow site and customer requirements. Adhere to site policies and push continued improvement to continue a positive work environment. Communicate and enforce the Safety, Quality, and Production mindset.

Education

ASSCIATE DEGREE | JANUARY 2012 | INTERNATIONAL BUSINESS COLLEGE

- Major: Accounting
- Minor: Business Management

Skills & Abilities

MANAGEMENT

- Effective organization skills, training, time management, multitasking, problem solving, inventory functions, Inbound/ Outbound processes, Blue Yonder RF and Web, Frontline Vision Pick, Train the trainer, High Knowledge of the operation as well as the administrative functions of the operation, a high understanding of company policies and procedures, and interview skills.

COMMUNICATION

- Comfortable with presenting and communicating in groups. Very effective uses of Microsoft Office applications (Word, Excel, PowerPoint). Able to adapt communication techniques for the individuals best receptive communication style.

LEADERSHIP

- Anyone who has worked with me in my almost 9 year stretch with DHL knows I like to lead from the front. I will learn what it is that I am Leading to make sure that I have a full understanding of what I a leading. Feedback is a gift. This is one thing that I firmly believe in. Reenforcing good behaviors or correcting below expectation behaviors is the key to being a great leader. That is what I strive for every day.

Experience

OPERATIONS MANAGER | DHL | FEBUARY 2020 – PRESENT

- Establish and enforce a Safety-first mindset
- Receiving, Inventory Management and Distribution of Controlled Substances.
- Communicate among shifts to ensure all best practices were being used
- Labor share to other startups to ensure the best outcomes possible for new sites
- Communicate effectively with the customer on a daily basis
- Communicate KPI's with the customer daily to ensure the standards are being upheld
- Communicate to upper management on the status of the operation in a weekly format

- Drive Ops Excellence at the site level (PD meetings, LMS, Safety)
- Ensure all reviews are done in a timely manner
- Continue leader development with MTW and other learning platforms
- Helping get the "next man up" and exposing up and coming leaders to small bits of what to expect at the next level
- Continue to drive innovation
- Be extremely active in the new Embark Project

OPERATIONS SUPERVISOR | DHL | OCTOBER 2018 – FEBUARY 2022

- Establish and enforce a Safety-first mindset
- Receiving, Inventory Management and Distribution of Controlled Substances.
- Communicate the importance and impact of doing it right the first time and good quality work
- Train and motivate associates to become well versed in the operation to pull out strengths and skills that they didn't know they had
- Communicate goals and tasks to complete
- Communicate and establish standards that will always be upheld and expected
- Create a trusting and open relationship with associates so they feel comfortable to bring up issues or concerns
- Plan the labor for the daily and weekly goals to be hit every week
- Work with Leads to help them sharpen and discover skills that they will need to take the next step in their careers
- Work with co-workers and other associates to help solve ongoing areas of improvements
- Create and maintain respect and understanding between my associates and other shifts within the operation
- Teach and coach others on their production to help show them how to do jobs safely and productively
- Presenting and relaying information
- Able to make prompt decisions when needed
- Creating a passion within the shift that gives the associates a sense of pride in the work they complete everyday
- Actively involved in the safety meetings
- Recently joined the AIT team to help revamp and bring to life that program once again
- Did associate observations to help improve their overall performance
- Had candid conversations with associates during reviews or when needed

AWARDS

- Head, Heart, and Guts Leadership Coin – Recognized for Guts Leadership for supporting the implementation of the Blue Yonder Warehouse Management System.
- Mavpak Leadership Classes – recognized for completing all Leadership Classes

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Exel Inc. dba DHL Supply Chain (USA) MDEG License # (if applicable): _____
Physical Address: 9440 South State Road 39, Suite 200
City: Mooresville State: IN Zip: 46158
Mailing Address (if different from physical address): 360 Westar Blvd, Dept 555
City: Westerville State: OH Zip: 43082
Telephone: 714-709-2000 Website: www.exel.com
Licensing Company Email: dhl@iqvia.com

Section 2: Personal Information

First: Jimmy Middle: D. Last: Warden
Alias(es, nicknames, name changes, etc.): _____
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X
Mailing Address: [redacted] South State Road 39, Suite [redacted]
City: Mooresville State: IN Zip: 46158
Telephone: [redacted] Email: jim.warden@dhl.com
Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☑
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		☑

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		☑
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		☑

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Decatur Central High School		1980-19984	
Address	**City**	**State**	**Zip**
5251 Kentucky Ave	Indianapolis	IN	46221
Diploma/Degree obtained, if any			
HS Diploma			
School Name		From - To (MM/YY – MM/YY)	
ITT Technical Institute		1995-1997	
Address	City	State	Zip
9511 Angola Ct City	Indianapolis	IN	46268
Diploma/Degree obtained, if any			
Associates Degree			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2016-Present	[redacted] N County Road 600 W	Greencastle	IN	46135
Nov 2020-Dec 2016	[redacted] N County Road 600 W	Pittsboro	IN	46167
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Exel Inc. dba DHL Supply Chain (USA)			02/21 - Present
Business Address	**City**	**State**	**Zip**
9440 South State Road 39, Suite 200	Mooresville	IN	46158
Phone	**Title**	**Number of Employed Hours**	
765-913-8373	Maintenance Manager	2,000+	

Description of Duties

Managed an inventory of parts to ensure spares for all critical paths, provided guidance and training plans to technical supervisors and technicians & Developed an internal technical training program designed to develop career paths.

Business Name			From - To (MM/YY – MM/YY)
Eli Lily and Company			01/00-11/10
Business Address	**City**	**State**	**Zip**
893 S Delaware St	Indianapolis	IN	46225
Phone	**Title**	**Number of Employed Hours**	
	Engineering Sr. Specialist	22,000+	

Description of Duties

Developed, maintained and ensured CSV Documentation of automated process and HVAC equipment, Utilized computerized Maintenance Management System (CMMS) database to retrieve information for developing CSV Documentation

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		☑
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		☑
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		☑

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

→ _____ Original Signature (electronic, copies or stamps not accepted)

→ 8/9/2022 Date

I, Jimmy Warden, **certify that as the MDEG Administrator for**

Exel Inc. dba DHL Supply Chain (USA),

that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jimmy Warden
Print Name (First, Last)

→ Original Signature (electronic, copies or stamps not accepted)

→ 8/9/2022
Date

Board Use Only	Date Received: 8-22-22

Display Name	First Name	Last Name
Ayodele Adebusuyi	Ayodele	Adebusuyi
Adedotun Adeoye	Adedotun	Adeoye
Abiodun Adeyemi	Abiodun	Adeyemi
Abdoul Aziz Garba	Abdoul Aziz	Garba
Ayoola Ajibowu	Ayoola	Ajibowu
Adedamola Ayeni	Adedamola	Ayeni
Abimbola Ayodele	Abimbola	Ayodele
Adeleke Badejo	Adeleke	Badejo
Amos Behanna	Amos	Behanna
ALAINA BOWDEN	ALAINA	BOWDEN
Ashley Brewster	Ashley	Brewster
Alex Brill	Alex	Brill
Amber Burton	Amber	Burton
Ashley Clark	Ashley	Clark
Angela Cummins	Angela	Cummins
Andrew Gelinas	Andrew	Gelinas
Ashanti Gore	Ashanti	Gore
Aaron Horner	Aaron	Horner
Angela Lane	Angela	Lane
Amanda Louizia	Amanda	Louizia
Amandeep Mankoo	Amandeep	Mankoo
Abel Mercedes	Abel	Mercedes
Ashley Montani	Ashley	Montani
Andre Norris	Andre	Norris
Akinsola Ogunronbi	Akinsola	Ogunronbi
Adebowale Owolabi	Adebowale	Owolabi
Arthur Zheng	Arthur	Zheng
Ashton Stivers	Ashton	Stivers
Angela Stokes	Angela	Stokes
Annie Thang	Annie	Thang
AMY TOCHHAWNG	AMY	TOCHHAWNG
Angela Tolbert	Angela	Tolbert
Anthony Williams	Anthony	Williams
Austin Wright	Austin	Wright
Ayodele Ayeni	Ayodele	Ayeni
Brent Abshier	Brent	Abshier
Bobbi Bennett	Bobbi	Bennett
Betty Cassiday	Betty	Cassiday
Beth Cavaness	Beth	Cavaness
Bud Chrum	Bud	Chrum
Brian Colvin	Brian	Colvin
Braxton Comer	Braxton	Comer
BRAYDIN CRAWLEY	BRAYDIN	CRAWLEY
Bryant Daughtery	Bryant	Daughtery
BRANDON DODSON	BRANDON	DODSON
Brittany Edwards	Brittany	Edwards

Breanna hash	Breanna	Hash
Brad Henico	Brad	Henico
Brittany Lewis	Brittany	Lewis
Boi Thang	Boi	Thang
Bradley Owens	Bradley	Owens
Brayton Purkhiser	Brayton	Purkhiser
BELAID WAZAD	BELAID	WAZAD
Betty White	Betty	White
Brian Winings	Brian	Winings
Candy Akins	Candy	Akins
Christopher Arney	Christopher	Arney
Crystal Artis	Crystal	Artis
Cassandra Birt	Cassandra	Birt
Cameron Book	Cameron	Book
Crystal Collier	Crystal	Collier
Candice Ellis	Candice	Ellis
Christopher Garner	Christopher	Garner
Carlos Guerrero	Carlos	Guerrero
CHARLES HALL	CHARLES	HALL
Charles Smith	Charles	Smith
Christin Hathorn	Christin	Hathorn
Cynthia Hensley	Cynthia	Hensley
Chandler Parrish	Chandler	Parrish
Cierra Hughes	Cierra	Hughes
Chukwuka Igbor	Chukwuka	Igbor
Corey Jenkins	Corey	Jenkins
Christopher Knight	Christopher	Knight
Charlisa Love	Charlisa	Love
Chris Lowe	Chris	Lowe
Cynthia McCutcheon	Cynthia	McCutcheon
Christy Meyer	Christy	Meyer
Clarice Mutesi	Clarice	Mutesi
Cody Henderson	Cody	Henderson
Chinyere Onye-Similton	Chinyere	Onye-similton
Chris Perkins	Chris	Perkins
Casey Price	Casey	Price
Chanmoney Sam	Chanmoney	Sam
Certifie Saint Jean	Certifie	Jean
Clayton Stewart	Clayton	Stewart
Cung Thang	Cung	Thang
COURTNEY TINNIN	COURTNEY	TINNIN
Didie Amoussou	Didie	Amoussou
David Barger JR	David	Barger JR
Darlye BelleFleur	Darlye	BelleFleur
Darrin Boulay	Darrin	Boulay
Davida Brodnick	Davida	Brodnick
Devin Callender	Devin	Callender

David Carroll	David	Carroll
Danene Clements	Danene	Clements
Dixie Colvin	Dixie	Colvin
Danny Dugger	Danny	Dugger
Derek Emmons	Derek	Emmons
Darlene England	Darlene	England
Darell Flake	Darell	Flake
Dulcy Fortna	Dulcy	Fortna
Dennise Rivera Garcia	Dennise	Rivera Garcia
Doris Hart	Doris	Hart
Donna Henry	Donna	Henry
David Hiner	David	Hiner
Damion Howard	Damion	Howard
Dylan Kelsay	Dylan	Kelsay
Dylan King	Dylan	King
David Ladipo	David	Ladipo
Doug Mannan	Doug	Mannan
Dawn Mau	Dawn	Mau
Danielle McCullough	Danielle	McCullough
Dayo Osuntuyi	Dayo	Osuntuyi
Donell Rowe	Donell	Rowe
David shaw	David	Shaw
David Shockley	David	Shockley
Deangelo Sloan	Deangelo	Sloan
Dawson Tracy	Dawson	Tracy
Diego Vidal	Diego	Vidal
Damon Warren	Damon	Warren
Dianne Wolfe	Dianne	Wolfe
Emily Creviston	Emily	Creviston
Ethan Deruby	Ethan	Deruby
Emmanuel Dume	Emmanuel	Dume
Edward Enriquez	Edward	Enriquez
Evelyn Graue	Evelyn	Graue
Edward Knox	Edward	Knox
Erica Gearhart	Erica	Gearhart
Evan Shanahan	Evan	Shanahan
Eric Vincent	Eric	Vincent
Funmilayo Dada	Funmilayo	Dada
Fedick Douarin	Fedick	Douarin
Felicia Hendon	Felicia	Hendon
Francis Martinez	Francis	Martinez
Feyishayo Ogunmakinwa	Feyishayo	Ogunmakinwa
Frantz Prosper	Frantz	Prosper
Gbenga Ajetomobi	Gbenga	Ajetomobi
Gabrielle Brizendine	Gabrielle	Brizendine
Glenn Burdine	Glenn	Burdine
Gage Drake	Gage	Drake

Gavin Jones	Gavin	Jones
Gwendolyn Moss	Gwendolyn	Moss
Garron Riser	Garron	Riser
George Roddy	George	Roddy
Gabriel Salinas	Gabriel	Salinas
Gabrielle Shorter	Gabrielle	Shorter
Gary Tallent	Gary	Tallent
Gilberto Zavala	Gilberto	Zavala
Harrison McTarsney	Harrison	McTarsney
HANIFAT AWOLOLA	HANIFAT	AWOLOLA
Heidi James	Heidi	James
Heather Kibler	Heather	Kibler
Hansel Osborne	Hansel	Osborne
Heath Prock	Heath	Prock
Heather Rody	Heather	Rody
Hope Whitaker	Hope	Whitaker
Ian Cortani	Ian	Cortani
Iris Javier	Iris	Javier
Ian Killen	Ian	Killen
Isaiah Swanigan	Isaiah	Swanigan
James Bossen	James	Bossen
Jackie Hammer	Jackie	Hammer
Jason Barnes	Jason	Barnes
John Baer	John	Baer
Joan Baker	Joan	Baker
Julie Barnes	Julie	Barnes
Junior Bastien	Junior	Bastien
Jonathan Brewer	Jonathan	Brewer
Josh Brooks	Josh	Brooks
Juan Bustamante	Juan	Bustamante
Jackson Camille	Jackson	Camille
Jeremy Carlton	Jeremy	Carlton
Jeff Chastain	Jeff	Chastain
Jasminede Polynice Clerger	Jasminede	Clerger
Justin Cupp	Justin	Cupp
Jon Dickison	Jon	Dickison
Jesus Almodovar	Jesus	Almodovar
Jared Earles	Jared	Earles
Jennifer Zellers	Jennifer	Zellers
Jacob Fenoglio	Jacob	Fenoglio
Jordan Flood	Jordan	Flood
Jimmie Gammon	Jimmie	Gammon
John Garner	John	Garner
JENNY GODINEZ	JENNY	GODINEZ
Jordan Goodman	Jordan	Goodman
Jordon Griffith	Jordon	Griffith
Jace Grizzle	Jace	Grizzle

Judy Guerrero	Judy	Guerrero
Jocelyne Hammack	Jocelyne	Hammack
Jonathan Hamm	Jonathan	Hamm
Jaquze Hampton	Jaquze	Hampton
JAMES HANNON	JAMES	HANNON
Jamie Helton	Jamie	Helton
Janetta Hicks	Janetta	Hicks
Jeremy Hughes	Jeremy	Hughes
Joseph Hum	Joseph	Hum
Jamie Judd	Jamie	Judd
Jane Kelly	Jane	Kelly
Jane Francis Nakabiri	Jane Francis'	Nakabiri
Jose Olan	Jose	Olan
Johnny Miles	Johnny	Miles
Jonathan Koster	Jonathan	Koster
James Radford	James	Radford
Jamari Reed	Jamari	Reed
John Reyes	John	Reyes
Joshua Robard	Joshua	Robard
Joseph Sarabia	Joseph	Sarabia
Jon Sauter	Jon	Sauter
Jenifer Snyder	Jenifer	Snyder
Jeff Stewart	Jeff	Stewart
Josilynn Stidam	Josilynn	Stidam
Jeffery Stoll	Jeffery	Stoll
James Tracy	James	Tracy
Jaycen Voland	Jaycen	Voland
John Walker	John	Walker
Jim Warden	Jim	Warden
Joshua Wilkerson	Joshua	Wilkerson
Kehinde Akinrotoye	Kehinde	Akinrotoye
Kimberly Baker	Kimberly	Baker
Katharine Bradley	Katharine	Bradley
KIMBERLY COLLINS	KIMBERLY	COLLINS
Kaylee Desjarlais	Kaylee	Desjarlais
Kristie Dugger	Kristie	Dugger
Kerry Edwards	Kerry	Edwards
Kelcie Gibeck	Kelcie	Gibeck
Kyle Harmening	Kyle	Harmening
KELLY KIRKMAN	KELLY	KIRKMAN
Kathryn Know	Kathryn	Know
Khaing Maung	Khaing	Maung
Kimberly McKinniss	Kimberly	McKinniss
Kelly McNeil	Kelly	McNeil
KELLY MOBLEY	KELLY	MOBLEY
Kevin Mathis	Kevin	Mathis
Kehinde Olawore	Kehinde	Olawore

Kimberly Parker	Kimberly	Parker
Kaitlyn Rice	Kaitlyn	Rice
Keria Rouse	Keria	Rouse
Kimberly Rouse	Kimberly	Rouse
Kyle Saylor	Kyle	Saylor
Kristina Shelby	Kristina	Shelby
Kyle Sledge	Kyle	Sledge
Kil Thlia	Kil	Thlia
Kelly Webb	Kelly	Webb
Lewis Altemiller	Lewis	Altemiller
Lovell Charlow	Lovell	Charlow
Lisa Flowers	Lisa	Flowers
Lorrie Holloway	Lorrie	Holloway
Leif Jacobson	Leif	Jacobson
Latoiria Jones	Latoiria	Jones
Latrel Joseph	Latrel	Joseph
Lindaura Knight	Lindaura	Knight
Lawana Lamida	Lawana	Lamida
Luis Macias	Luis	Macias
Lenin Medrano	Lenin	Medrano
Lorenzo Morris	Lorenzo	Morris
Latasha Rollins	Latasha	Rollins
Laquandra Sexton	Laquandra	Sexton
Lukemon Shofu	Lukemon	Shofu
Luznell Shorter	Luznell	Shorter
Levi White	Levi	White
Lisa Woods	Lisa	Woods
Lake Zackrison	Lake	Zackrison
Michael Albright	Michael	Albright
Matthew Robb	Matthew	Robb
Maryam Ashamu	Maryam	Ashamu
Matthew Baker	Matthew	Baker
Milem Jean Baptiste	Milem	Baptiste
Merlanda Belly	Merlanda	Belly
Mary Bixler	Mary	Bixler
Matthew Brass	Matthew	Brass
Marilyn Carey	Marilyn	Carey
MALIK DURHAM	MALIK	DURHAM
Michael Fontaine	Michael	Fontaine
Manette Francois	Manette	Francois
Michael Garrett	Michael	Garrett
Michael Gramer	Michael	Gramer
Max Harger	Max	Harger
Montiq Hatten	Montiq	Hatten
Michael Henry	Michael	Henry
Maria Luisa Hernandez	Maria	Hernandez
Melissa Italiano	Melissa	Italiano

Marie Jeune	Marie	Jeune
Mackenzie Jones	Mackenzie	Jones
Matthew Linton	Matthew	Linton
Marcos Nunez	Marcos	Nunez
Marie Olds	Marie	Olds
Maricela Rodriguez	Maricela	Rodriguez
Martine Saint Pierre	Martine	Saint Pierre
Matar Seck	Matar	Seck
Michael Shuler	Michael	Shuler
Miriame Saint Jean	Miriame	Jean
Max Slagle	Max	Slagle
Marc Trueblood	Marc	Trueblood
Nikolas Aurelius	Nikolas	Aurelius
Nancy Brewster	Nancy	Brewster
Nikita Gibson	Nikita	Gibson
Natasha Hamil	Natasha	Hamil
Nicholas Hathorn	Nicholas	Hathorn
Nicole Swafford	Nicole	Swafford
Norie Jenkins	Norie	Jenkins
Nakisha Johnson	Nakisha	Johnson
Navashti Journey	Navashti	Journey
Nikeita Leatherwood	Nikeita	Leatherwood
Nourou Moustapha	Nourou	Moustapha
Nicholas Thacker	Nicholas	Thacker
Noelle Thornhill	Noelle	Thornhill
Nicholas Wormlad	Nicholas	Wormlad
Oluwasegun Ajagbe	Oluwasegun	Ajagbe
Olufemi Akinnayajo	Olufemi	Akinnayajo
Olujobade Bello	Olujobade	Bello
Olga Garcia	Olga	Garcia
Olayiwola Kadiri	Olayiwola	Kadiri
Oumarou Manou	Oumarou	Manou
Oladunni Olorunfemi	Oladunni	Olorunfemi
Oluwaseun Olosunde	Oluwaseun	Olosunde
Olaolu Olowoyo	Olaolu	Olowoyo
Oluwatobiloba Orisada	Oluwatobiloba	Orisada
Patricia Adams	Patricia	Adams
Pa Chan	Pa	Chan
Patricia Liebert	Patricia	Liebert
Pablo Marinero	Pablo	Marinero
Peter Owolabi	Peter	Owolabi
Patrick Sandler	Patrick	Sandler
Rebecca Allen	Rebecca	Allen
Raymond Alt	Raymond	Alt
Robert Arthur	Robert	Arthur
Robert Bates	Robert	Bates
Roman Bradley	Roman	Bradley

Richard Burnett	Richard	Burnett
Rebecca Day	Rebecca	Day
Robert Dodson	Robert	Dodson
Regina Doyle	Regina	Doyle
Regina Farr	Regina	Farr
Ricky Frailey	Ricky	Frailey
RICHARD FUENTES	RICHARDS	FUENTES
Rosa Garcia-Diaz	Rosa	Garcia-Diaz
Ronke Giwa	Ronke	Giwa
Raymond Gosselin	Raymond	Gosselin
Robbie Hedges	Robbie	Hedges
RASHEED LAWAL	RASHEED	LAWAL
Ronald Lira	Ronald	Lira
Roberto Loaiza	Roberto	Loaiza
Robert McCullough	Robert	McCullough
Robin Damm	Robin	Damm
Ruth Phillips	Ruth	Phillips
Robert Preston	Robert	Preston
Racelis Souffront	Racelis	Souffront
Ruth South	Ruth	South
Robin Wedell	Robin	Wedell
Seye Adegoke	Seye	Adegoke
Stephen Alltop	Stephen	Alltop
Steven Anderson	Steven	Anderson
Stephen Bales	Stephen	Bales
SueAnn Cox	SueAnn	Cox
Sheri Cramer	Sheri	Cramer
Shannon Haskins	Shannon	Haskins
Shawn Higgins	Shawn	Higgins
Sandra Hurst	Sandra	Hurst
Sumera John	Sumera	John
Shay Kelly	Shay	Kelly
Shemaiah Keyomah	Shemaiah	Keyomah
Samuel Kirchofer	Samuel	Kirchofer
SaiArun Lauer	SaiArun	Lauer
Sophia Montina	Sophia	Montina
Sandra Obaji	Sandra	Obaji
Sikiru Olawuyi	Sikiru	Olawuyi
Samuel Parsons	Samuel	Parsons
Steven Rivera	Steven	Rivera
Shawn Sanders	Shawn	Sanders
SANUSI TAJUDEEN	SANUSI	TAJUDEEN
Sheila Taylor	Sheila	Taylor
Stephen Tunny	Stephen	Tunny
Susan Whetstone	Susan	Whetstone
Stephanie Vandiver	Stephanie	Vandiver
Seth Varnell	Seth	Varnell

Sabrina Voland	Sabrina	Voland
Samone Woods	Samone	Woods
Steven Wright	Steven	Wright
Taiwo Akindele	Taiwo	Akindele
Tabitha Allen	Tabitha	Allen
Tamara Miller	Tamara	Miller
Tirmidhi Ashamu	Tirmidhi	Ashamu
Todd Bonebrake	Todd	Bonebrake
Toddrah Carter	Toddrah	Carter
Taylor Dwigans	Taylor	Dwigans
Tyler Griffith	Tyler	Griffith
Tony Haskel	Tony	Haskel
Thomas Meyer	Thomas	Meyer
Tiffany Spargur	Tiffany	Spargur
Thomas Liddle	Thomas	Liddle
Travis Livermore	Travis	Livermore
Taylor Miller	Taylor	Miller
Tial Nung	Tial	Nung
TAWAKALITU OGUNDERO	TAWAKALITU	OGUNDERO
Thomas Patterson	Thomas	Patterson
Tammy Pettersch	Tammy	Pettersch
Todd Piltz	Todd	Piltz
Tyler Reed	Tyler	Reed
Thomas Scott	Thomas	Scott
Tim Strouse	Tim	Strouse
Tun Tun	Tun	Tun
Tim West	Tim	West
Tyler Wright	Tyler	Wright
Tressa Wright	Tressa	Wright
Tyler Long	Tyler	Long
Umair Qazi	Umair	Qazi
Vicente Guerrero	Vicente	Guerrero
Victoria Craig	Victoria	Craig
Vanessa Stephenson	Vanessa	Stephenson
William Barney	William	Barney
William Gross	William	Gross
Wael Mohamed	Wael	Mohamed
William Petchehe	William	Petchehe
Yomi Adebayo	Yomi	Adebayo
Yonas Derira	Yonas	Derira
Yesenia Guerrero	Yesenia	Guerrero
Ywaoga Yerbanga	Ywaoga	Yerbanga
Zion LeFlore	Zion	LeFlore

400

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Dr. Reddy's Laboratories Inc

Physical Address: 107 College Rd. East

City: Princeton State: NJ Zip: 08540

Mailing Address (if different from physical address): 107 College Rd. East

City: Princeton State: NJ Zip: 08540

Telephone: 609-375-9900 Website: www.drreddys.com

Name of Designated Representative (DR): Robert Tambetakaw

Licensing Company Email: usra@drreddys.com DR Email: usra@drreddys.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: OTC Drugs	☐ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Lohmann Therapy Systems
Address: 21 Henderson Dr #6607 City: West Caldwell State: NJ Zip: 07006

Name: Gland Pharma Limited
Address: Surney No. 143-148/150 And 151, Dp Pally, ~~Near Gandi Maisamma Cross Road, Qutbullapur~~ City: Hyderabad State: Telangana Zip: 500043 INDIA

Name: Sciegen Pharmaceuticals Inc
Address: 89 Arkay Dr City: Hauppauge State: NY Zip: 11788

Name: Dr Reddy's Laboratory Limited.
Address: H92H+R28, Bachupally City: Hyderabad State: Telangana Zip: 500090 INDIA

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New Jersey
Parent Company (if any): Dr. Reddy's Laboratories SA
Corporation/Organization Name: Dr. Reddy's Laboratories Inc
Mailing Address: 107 College Rd. East
City: Princeton State: NJ Zip: 08540
Telephone: 609-375-9900 Email: usra@drreddys.com
Contact Person Name: Robert Tambetakaw

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Dr. Reddy's Laboratories Inc.

Facility Name

Robert Tambetakaw

Print Name of Authorized Person Submitting Application

Robert Tambetakaw

Original signature of Authorized Person (copies or stamps not accepted)

September 9, 2022

Date

Board Use Only	Date Received: 10-18-22	Amount: 1000.00 CC 10/18/22

Dr.Reddy's

Description of Operations:

Dr. Reddy's Laboratories Inc., does not manufacture drugs at site; however we are the manufacturers of the products. The products are manufactured by Dr. Reddy's Laboratories Limited in India.

Hours of operations are Monday – Friday from 8:30 AM to 5 PM

The product catalog is provided for your ready reference. We sell FDA approved Prescription and over-the-counter drug products. The controlled substances that are sold are Meprobamate (Schedule IV) and Pseudoephedrine (Schedule I).

We sell our products to other wholesale drug distributors on the Rx side and to retail chain on the OTC side.

Organizational Structure of Dr. Reddy's Laboratories, Inc.



New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 5/3/2022

Registration Number: 5002312 **Registered as:** Manufacturer and Wholesale

Name: DR. REDDY'S LABORATORIES, INC.

DBA:

Address: 107 COLLEGE ROAD EAST , PRINCETON, NJ 08540

Original Issue Date: 01/07/2000 **Expiration Date:** 01/31/2023

Current Issue Date: 01/14/2022

Disciplines: No

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RU0346088	05-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-04-2022

U P S SUPPLY CHAIN SOLUTION INC,
1860 OUTER LOOP ROAD
LOUISVILLE, KY 402190000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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Form DEA-223 (9/2016)

Dr. Reddy's Laboratories Inc.

Ownership and officer's information

Ownership Information:

Parent Company/Owner - Dr. Reddy's Laboratories SA

Percentage Owned: 100%

Address: Elisabethenalange 11, Basel, Ch, Switzerland – 4051

List of officers:

Full Name: Marc Troy Kikuchi

Title/Position: CEO – North America Generics

Date of Birth: [redacted]

Social Security Number (SSN): [redacted]

Phone Number [redacted]

Home Address: [redacted] Haverhill Rd, Chester Spring – PA 19425

Full Name: Swaminathan Chandrasekaran

Title/Position: Secretary and Treasurer

Date of Birth [redacted]

Social Security Number (SSN): [redacted]

Phone Number: [redacted]

Home Address: [redacted] Mershon lane, Plainsboro, NJ 08536

NABP ACCREDITED

DRUG DISTRIBUTOR

Dr Reddy's Laboratories Inc

located at

107 College Road E, Princeton, NJ 08540

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

9/8/2020 - 9/7/2023
Period of Accreditation

1796

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

DR. REDDY'S LABORATORIES, INC.
0100518911

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 13, 1992.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MARC KIKUCHI
107 COLLEGE ROAD EAST
PRINCETON, NJ 08540

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 20th day of September, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6135943522

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Dr.Reddy's

FDA Registration is not applicable for the below reasons:

Facility information:

Dr. Reddy's Laboratories, Inc., at 107 College Road East, Princeton NJ-08540 does not manufacture, prepare, propagate, compound or process drugs that are commercially distributed in the U.S. or offered for import to the U.S. and hence is not eligible for FDA Establishment Registration.

This site also does not store or distribute products from this site i.e. this site does not physically handle products.

Dr. Reddy's Laboratories, Inc. does have a resident state license from the state of New Jersey.

The distribution is done through a third party logistics provider located at the following address which holds a valid license in the state:

S. No	Facility Name and Address	Products handled	Supporting documents
1	UPS Supply Chain Solutions 1860 Outer Loop Louisville, KY 40219	All Rx and OTC products **including** Controlled substances and Listed chemicals	DEA License copy

Dr.Reddy's

Justification for Not Having the DEA License

Dr. Reddy's Laboratories, Inc., located at 107 College Road East, Princeton, NJ – 08540 does not manufacture, store or distribute products at this facility i.e. this site does not physically handle products. Dr. Reddy's Laboratories, Inc. does have a resident state license from the state of New Jersey.

The distribution is done through a third party logistics provider who holds a valid DEA permit, VAWD Accreditation and located at the following address:

S. No	Facility Name and Address	Products handled	Supporting documents
1	UPS Supply Chain Solutions 1860 Outer Loop Louisville, KY 40219	All Rx and OTC products **including** Controlled substances and Listed chemicals	DEA License copy

Note: The Manufacturing facilities hold / maintain the applicable DEA permits / quotas for the drug products classified as controlled substances.

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through October 12, 2022

You have searched Finished drug products

Search Results: *'Dr Reddys'*

Back to Search Page () | Search Again ()

CSV | Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marl Date
+ Bupropion Hydrochloride	43598-656-05	300 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA207479	Dr Reddys Laboratories Inc	43598-656	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/12/2017	N/A
+ Bupropion Hydrochloride	43598-655-30	150 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA207479	Dr Reddys Laboratories Inc	43598-655	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/12/2017	N/A
+ Bupropion Hydrochloride	43598-655-90	150 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA207479	Dr Reddys Laboratories Inc	43598-655	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/12/2017	N/A

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marl Date
+ Bupropion Hydrochloride	43598-656-30	300 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA207479	Dr Reddys Laboratories Inc	43598-656	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/12/2017	N/A
+ Bupropion Hydrochloride	43598-656-90	300 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA207479	Dr Reddys Laboratories Inc	43598-656	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/12/2017	N/A
+ Bupropion Hydrochloride	43598-655-05	150 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA207479	Dr Reddys Laboratories Inc	43598-655	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/12/2017	N/A
+ Finasteride	43598-303-30	5 mg/1	TABLET, FILM COATED	ORAL	ANDA090061	Dr Reddys Laboratories Inc	43598-303	Finasteride	FINASTERIDE	HUMAN PRESCRIPTION DRUG	10/25/2012	N/A
+ Finasteride	43598-390-90	1 mg/1	TABLET, FILM COATED	ORAL	ANDA090060	Dr Reddys Laboratories Inc	43598-390	Finasteride	FINASTERIDE	HUMAN PRESCRIPTION DRUG	06/10/2014	N/A

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marl Date
+ Finasteride	43598-390-30	1 mg/1	TABLET, FILM COATED	ORAL	ANDA090060	Dr Reddys Laboratories Inc	43598-390	Finasteride	FINASTERIDE	HUMAN PRESCRIPTION DRUG	06/10/2014	N/A
+ Finasteride	43598-303-90	5 mg/1	TABLET, FILM COATED	ORAL	ANDA090061	Dr Reddys Laboratories Inc	43598-303	Finasteride	FINASTERIDE	HUMAN PRESCRIPTION DRUG	10/25/2012	N/A
+ SSD Cream	43598-210-40	10 g/1000g	CREAM	TOPICAL	NDA018578	Dr Reddys Laboratories Inc	43598-210	Silver Sulfadiazine	SILVER SULFADIAZINE	HUMAN PRESCRIPTION DRUG	05/04/2011	N/A
+ SSD Cream	43598-210-50	10 g/1000g	CREAM	TOPICAL	NDA018578	Dr Reddys Laboratories Inc	43598-210	Silver Sulfadiazine	SILVER SULFADIAZINE	HUMAN PRESCRIPTION DRUG	05/04/2011	N/A
+ SSD Cream	43598-210-85	10 g/1000g	CREAM	TOPICAL	NDA018578	Dr Reddys Laboratories Inc	43598-210	Silver Sulfadiazine	SILVER SULFADIAZINE	HUMAN PRESCRIPTION DRUG	05/04/2011	N/A
+ SSD Cream	43598-210-25	10 g/1000g	CREAM	TOPICAL	NDA018578	Dr Reddys Laboratories Inc	43598-210	Silver Sulfadiazine	SILVER SULFADIAZINE	HUMAN PRESCRIPTION DRUG	05/04/2011	N/A
+ SSD Cream	43598-210-55	10 g/1000g	CREAM	TOPICAL	NDA018578	Dr Reddys Laboratories Inc	43598-210	Silver Sulfadiazine	SILVER SULFADIAZINE	HUMAN PRESCRIPTION DRUG	05/04/2011	N/A

Showing 1 to 15 of 15 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Emp name	Department Name
Mr Swaminathan Chandrasekaran	Finance
Ms Anjum Swaroop	Intellectual Property & Patents
Ms Tricia Wetzel	National Accounts
Mr Sunil Kumar Chebrolu	Finance
Ms Manuela Bandeira	Finance
Ms Lubna Safi	North America
Mr Milan Kalawadia	OTC Sales & Marketing
Ms Joann Lichtmann	Finance
Ms Jaya Lakshmi Ayyagari	Regulatory Affairs
Vanessa Brill	Legal Affairs
Mr Uragasainareddy Medapati	Digital and Process Excellence
Ms Keerthi Kandlikar	Marketing
Mr Larry Knupp	OTC Sales & Marketing
Ms Melissa Fiore	Legal Affairs
Ms Lindsay Proffitt	OTC Sales & Marketing
Mr Subba Inta	QA/Compliance
Mr Stephen Schneider	OTC Sales & Marketing
Ms Shobha Chagam	Regulatory Affairs
Abhijit Patil	Supply Chain Management
Ms Julie Famulare	OTC Sales & Marketing
Clayton Anderson	OTC Sales & Marketing
Ms Kimberly Quint	OTC Sales & Marketing
Ms Shonise Moses	QA/Compliance
Mr William Louie	Finance
Ricki Wall	OTC Sales & Marketing
Ms Lalitha Subramanian	Regulatory Affairs
Mr G B Ramesh Murthy	Business Development
Mr Theodore Alcorace	Rx Sales & Marketing
Mr Ashish Girotra	OTC Sales & Marketing
Ms Sonal Shah	Finance
Mr Jeff Jorgenson	OTC Sales & Marketing
Mr James Osborne	StrategicPortfolio&BusinessDevelopment
Ms Nadine Endrawis	OTC Sales & Marketing
Ms Lonna Buinis	OTC Sales & Marketing
Ms Christine Walton	Marketing
Mr Joseph Conidi	OTC Sales & Marketing
Mr Abhishek Mukhopadhyay	StrategicPortfolio&BusinessDevelopment
Mr Ramachandra Pulagam	QA/Compliance
Mr David Moulton	Rx Sales & Marketing
Mr Bala Kumar NallaThambi	Rx Sales & Marketing
Ms Joyce Coughlin	Generics - US
Ms Maria Castaldo	Intellectual Property & Patents
Ms Marwa Elabd	Supply Chain Management
Mr Shamarez Ali Mohammed	StrategicPortfolio&BusinessDevelopment
Mr Andrew Cebello	Supply Chain Management
Mr Priyanko Basu	Rx Sales & Marketing
Mr Rajesh Sadanandan	North America
Ms Delores McCreary	Marketing
Ms Sheree Park	Generics - US
Ms Juli Asmonga	North America
Mr Joshua Hudgens	National Accounts

Ms Naga Veluri	QA/Compliance
Ms Juana Amistad	Finance
Ms Kejian Fan	Finance
Mr William Cloman	OTC Sales & Marketing
Ms Suma Koodallur	Human Resources
Ms Leigh Avery	Supply Chain Management
Ms Shruti Shah	Finance
Ms Diane Rodic	Generics - US
Mr Surender Reddy Amireddy	Digital and Process Excellence
Ms Shelby Seliga	Regulatory Affairs
Mr Arvind Tekumal	Generics - US
Mr Juan Carlos Alvarez	Finance
Mr Jatin Nishawala	OTC Sales & Marketing
Mr Peter Nyonyintono	QA/Compliance
Ms Suet Horhota	Finance
Ms Sara Temming	QA/Compliance
Ms Jennifer Carley	National Accounts
Mr Michael Alfino	Rx Sales & Marketing
Mr Zachary McClard	Rx Sales & Marketing
Ms Doris Hartell	Rx Sales & Marketing
Mr Mayank Nagar	Generics - US
Ms Foram Vaishnav	Pharmacovigilance
Ms Jyothi Avirineni	Regulatory Affairs
Mr Satwinder Bhathal	Pharmacovigilance
Mr Brian Kilmartin	Pharmacovigilance
Ms Anju Sahni	Finance
Mr Bryan Dixon	Legal Affairs
Ms Kalpana Cherukumilli	Finance
Mr Don Nguyen	IPDO/Clinical
Ms Anupama Prabandham	Regulatory Affairs
Mr Saunak Savla	Finance
Ms Deepti Jain	Intellectual Property & Patents
Ms Brenda Kern	Rx Sales & Marketing
Ms Kristi Dodge	Rx Sales & Marketing
Mr Andre White	Rx Sales & Marketing
Mr Nathan Cumme	Rx Sales & Marketing
Ms Julie Garvey	Rx Sales & Marketing
Mr Marc Kikuchi	Generics - US
Mr Benjamin Kleppel	OTC Sales & Marketing
Mr Venkata Krishna Sai Subhash Kuricheti	Finance
Mr Arshad Iqbal	Digital and Process Excellence
Mr Vincent Colicchio	Generics - US
Ms Lisa Cardetti	National Accounts
Mr Jeffrey Martin	Intellectual Property & Patents
Ms Dawne Martini	Generics - US
Mr Ahmed Rifayee	Finance
Mr Karan Patel	Digital and Process Excellence
Ms Anupama Siddhaye	Marketing
Ms Juliana Anthony	Digital and Process Excellence
Mr Daniel Romero	Finance
Mr Eric Sutherland	Rx Sales & Marketing
Ms Smiti Vij	Rx Sales & Marketing

Mr Jayachandran Ezhuthachan	North America Sales & BD
Mr Sanjay Choubey	Digital and Process Excellence
Ms Sandeep Sood Kaur	Generics - US
Ms Tenzin Phuntsok	Generics - US
Ms Swarna Rallabandi	Human Resources
Mr Richard Ng	Supply Chain Management
Ms Harolyn Cambero	Supply Chain Management
Ms Nikita Mulchandani	Supply Chain Management
Ms Rachel Wu	Intellectual Property & Patents
Mr Robert Tambe	QA/Compliance
Mr Varun Kumar	Digital and Process Excellence
Mr Matthew Bilbao	Supply Chain Management
Radha Krishna Murthy Pachipulusu	Generics - US
Mr Navdeep Pahuja	StrategicPortfolio&BusinessDevelopment
Mr Dinakaran C Balasubramanian	Generics - US
Ms Roshni Boppana	Legal Affairs
Ms Nancie Loriston	Human Resources
Ms Heather Roman	IPDO/Clinical
Ms Lara Maresca	Human Resources
Mr Vincent Post	Supply Chain Management
Mr Scott Hollander	Legal Affairs
Hetal Patel	QA/Compliance
Mr Ryan Wytanis	StrategicPortfolio&BusinessDevelopment
Ms Catherine Odih	Pharmacovigilance
Shalom Kercher	OTC Sales & Marketing
Meredith Poggie	OTC Sales & Marketing
Cera Jaffe	Generics - US
Ms Maireny Martinez Brito	QA/Compliance
David Smith	Rx Sales & Marketing
Ms Geetha Arumalla	QA/Compliance
Brandon Daley	Supply Chain Management
John Frias	QA/Compliance
Abigail Blunda	Human Resources
Thuvaritha Sivakumar	Finance
Pavani Kamatam	Digital and Process Excellence
Claudia Lorenzo	Rx Sales & Marketing
Shivam Patel	QA/Compliance
Hima Rajappan	Human Resources
Anthony McLellan	North America Sales & BD
Shirisha Sattineni	QA/Compliance
Heather Harris	Rx Sales & Marketing
Iya Bekondo Granatella	QA/Compliance
Nisha Yashwant Shah	Human Resources
Willi Joseph Toups	Rx Sales & Marketing
Maria Riaz Janjua	QA/Compliance
Shilpa Talati	Generics - US
Swati Tipnis	QA/Compliance
Arijit Ray	Human Resources
Erica Bass	Rx Sales & Marketing
Meghna Patel	QA/Compliance
Lily Xi	Supply Chain Management
Pankaj R Panchal	Regulatory Affairs

Mishall Ghauri	Pharmacovigilance
Amol Naresh	Digital and Process Excellence
Darshana Patel	Pharmacovigilance
Dhwani Patel	Generics - US
Manas Das	Digital and Process Excellence
Joshua Henry Coron	StrategicPortfolio&BusinessDevelopment
Laetitia Tchetgna	Regulatory Affairs
Susan Annette Belleavoine	Rx Sales & Marketing
Kathryn Paige Healy	OTC Sales & Marketing
Sravanthi Karnati	Regulatory Affairs
Sumit Kumar	North America

Position Desc
BU Finance Head - NAG
Head Intellectual Property
Head Sales, Rx
Group Controller
Team Lead Commercial Operations
Senior Coordinator, Supply Chain
Head Product Management
Team Lead, Commercial Contracts, NAG
Lead Regulatory Affairs
Associate General Counsel, Americas
Lead-DPEx Infra & Facilities NAG
Lead Marketing, Rx
National Accounts Exec OTC
Senior Paralegal, Coordinator
Lead Marketing, OTC
Lead Quality & Compliance.
Lead Associate, Project Management
Lead Regulatory Affairs
Head - Supply & Demand Planning , NAG
Lead Project Management
National Accounts Exec OTC
Head Packaging Development, NAG
Lead Associate, Quality Complaints
Lead- Contracts
Associate Product Management
Team Lead Regulatory Affairs
Head -Business Development
National Accounts Exec SRx
Head Marketing, OTC
Sr. Specialist Taxation
Head Sales OTC
Lead External R&D
Lead Associate, Project Management
Lead Associate, Project Management
Head Marketing, Rx
Lead Marketing, OTC
Head Business Development
Lead Quality
Head Sales, SRx
Lead Pricing, Rx
Sales Operations Coordinator
Lead Associate - Legal Operations
Lead, Planning
Head External R&D NAG
Lead Associate, Category Mgmt.
Lead Marketing, Rx
Head Mature Markets- NA, EU, Mexico
Country Lead - Corporate Communications
Lead Marketing & Sales Ops SRx
Region BD Manager API
National Accounts Executive, Rx

Lead Associate, Quality & Compliance
Associate- Contracts
Lead Accountant
National Accounts Exec OTC
Lead Associate, Benefits
Lead Associate, Planning
Sp Fed - Contracting & Govt Pricing
Lead Marketing & Sales Ops SRx
Business Engagement Manager-DPEx
Administrative Asst, RA/QA
Head Marketing, SRx
Head- Govt. Pricing & Contracts
Lead Associate, Packaging Engineering
Lead Associate Quality Ops RX/SRX
Team Lead Dispute Resolution
Associate, Quality Complaints
National Accounts Executive, Rx
Regional Account Executive, SRx
Regional Account Executive, SRx
Regional Account Executive, SRx
Head Tech Svcs & NPL
Head - PV
Team Lead Regulatory Affairs
Head Medical Affairs
Lead Risk Management PV
Finance Controller
Asst Gen Counsel-M&A and BD, Devel Mrkts
Associate Commercial Operations
Lead, Technical Services
Lead Associate, Regulatory Affairs
BU Finance Head PPG & Head Contracts NAG
Lead Intellectual Property
Regional Account Executive, SRx
Regional Account Executive, SRx
Regional Account Executive, SRx
Regional Account Executive, SRx
National Accounts Executive
CEO- North America Generics
Lead Associate, Warehouse Transportation
Team Leader Controlling
Lead Associate, DPEx & Facilities
Head Supply Chain & External Mfg
National Accounts Executive, Rx
Lead, Legal Intellectual Property
Executive Assistant
Team Lead - Planning
DPEx Helpdesk Engineer
Lead Marketing Rx
Receptionist
Finance Associate
Regional Sales Manager (East)
Head,Portfolio Management

Head NA Business Development CPS
Head DPEx NAG
Lead New Product Launch Management
Lead Associate New Product Launch Mgmt
Head Human Resources - NAG
Lead Associate Supply Chain Planning
Lead Associate,Inbound Logistics & Claim
Associate Demand Planning
Lead Legal Intellectual Property
Head Quality & Regulatory
Senior Specialist DPEx
Lead Associate, Supply Chain Planning
Lead Associate, Technical Services
Lead Business Development
Lead Marketing SRx
Sr. Legal Counsel, NA
HR Operations Partner
Lead Associate Graphic Design
People Capability Partner
Lead Associate API Procurement
Asst Gen Counsel-Litigation & Compliance
Lead Associate, Quality Improvement
Lead Business Development
Drug Safety Associate
Management Trainee - Key Account Manager
Associate Product Management
Project Management Specialist
Associate, Quality-Batch Release/Ops
Regional Sales Manager - West
Associate, Quality-Batch Release/Ops
Associate, Inbound Logistics & Claims
Lead, QA and Compliance
Lead, HR -Talent and HR Operations
Finance Associate
Automation Specialist
Regional Account Representative(Hospital
Lead Associate – Quality Audits
HR & Talent Specialist
Lead, Business Development
Associate, APQR
Regional Account Representative-Florida
Associate, Quality-Batch Release/Ops
Specilaist, Talent Acquisition
Regional Account Representative -NC
Lead Associate, Regulatory Compliance
Lead, Marketing Speciality Generics
Lead,Analytical Quality and Compliance
Lead HR-Capability Building, BP-NA
Regional Account Exe, Health Syst ER
Associate,Quality Document Control Spec
Lead Associate, Supply Chain Planner
Lead Associate, Regulatory Affairs

Lead Medical Affairs
Lead,Digital Transformation,Digital&CRM
Lead Associate, Drug Safety
Senior Analyst, Biosimilar / Institution
Analytics Lead, North America Generics
Lead Business Development
Lead Associate I, Regulatory Affairs
Regional Account Executive, SRX
Lead, Brand Management E-Commerce and Om
Lead Associate, Regulatory Affairs – OTC
Region Head - North America

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Dr. Reddy's Laboratories Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 107 College Rd. East

City Princeton State NJ Zip 08540

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 609-375-9900 Website www.drreddys.com

Licensing Company Email usra@drreddys.com

Section 2: Personal Information

First Robert Middle _____ Last Tambetakaw

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]Ravens Crest Dr

City Plainsboro State NJ Zip 08536

Telephone [redacted] Email usra@drreddys.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
George Washington University		1/17 - 5/19	
Address	City	State	Zip
2121 St NW	Washington	DC	20052
Diploma/Degree obtained, if any			
M.S. Regulatory Affairs			

School Name		From - To (MM/YY – MM/YY)	
Morgan State University		8/08-5/12	
Address	City	State	Zip
1700 E Cold Spring Ln	Baltimore	MD	21251
Diploma/Degree obtained, if any			
M.S. Analytical Chemistry			

School Name		From - To (MM/YY – MM/YY)	
School of Pharmacy, University of B.S., Pharmacy Lagos		9/88 - 2/93	
Address	City	State	Zip
University Road, Akoka,Lagos	Lagos, Nigeria	Lagos	101017
Diploma/Degree obtained, if any			
B.S. Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Government Grammar High School (GHS)		9/86-9/88	
Address	City	State	Zip
Mamfe	Mamfe	SW	00001
Diploma/Degree obtained, if any			
High school diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/20 - Present	[redacted] Ravens Crest DR	Plainsboro	NJ	08536
03/16- 08/20	[redacted] Santa Maria DR	Irvine	CA	92604
10/12- 03/16	[redacted] Quail Ridge DR	Plainsboro	NJ	08536
10/10 - 02/15	[redacted] Acorn DR	Glenville- Schenectady	NY	12302
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Dr Reddy's Laboratories Inc.			10/2020 - present	
Business Address		**City**	**State**	**Zip**
107 College Rd East		Princeton	NJ	08540
Phone	**Title**		**Number of Employed Hours**	
(609) 375-9900	Vice President and Head – Quality and Regulatory Affairs		4000+ hours	
Description of Duties				
Please see attached - resume				

Business Name			From - To (MM/YY – MM/YY)	
Nexgen Pharmaceutical Co. Inc.			2016 - 10/2020	
Business Address		**City**	**State**	**Zip**
46 Corporate Park # 100		Irvine	CA	92606
Phone	**Title**		**Number of Employed Hours**	
(949) 863-0340	Vice President, Quality & Regulatory Affairs – 3 Plants		8000+ hours	
Description of Duties				
Please see attached - resume				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Robert Tambetakaw, **certify that as the designated representative for**

Dr. Reddy's Laboratories Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RT I am at least 21 years of age;
3. RT I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RT I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RT I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RT I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RT I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Robert Tambetakaw

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

September 12, 2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Tambetakaw

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

September 12, 2022

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MERCER COUNTY

I, Robert Tambetakaw, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

September 12, 2022

Date

Subscribed and Sworn to before me this 15 day of Sept. 2022

Notary Public Signature

MARIA CASTALDO
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 10/15/2024
(Seal)

Personal

Name	Robert Tambe, M.Sc., RPh.
Address	Irvine, CA
Cell	[redacted]
Email	[redacted]

Education and Qualifications

2019	George Washington University	**M.S.** Regulatory Affairs *To be verified*
2012	Morgan State University	**M.S.**, Analytical Chemistry *To be verified*
1993	School of Pharmacy, University of Lagos, Nigeria	**B.S.**, Pharmacy *To be verified*

Professional Experience

2016 to Present ***Nexgen Pharmaceutical Co. Inc.***

Vice President, Quality & Regulatory Affairs – 3 Plants

- Provides the regional strategic and tactical QA and Regulatory leadership for three sites in the release of internal and external manufactured batches. Leads QA, QC, GCP, RA and pharmacovigilance teams with multiple direct reports. Ensures SOPs describing internal processes are developed and aligned to ensure sites inspection readiness and product approvals
- Leads staff in implementing strategies to sustain and improve the quality and regulatory infrastructure to support FDA product approvals and QbD concepts for business growth
- Leads the hiring, training, and coaching of critical staff to support business goals
- Provides leadership in developing, improving inspection readiness programs at three company sites resulting in various Health Authority; FDA, DEA and Health Canada successful audits
- Chair senior executive QA/RA Committee meetings involved with developing continuous improvement strategies that have led to

enhanced operational efficiency at 95% and FDA VAI status for four consecutive years
- Implemented 12 Corporate Quality Policies that have ensured four successful regulatory agencies routine and two pre-approval inspections at two of Nexgen Pharma's historical troubled plants
- Interfaced directly with the FDA, DEA, and Heath Canada during inspections without any observation
- Maintains a strong audit infrastructure and culture at the company leading to early risk detection and mitigations
- Provides subject matter expert leadership in the optimization of existing and new products, policies, and equipment to ensure cost effective compliance of sites using metrics, indicators and statistical methodologies
- Developed and implemented the first ever risk assessment corporate policy document for the company leading to successful regulatory inspections
- Successfully led the strategy on the FDA Serialization, Elemental Impurities and REMS implementation programs; authored the corporate policies, trained staff and defended the positions with the FDA

2015 – 2016 ***MUTUAL Pharmaceutical Co. Inc. (A Sun Pharma Company)***

Head, Quality & Regulatory

- Re-aligned the site strategic quality and regulatory affairs culture with corporate practices and plans
- Provided guidance and expertise to Drug Safety & Pharmacovigilance, Quality, RA and ARD heads at different sites in the release of manufactured batches
- Directed and coordinated three distinct groups; Quality, Technical Transfer & Regulatory Projects
- Oversaw the implementation of Global Manuals and corporate policies to meet FDA, EMEA, and Health
- Canada regulations
- Led the development of the first Regulatory Affairs Intelligence trending dashboard
- Conducted and led hands on audits for strategic customers including Due Diligence for potential product and company acquisition
- Led FDA inspections at the two sites; PA and IL with VAI results

2012– 2015 ***Sun Pharmaceutical Inc.***

Senior Director, Quality Assurance, Multiple Sites 2013 - 2015

Director, Quality 2012 - 2013

- Directed the strategic quality culture at two sites while leading the quality team in the release of internal and external manufactured batches
- Co-led FDA and DEA inspections of the site and responded to 483 observations
- Successfully led interactions and responses during six regulatory bodies inspections
- Responsible for Drug Safety/Complaints and Computer Systems and Software enhancement
- Participated in the "Global Supplier Task Force" cross functional team (Quality, Supply Chain, Regulatory Affairs, R&D, Business Development, and Procurement) responsible for harmonization of suppliers for improved compliance and business cost
- Successfully managed and maintained Quality department budget within the global target
- Conducted critical and confidential Due Diligence Audits for product or company acquisitions
- Ensured two main global strategic compliance projects were completed with timely escalation and resolution of issues
- Provided multiple sites-wide FDA readiness trainings to staff leading to successful FDA inspections
- Directed the improvement and maintenance of Regulatory Intelligence & Audit Findings Dashboard
- Project Leader for the Corporate LIMS Project for the US sites working with one consultants & two in-house project staff

2011 – 2012 ***Lachman & Associates***

Senior Consultant, Quality Assurance & Compliance

Novartis Inc. Lincoln, NE

FDA Commitment: Plant Regulatory & Compliance Remediation

- Performed regulatory certifications of revamped QA/RA systems at a pharmaceutical plant
- Mentored a cross functional matrixed team of QA/RA staff on system enhancements

Johnson & Johnson Inc., Fort Washington, PA

FDA Consent Decree Remediation

- Partnered with matrix teams to lead the implementation of FDA approved Regulatory and Compliance Action Plan: consent decree System work plan projects. Performed internal, Stage Gate and QbD audits of pharmaceutical

systems as part of a J&J, Fort Washington, PA site remediation program. Reviewed, FDA Filings, commissioning and qualification documents for ANDAs and NDA products

- Reviewed QA and RA ANDA/NDA work plans per FDA improvement commitments. Directly involved in reviewing/authoring some investigations of critical RA gaps.

2010 – 2011 ***Ohm Laboratories***

Site Head - QA, Regulatory Compliance

- Hired to revamp the FDA warning letter site and prevented a consent decree action. Provided the leadership to a 20 plus QA/RA staff with constant communication with the FDA on remedial changes at the site
- Executed the strategic corporate QA/RA culture change through staff changes and training at the NY site and provided quality risk management oversight to a matrix team of internal, and consultant staff. Led site QA/RA staff and consultants in the release of internal and external manufactured batches. Led the transfer of products; FDA Filings (PAS, CBEs) to and from external manufacturers and laboratories
- Scheduled and led FDA meetings and conferences with regards to Filed product applications, transfers, CBEs and site improvement status
- Successfully collaborated with other CMOs and external companies in different states and India to maintain production in a FDA Warning Letter site.

2007 – 2010 ***Par Pharmaceutical Inc.,***

Quality Manager

- Reviewed and approved 95% of site and third-party manufacturers' investigations / complaints for adequacy to CFRs through multiple FDA inspections without major 483 observations. Approve applicable SOPs, protocols for manufacturing and packaging
- Facilitated multiple Quality Review Board, CAPA meetings to enhance compliance while leading the plant quality departments in the timely release of product
- Participated in the FDA inspections, provided responses to questions in Quality Systems areas under my responsibility while

Coordinating with system owners of other departments on FDA responses

- Developed, tracked, trended, and communicated monthly, quarterly and yearly quality metrics to site leadership for improvements
- Managed the QA team responsible QA Review and investigations
- Requested and performed at least a customer audit a year to keep my American Society of Quality Certified

1997 – 2007 ***Actavis Pharmaceuticals***

Quality Control Chemist/QC Microbiologist/Regulatory Compliance Manager

Group Leader, Quality Assurance and Regulatory Affairs (2004 – 2007)

- Wrote and filed: Medwatch on ADE complaints, APRs and change controls CBEs. Worked with consultants to revamp these assigned QA/RA systems within a year. Coordinated the conversion of the ADE from multiple paper to an electronic system, Trackwise within a year
- Managed a staff in the revamping of the change control, AE and RA FDA filing of documents

Specialist, Regulatory Affairs & Quality – FDA consent decree (2002 – 2004)

- Assigned to manage a 23-member team in the audit of 31 ANDA FDA Filed products per FDA consent decree commitment. This resulted in the successful compilation and FDA Filing and approval of 31 ANDAs for Actavis Pharmaceuticals

QC Chemist promoted to R&D Product Development Scientist (1998 – 2002)

- Developed expertise in lab work and product development of nasal, solid, liquid and semi-solid products. Performed laboratory testing, developed and revised laboratory procedures and methods
- Developed assigned ANDA products within a matrix team resulting in at least two FDA approvals a year

Manufacturing Associate (1997 - 1998)

- Compounded and packaged between 25 to 30 commercial and clinical studies batches a week per batch records and SOP's

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 20BSBIX9914

Application/License No. _____

Dr Reddy's Laboratories Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 107 College Road East, Princeton, NJ 08540 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza, Hartford, CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 8, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

20BSBIX9914

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 8th day of September, 2022.

APPLICANT/PRINCIPAL

Dr Reddy's Laboratories Inc

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Sandy McElhaney, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Andrea Allman

Witness Bonnie Rice

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MARSH USA INC
Agency Code: 20-246454

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast,** a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Sandy McElhaney

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 20BSBIX9914
Naming Dr Reddy's Laboratories Inc as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of September 8, 2022.

Signed and sealed in Lake Mary, Florida.

Keith Dozois

Keith D. Dozois, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Dr. Reddy's Laboratories Inc

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 107 College Rd. East

City Princeton State NJ Zip 08540

Mailing Address (if different from physical address) 107 College Rd. East

City Princeton State NJ Zip 08540

Telephone 609-375-9900 Website www.drreddys.com

Licensing Company Email usra@drreddys.com

Section 2: Personal Information

First Swaminathan Middle _____ Last Chandrasekaran

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Mershon lane

City Plainsboro State NJ Zip 08536

Telephone [redacted] Email usra@drreddys.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
DG Vaishnav College		06/87 - 06/89	
Address	**City**	**State**	**Zip**
No.833, Gokul Bagh, Poonamallee High Rd, Arumbakkam	Chennai	Tamil Nadu	600106 -India
Diploma/Degree obtained, if any			
Master of Commerce (Post graduation)			

School Name		From - To (MM/YY – MM/YY)	
DG Vaishnav College		06/84 - 03/87	
Address	**City**	**State**	**Zip**
No.833, Gokul Bagh, Poonamallee High Rd, Arumbakkam	Chennai	Tamil Nadu	600106 -India
Diploma/Degree obtained, if any			
Bachelor of Commerce (Undergraduate degree)			

School Name		From - To (MM/YY – MM/YY)	
Thiru Vi Ka Higher Secondary School		06/82 - 03/84	
Address	**City**	**State**	**Zip**
25, Muthiappan St, Shenoy Nagar	Chennai	Tamil Nadu	600030 -India
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2013 - present	[redacted] Mershon Lane	Plainsboro	NJ	08536
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Dr. Reddy's Laboratories			2011 - Present
Business Address	**City**	**State**	**Zip**
107 College Rd. East	Princeton	NJ	08540
Phone	**Title**		
609-375-9900	Senior Director – Finance		
Description of Duties			
Please see attached - resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Swaminathan Chandrasekaran

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/13/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MERCER COUNTY

I, SWAMINATHAN CHANDRASEKARAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

09/13/2022

Date

Subscribed and Sworn to before me this 15th day of Sept. 2022.

Notary Public Signature

MARIA CASTALDO
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 10/15/2024
(Seal)

Swaminathan Chandrasekaran
[redacted] **Mershon lane, Plainsboro, NJ 08536**
Ph: [redacted]

Professional Summary/Overview

Professional qualifications from India and US with over 18 years of experience working in Multinational Corporations in diverse roles & responsibilities. Experience in leading teams that managed various aspects of Financial Management, ERP Implementation, Budgeting, MIS, SOX Documentation & Compliance, Transfer Pricing and General Management. Excellent communication, inter personal skills with good team working abilities.

Specialties: Competitive analysis, franchising, mergers and acquisition, Pharma industry specific experiance relating to accounting and SOX compliance, Government Pricing & Medicaid, Commercial contracts, payroll and employee payments, 401k plan administration.

Professional Experience

Director – Finance – Dr. Reddy's Laboratories – January 1998 – February 2011 & Senior Director – Finance Dr. Reddy's Laboratories – February 2011 - Present

Creating and managing a stong finance organisation that supports a growing business.

Implement systems and controls that results in a Controlled environment through predefined Risk-Control matrix for all of the key processes, segregation of duties, proper internal control.

Responsible for SOX documentation and compliance for all US locations.

Sr. Finance Lead for SAP implementation during 1998 & subsequent upgrades.

Key finance lead for the team which listed Dr Reddy's in NYSE (ADR listing project)

Finance team lead during implementation of VISTEX module in SAP during 2009. VISTEX takes care of processing of rebates and chargebacks in SAP.

Responsible for AR, Banking, Insurance, Payroll and Inventory controls for US business.

Recently assumed responsibility for managing all aspects of North American Sales Operations relating to Processing of Chargebacks, Rebates and Medicaid for Dr. Reddy's Rx business & Rebates and other customer claims relating to Dr.Reddy's OTC business. Responsible for the management and prioritization of activities relating these functions including hiring and training staff. Managing overall annual expense budgets relating to payroll, chargebacks, rebates and medicaid. Responsible for providing finance inputs on major pricing decisions.

Assistant manager – Finance – Britannia Industries Limited – January 1992 – December 1997:

Financial reporting on Factory operations, MIS and Costing, General Ledger Accounting, Tax Audit, Accounts receivables and Payables, Central Excise and modvat accounting, Sales tax accounting and assessments, budgeting, IRR/Payback analysis of CAPEX projects, post Capitalization audit, working capital management including inventories, cash flow monitoring and banking.

Marc T. Kikuchi
Princeton, NJ 08540 • Phone: [redacted] e-mail: [redacted]

PROFILE

- Proven CEO, senior supply chain management and business development executive with MBA and science degree.
- Strategic and analytical approach has produced significant, measurable results across industries and functional areas.
- Respected leader with a track record for achieving corporate alignment, rapid program execution, and team cohesion.
- Adept at bringing clarity to complex issues and developing actionable plans that deliver results in a timely manner.

- Strategy Creation and Execution
- Project and Program Management
- Budgeting and Forecasting
- Commercial Operations
- Process Design and Implementation
- Business Development
- Portfolio and Pipeline Management
- Thought Leadership
- Operations Excellence
- Product Development
- Mergers and Acquisitions
- Coaching and Mentoring

EXPERIENCE

DR. REDDY'S LABORATORIES, INC. Princeton, NJ

Subsidiary of Dr. Reddy's Laboratories, LTD that is located in Hyderabad, India; DRL is a $2.5B global pharmaceutical company that provides affordable medicines in over 80 countries, driven by its mission that Good Health Can't Wait.

CEO – North America Generics **2019 – Present**

- Manage $1B P&L that represents ~40% of global sales and 50% of margin. Leadership team consists of direct and matrixed reports spanning commercial operations, quality, regulatory, manufacturing, supply chain, digital excellence, human resources, technical services, legal, intellectual property, business development, etc.
- Achieved third consecutive year of top and bottom line growth in deflationary market via new product launches, market share expansion, cost improvement programs and capacity expansions. Initiatives conducted with both internal organizations (e.g. R&D, manufacturing) and external partners (CDMOs, CPOs, 3PLs).
- Redesigned commercial organization structure to create two centers of excellence (Product Management and Key Account Management.) that resulted in enhanced customer experience and product portfolio performance.
- Launched over 75 new product families; current commercialized portfolio >175 product families across retail and institutional sectors as well as OTC products. Development portfolio >200 projects (filed and under development).

ZYDUS PHARMACEUTICALS, INC. Pennington, NJ

Subsidiary of Cadila Healthcare Limited which is located in Ahmedabad, India; Zydus Cadila is the 4th largest pharmaceutical company in India and is an innovation driven company that successfully develops and commercializes NCEs, biosimilars, vaccines, animal health, wellness and generic pharmaceutical products on a global basis.

CEO – Americas **2016 – 2019**

- Developed and implemented strategies to expand and diversify the business into new therapeutic areas, dosage forms, territories and technology verticals that advance the performance and profitability of the region.
- Oversaw manufacturing operations at facilities located in Pennsylvania and Missouri that produce transdermal products and controlled substance products, respectively. Successful FDA and DEA audits completed in 2017.
- Led commercial operations in US and Mexico. US generic pharmaceutical portfolio consists of over 75 product families and ~400 SKUs that generate ~$800M of annual net sales. Mexico focused on CNS products via detailing efforts and government tenders.
- Identified, evaluated and executed on various business development opportunities. Successfully acquired two products from the Teva/Actavis divestiture process. First product commercialized and achieving forecasted sales.
- Executed largest deal in company's history with acquisition of Sentynl Therapeutics, a specialty pharmaceutical company with pain products. Sentynl integrated successfully into Zydus culture and metrics, exceeded initial projections and sales doubled in 2018 to over $100M.

AMERISOURCEBERGEN CORPORATION Chesterbrook, PA

Ranked #8 on the Fortune 500 list with over $200B in annual revenue, one of the world's largest pharmaceutical services companies providing drug distribution and related services that reduce costs and improve patient outcomes.

Senior Vice President – Global Sourcing and Procurement Officer **2014 – 2016**
Senior Vice President – Global Generics **2012 – 2014**
Vice President – Global Generics Sourcing **2007 – 2012**
Vice President – Supply Chain Services **2005 – 2007**

- Led manufacturer negotiations across all ABC business units, representing over $120B in purchases across Branded Rx, Specialty Pharmaceuticals, Generic Rx, Consumer Product Goods and Animal Health products.
- Served as Procurement Liaison to Walgreens Boots Alliance Development GmbH (WBAD).

- Oversaw sourcing, pricing, program management and operational activities of PRxO® Generics Solution that generates over $1.2B of gross margin on a program that represents less than 10% of corporate revenues.
- Launched Generic Rx private label program, established entities in Ireland and Bermuda to optimize tax structure and implemented infrastructure to market 50 products in 30 months generating over $50M of incremental gross margin.
- Created and executed Global Generics Sourcing strategy across multiple business units. Leveraged prior global experience. Reported to COO. Increased sourcing activities with emerging market manufacturers by over 10x.
- Led and re-designed Supply Chain Services department that consisted of five groups:
    - Goods Not For Resale – Managed over $500M in spend; averaged 5% reduction in annual expenditure.
    - Data Management – Master data management; reduced error rates by 99% in first year.
    - Data Services – Support franchise teams through creation of best in class returns, recalls, shortage claims and new product launch processes; ensure timely and accurate EDI 852 and 867 transmissions.
    - Systems – Portfolio management of all supply chain related IT projects.
    - Process – Design, implement and monitor process efficiency and effectiveness (e.g. Sales & Operations Planning (S&OP)); evaluate new opportunities and negotiate 3rd party data agreements (e.g. IMS, WK).

MEDRAD INC. Indianola, PA

Global manufacturer and distributor of medical devices and services that enable or enhance diagnostic and therapeutic imaging procedures; affiliate of Bayer AG and recipient of Malcolm Baldrige National Quality Award.

Program Manager (Senior Director level responsibilities) **2003 – 2005**

- Managed product portfolio of new development and cost reduction programs that generated over 45% of company revenues and 60% of profits. Portfolio included design and material changes and international supply chain projects.
- Led global new product development team that worked directly with multiple European pharmaceutical customers and established new international supply chain to launch new products. Successfully launched two products.
- Developed strategy for newly envisioned Project Management Office (PMO) that created new roles and launched program governance forums that were instituted after the company re-organized into strategic business units.

ALLEGHENY CHILD CARE ACADEMY, INC. *(now called Brightside Academy)* Pittsburgh, PA

Entrepreneurial, venture capital funded, start-up company that provides high quality child care services to low-income communities with market presence in PA, OH, MI and NJ; achieved 14% market share in Philadelphia area.

Chief Operating Officer **1999 – 2003**

- Oversaw business development, construction management, center start-up, new program development and implementation and marketing for a $40M company with 1,200 employees and 50 operating facilities in five markets.
- Led the launch of 42 facilities, created three new markets, integrated three acquisitions, secured over $1.3M in grant funds, and managed $9M in development. Grew annual revenues from $2M to $40M. Raised $13.5M in equity.
- Represented company as lead negotiator during contract negotiations with United Child Care Union (affiliate of 1199C NUHHCE/AFSCME/AFL-CIO) successfully securing a 5-year contract.
- Negotiated leases and secured all necessary approvals as well as managed construction renovation projects for over 500,000 square feet of operating space, representing over $40M in lease commitments.

PITTIGLIO RABIN TODD & McGRATH (PRTM) *(now part of PricewaterhouseCoopers LLP)* Stamford, CT

Privately held global consulting firm with over 600 consultants across 16 offices; leader in operational strategy, supply chain, product development and customer management.

Manager, Life Sciences Consulting Practice **1997 – 1999**

- Designed and institutionalized business processes to improve management of capital investments. Drove over $200M in savings from a $1.5B annual budget by working with client project teams and senior executive committees.
- Designed and implemented technology transfer process from research to manufacturing as well as guided project teams through new product development process resulting in 15% faster product development cycles.
- Created a productivity improvement framework that enabled client to avoid $10M capital expenditure and to realize over $35M in additional tax savings by reconfiguring supply chains.

JOHNSON & JOHNSON, INC. Skillman, NJ

Global health care company that engages in the research and development, manufacturer and sale of pharmaceutical, consumer and medical device products generating over $80B in annual revenues.

Purchasing Intern **Summer 1996**

- Designed and developed model and tools for Purchasing Group to evaluate supplier cost structures. Model estimates true costs of existing suppliers, provides detailed data for benchmarking analysis, and identifies cost drivers for re-engineering of supplier operations. Created training manual to expedite implementation of model into organization.

INCYTE PHARMACEUTICALS, INC. Palo Alto, CA

Start-up Biotechnology company that focused on developing a portfolio of novel, orally available drugs that address serious unmet medial needs and providing bioinformatics services based upon its human genome sequencing operations.

Research Associate **1992 – 1995**

- Evaluated and implemented new technologies into Process Research Group to support pre-clinical studies. Increased production by over 30% via new aeration technology. Project work published in *The Journal of Immunology.*
- Established mammalian cell lines to produce novel proteins that were used in pre-clinical studies.

EDUCATION

Carnegie Mellon University, MBA, Concentration in Strategy, Marketing, and Operations Management 1997

University of California at Berkeley, B.A., Molecular and Cell Biology with Biochemistry emphasis 1991

INTERESTS

Golfing, running, hiking, skiing, kayaking and spending time with my wife and three daughters.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Dr. Reddy's Laboratories Inc

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 107 College Rd. East

City: Princeton State: NJ Zip: 08540

Mailing Address (if different from physical address): 107 College Rd. East

City: Princeton State: NJ Zip: 08540

Telephone: 609-375-9900 Website: www.drreddys.com

Licensing Company Email: usra@drreddys.com

Section 2: Personal Information

First: Marc Middle: Troy Last: Kikuchi

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Haverhill Rd

City: Chester Spring State: PA Zip: 19425

Telephone: [redacted] Email: usra@drreddys.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Haverhill Rd	Chester Spring	PA	19425
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Dr. Reddy's Laboratories Inc			From - To (MM/YY – MM/YY): 02/19 - Present
Business Address: 107 College Rd. East	City: Princeton	State: NJ	Zip: 08540
Phone: 609-375-9900	Title: CEO – North America Generics		
Description of Duties: please see attached - resume			

Business Name: Zydus Pharmaceuticals, Inc.			From - To (MM/YY – MM/YY): 01/16 - 01/19
Business Address: 73 NJ-31	City: Pennington	State: NJ	Zip: 08534
Phone: (609) 730-1900	Title: CEO – Americas		
Description of Duties: please see attached - resume			

Business Name: AmerisourceBergen Corporation			From - To (MM/YY – MM/YY): 07/05 - 01/16
Business Address: 1300 Morris Dr	City: Chesterbrook	State: PA	Zip: 19087
Phone: (610) 727-7000	Title: Senior Vice President – Global Sourcing and Procurement Officer		
Description of Duties: please see attached - resume			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Marc Troy Kikuchi

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/8/22

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MERCER COUNTY

I, MARC TROY KIKUCHI, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/8/22

Date

Subscribed and Sworn to before me this 15th day of Sept. 2022.

Notary Public Signature

MARIA CASTALDO
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 10/15/2024

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 20BSBIX9914

Application/License No. _____

Dr Reddy's Laboratories Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 107 College Road East, Princeton, NJ 08540 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza, Hartford, CT 06155 (Address of Surely) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 8, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

JOBSBIX9914

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 8th day of September, 2022.

APPLICANT/PRINCIPAL

Dr Reddy's Laboratories Inc

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Sandy McElhaney, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Andrea Allman

Witness Bonnie Rice

Countersigned by:

N/A

Nevada Resident Agent

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MARSH USA INC
Agency Code: 20-246454

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint Sandy McElhaney

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:

Bond No. 20BSBIX9914

Naming Dr Feddy's Laboratories Inc as Principal,
and Nevada State Board of Pharmacy as Obligee,

in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of September 8, 2022.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Brasseler U.S.A. Medical, LLC

Physical Address: 1 Brasseler Boulevard

City: Savannah State: GA Zip: 31419

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (912) 925-8525 Website: www.brasselerusa.com

Name of Designated Representative (DR): _____

Licensing Company Email: regulatoryaffairs@brasselerusa.com DR Email: _____

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): _____

Corporation Name: Henry Schein, Inc

Mailing Address: 135 DURYEA RD

City: MELVILLE State: NY Zip: 11747

Telephone: 631-843-5500 Email: Licensure@henryschein.com

Contact Person Name: _____

Date of SEC Registration: 1995 | SEC Registration Number: CIK: 0001000228 | Stock Exchange Symbol: HSIC

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Brasseler USA Medical, LLC

Facility Name

Thomas Popeck

Print Name of Authorized Person Submitting Application

Thomas Popeck

Original signature of Authorized Person (copies or stamps not accepted)

10/29/22

Date

Board Use Only	Date Received: 11.3.22	Amount: 2,000 Check #: 0025760

BRASSELER USA

One Brasseler Boulevard, Savannah, GA 31419
P 800.841.4522 F 888.610.1937
BrasselerUSA.com

List of Corporate Officers for Brasseler USA Medical, LLC

Ronald South	Executive Vice President and Chief Financial Officer
Michael S. Ettinger	Executive Vice President
Walter Siegel	Senior Vice President
Thomas Popeck	Vice President
Robert Ponzo	Vice President, Corporate Tax
Michael Amodio	Vice President and Treasurer
Jennifer Ferrero	Secretary

BRASSELER USA®

One Brasseler Blvd. Savannah, GA 31419
P 800-841-4522
BrasselerUSADental.com

December 15, 2022

A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant

Yvonne Smith - VP Manufacturing and Services
Bill Bertolozzi - Manager, Purchasing
Renata Clark - Manager, Supply Chain/Distribution
Paul DeLaTorre - Manager, Packaging
Sarah Holland - Operational Readiness Specialist
Helen Miskowski - Demand Planner
David Smith - Manager, Safety and Facilities
Heather Zellers - Manager of Production Planning

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HENRY SCHEIN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HENRY SCHEIN, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2320192 8300

SR# 20222551032

Authentication: 203596265

Date: 06-04-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005305 Status: Active

Brasseler USA Medical LLC
One Brasseler Blvd Ste 200
Savannah GA 31419

Expires: 06/30/2023
Issued: 03/03/2022

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005305 Status: Active
Brasseler USA Medical LLC
One Brasseler Blvd Ste 200
Savannah GA 31419

Expires: 06/30/2023
Issued: 03/03/2022
Real-time license verification is available at gadch.mylicense.com/verification

Control Number : 0200846

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BRASSELER U.S.A. MEDICAL, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 23195253
Date Inc/Auth/Filed	: 12/28/2001
Jurisdiction	: Georgia
Print Date	: 05/16/2022
Form Number	: 211

Brad Raffensperger

Brad Raffensperger
Secretary of State

Control Number : 0200846

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

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Form Number	: 211

Brad Raffensperger

Brad Raffensperger
Secretary of State

FDA

FDA Home[1] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
Brasseler U.S.A. Medical, LLC
Business Trade Names:
(1) Brasseler USA® (2) Brasseler USA® Surgical Instrumentation (3) BUSA®

1 Brasseler Blvd
Savannah, GA 31419
Registration Number: 2025102
FEI Number*: 3004949275
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
Brasseler U.S.A. Medical, LLC[6]
1 Brasseler Blvd
Savannah, GA US 31419
Owner/Operator Number: 9010748[7]

Official Correspondent:
Rod J Rylands
1 Brasseler Blvd
Savannah, GA 31419
Phone: 800-8414522

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9010748&OwnerOperator
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Page Last Updated: 05/16/2022

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

U.S. Department of Health & Human Services

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9010748&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9010748&OwnerOperator

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 09/21/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
Peter Brasseler Holdings, LLC Attn: Chris Phillips One Brasseler Boulevard Savannah GA 31419 USA	INSURER A:	QBE Specialty Insurance Company	11515
	INSURER B:	ProAssurance Specialty Insurance Company	17400
	INSURER C:	Liberty Mutual Fire Ins Co	23035
	INSURER D:	Liberty Insurance Corporation	42404
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570095406082 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / X LOC OTHER:			TB2621093363032	06/01/2022	06/01/2023	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
							PRODUCTS - COMP/OP AGG	Excluded
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			AS2-621-093363-042	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$3,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION						EACH OCCURRENCE	
							AGGREGATE	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WA762D093363012 AOS	06/01/2022	06/01/2023	X PER STATUTE / OTH	
D				WC7621093363022 WI	06/01/2022	06/01/2023	E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
B	Products Liab			N22NY380020 Claims Made	06/01/2022	06/01/2023	Per Occurrence Aggregate	$2,000,000 $2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Holder Identifier :

Certificate No : 570095406082

CERTIFICATE HOLDER

Brasseler USA Dental LLC
Brasseler USA, Medical LLC
One Brasseler Blvd.
Savannah GA 31419 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

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AGENCY CUSTOMER ID: 570000025511

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Peter Brasseler Holdings, LLC
POLICY NUMBER	
See Certificate Number: 570095406082	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570095406082	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds

Brasseler USA Medical, LLC
Brasseler USA Dental, LLC

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Brasseler USA Medical, LLC MDEG License # (if applicable): _____

Physical Address: 1 Brasseler USA, LLC

City: Savannah State: Georgia Zip: 31419

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (912) 925-8525 Website: brasselerusa.com

Licensing Company Email: regulatoryaffairs@brasselerusa.com

Section 2: Personal Information

First: Joseph Middle: Robert Last: Zellers

Alias(es, nicknames, name changes, etc.): Joe

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Laurenburg Drive

City: Richmond Hill State: GA Zip: 31324

Telephone: [redacted] Email: joezellers@brasselerusa.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✔	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✔	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Pennsylvania College of Technology		09/97-12/02	
Address	**City**	**State**	**Zip**
One College Avenue	Williamsport	PA	17701
Diploma/Degree obtained, if any			
Plastics and Polymer Engineering Technology			

School Name		From - To (MM/YY – MM/YY)	
Williamsport Area High School		09/93-06/97	
Address	**City**	**State**	**Zip**
	Williamsport	PA	17701
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/17 - current	[redacted] Laurenburg Drive	Richmond Hill	GA	31324
05/12 - 07/17	[redacted] Cedar Heights	Mill Hall	PA	17751
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Brasseler USA Medical, LLC			10/20-Current	
Business Address		**City**	**State**	**Zip**
1 Brasseler Boulevard		Savannah	GA	31419
Phone	**Title**		**Number of Employed Hours**	
(912) 925-8525	Associate Manager, Quality Engineering and QC		4080	
Description of Duties				
Risk management, manager of quality control and quality engineering, non-conformance review, CAPA review.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Joe Zellers, **certify that as the MDEG Administrator for**

Brasseler USA Medical, LLC,

that I (initial that you have read and meet the following requirements):

1. JRZ Have a high school diploma or its equivalent;
2. JRZ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JRZ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JRZ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Zellers
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/20/2022
Date

Board Use Only	Date Received: 10-31-22

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 25, 2021

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____

Commission file number 0-27078

HENRY SCHEIN, INC.

(Exact name of registrant as specified in its charter)

Delaware	11-3136595
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

135 Duryea Road

Melville, New York

(Address of principal executive offices)

11747

(Zip Code)

(631) 843-5500

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $.01 per share	HSIC	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

YES: ☒ NO: ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

YES: ☐ NO: ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

YES: ☒ NO: ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer: ☒ Accelerated filer: ☐ Non-accelerated filer: ☐ Smaller reporting company: ☐ Emerging growth company: ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).

YES: ☐ NO: ☒

The aggregate market value of the registrant's voting stock held by non-affiliates of the registrant, computed by reference to the closing sales price as quoted on the Nasdaq Global Select Market on June 26, 2021, was approximately $10,405,142,000.

As of February 7, 2022, there were 137,172,800 shares of registrant's Common Stock, par value $.01 per share, outstanding.

Documents Incorporated by Reference:

Portions of the Registrant's definitive proxy statement to be filed pursuant to Regulation 14A not later than 120 days after the end of the fiscal year (December 25, 2021) are incorporated by reference in Part III hereof.

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PART I

ITEM 1. Business

General

Henry Schein, Inc. is a solutions company for health care professionals powered by a network of people and technology. We believe we are the world's largest provider of health care products and services primarily to office-based dental and medical practitioners, as well as alternate sites of care. Our philosophy is grounded in our commitment to help customers operate a more efficient and successful business so the practitioner can provide better clinical care.

With more than 89 years of experience distributing health care products, we have built a vast set of small, mid-sized and large customers in the dental and medical markets, serving more than one million customers worldwide across dental practices, laboratories, physician practices, and ambulatory surgery centers, as well as government, institutional health care clinics and other alternate care clinics.

We are headquartered in Melville, New York, employ more than 21,600 people (of which approximately 10,700 are based outside the United States) and have operations or affiliates in 32 countries and territories. Our broad global footprint has evolved over time through our organic success as well as through contribution from strategic acquisitions.

We offer a comprehensive selection of more than 120,000 branded products and Henry Schein private brand products in stock, as well as more than 180,000 additional products available as special-order items. Our infrastructure, including over 3.8 million square feet of space in 27 strategically located distribution centers around the world, enables us to historically provide rapid and accurate order fulfillment, better serve our customers and increase our operating efficiency. This infrastructure, together with broad product and service offerings at competitive prices, and a strong commitment to customer service, enables us to be a single source of supply for our customers' needs.

We conduct our business through two reportable segments: (i) health care distribution and (ii) technology and value-added services. These segments offer different products and services to the same customer base. Our dental businesses serve office-based dental practitioners, dental laboratories, schools, government and other institutions. Our medical businesses serve physician offices, urgent care centers, ambulatory care sites, emergency medical technicians, dialysis centers, home health, federal and state governments and large enterprises, such as group practices and integrated delivery networks, among other providers across a wide range of specialties.

The health care distribution reportable segment, combining our global dental and medical businesses, distributes consumable products, dental specialty products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products and vitamins. While our primary go-to-market strategy is in our capacity as a distributor, we also market and sell under our own private label portfolio of cost-effective, high-quality consumable merchandise products, and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.

The technology and value-added services reportable segment provides software, technology and other value-added services to health care practitioners. Henry Schein One, the largest contributor of sales to this category, offers dental practice management solutions for dental and medical practitioners. In addition, we offer dentists and physicians a broad suite of electronic health records, integrated revenue cycle management, patient communication services including electronic marketing and web-site design, analytics and patient demand generation. Finally, our value-added practice solutions include practice consultancy, education, and the facilitation of financial service offerings (on a non-recourse basis) to help dentists and physicians operate and expand their business operations. We believe our hands-on consultative approach to provide solutions to support practice decision-making is a key differentiator for our business.

Recent Developments

See "Management's Discussion and Analysis of Financial Condition and Results of Operations – Recent Developments" herein for a discussion related to the COVID-19 pandemic and recent corporate transactions.

Industry

The global health care distribution industry, as it relates to office-based health care practitioners, is fragmented and diverse. The industry ranges from sole practitioners working out of relatively small offices to mid-sized and large group practices ranging in size from a few practitioners to several hundred practices owned or operated by dental support organizations (DSOs), medical group purchasing organizations (GPOs), hospital systems or integrated delivery networks (IDNs).

Due in part to the inability of office-based health care practitioners to store and manage large quantities of supplies in their offices, the distribution of health care supplies and small equipment to office-based health care practitioners has been characterized by frequent, small quantity orders, and a need for rapid, reliable and substantially complete order fulfillment. The purchasing decisions within an office-based health care practice are typically made by the practitioner, hygienist or office manager. Supplies and small equipment are generally purchased from more than one distributor, with one generally serving as the primary supplier.

The health care distribution industry continues to experience growth due to demand driven by the aging population, increased health care awareness and the importance of preventative care, an increasing understanding of the connection between good oral health and overall health, improved access to care globally, the proliferation of medical technology and testing, new pharmacology treatments and expanded third-party insurance coverage, partially offset by the effects of unemployment on insurance coverage and technological improvements, including the advancement of software and services, prosthetic solutions and telemedicine. In addition, the non-acute market continues to benefit from the shift of procedures and diagnostic testing from acute care settings to alternate-care sites, particularly physicians' offices and ambulatory surgery centers.

We believe that consolidation within the industry will continue to result in a number of distributors, particularly those with limited financial, operating and marketing resources, seeking to combine with larger companies that can provide growth opportunities. This consolidation also may continue to result in distributors seeking to acquire companies that can enhance their current product and service offerings or provide opportunities to serve a broader customer base.

In addition, customer consolidation will likely lead to multiple locations under common management and the movement of more procedures from the hospital setting to the physician or alternate care setting as the health care industry is increasingly focused on efficiency and cost containment. This trend has benefited distributors capable of providing a broad array of products and services at low prices. It also has accelerated the growth of health maintenance organizations ("HMOs"), group practices, other managed care accounts and collective buying groups, which, in addition to their emphasis on obtaining products at competitive prices, tend to favor distributors capable of providing specialized management information support. We believe that the trend towards cost containment has the potential to favorably affect demand for technology solutions, including software, which can enhance the efficiency and facilitation of practice management.

Competition

The distribution and manufacture of health care supplies and equipment is highly competitive. Many of the health care products we sell are available to our customers from a number of suppliers. In addition, our competitors could obtain exclusive rights from manufacturers to market particular products. Manufacturers also could seek to sell directly to end-users, and thereby eliminate or reduce our role and that of other distributors. In certain parts of the dental end market, such as those related to dental specialty products, and medical end market manufacturers already sell directly to end customers.

In North America, we compete with other distributors, as well as several manufacturers, of dental and medical products, primarily on the basis of price, breadth of product line, e-commerce capabilities, customer service and

value-added products and services. In the dental market, our primary competitors in the U.S. are the Patterson Dental division of Patterson Companies, Inc. and Benco Dental Supply Company. In addition, we compete against a number of other distributors that operate on a national, regional and local level. Our primary competitors in the U.S. medical market, which accounts for the large majority of our global medical sales, are McKesson Corporation and Medline Industries, Inc., which are national distributors. We also compete with a number of regional and local medical distributors, as well as a number of manufacturers that sell directly to physicians. With regard to our dental software, we compete against numerous companies, including the Patterson Dental division of Patterson Companies, Inc., Carestream Health, Inc., Open Dental Software, Inc., PlanetDDS LLC, Good Methods Global Inc. (d.b.a. CareStack) and Curve Dental, LLC. In other software end markets, including revenue cycle management, patient relationship management and patient demand generation, we compete with companies such as Vyne Therapeutics Inc., EDI-Health Group, Inc. (d.b.a. Dental X Change, Inc.), Weave Communications, Inc., Solutionreach, Inc., ZocDoc, Inc., LocalMed Inc. and Prosites Inc. The medical practice management and electronic medical records market is fragmented and we compete with numerous companies such as the NextGen division of Quality Systems, Inc., eClinicalWorks, Allscripts Healthcare Solutions, Inc. and Epic Systems Corporation.

Outside of the U.S., we believe we are the only global distributor of supplies and equipment to dental practices and our competitors are primarily local and regional companies. We also face significant competition internationally, where we compete on the basis of price and customer service against several large competitors, including the GACD Group, Proclinic SA, Lifco AB, Planmeca Oy and Billericay Dental Supply Co. Ltd., as well as a large number of other dental and medical product distributors and manufacturers in international countries and territories we serve.

Competitive Strengths

We have more than 89 years of experience in distributing products to health care practitioners resulting in strong awareness of the Henry Schein® brand. Our competitive strengths include:

A focus on meeting our customers' unique needs. We are committed to providing customized solutions to our customers that are driven by our understanding of the end markets we serve and reflect the technology-driven products and services best suited for their practice needs. We are committed to continuing to enhance these offerings through organic investment in our products and our teams, as well as through the acquisition of new products and services that may help us better serve our customers.

Direct sales and marketing expertise. Our sales and marketing efforts are designed to establish and solidify customer relationships through personal or virtual visits by field sales representatives, frequent direct marketing and telesales contact, emphasizing our broad product lines, including exclusive distribution agreements, competitive prices and ease of order placement, particularly through our e-commerce platforms. The key elements of our direct sales and marketing efforts are:

- *Field sales consultants.* We have over 3,450 field sales consultants, including equipment sales specialists, covering major North American, European and other international markets. These consultants complement our direct marketing and telesales efforts and enable us to better market, service and support the sale of more sophisticated products and equipment.

- *Marketing.* During 2021, we marketed to existing and prospective office-based health care providers through a combination of owned, earned and paid digital channels, as well as through catalogs, flyers, direct mail and other promotional materials. Our strategies included an emphasis on educational content through webinars and content marketing initiatives. We continue to enhance our marketing technology to improve our targeting capability and the relevance of messaging and offers.

- *Telesales.* We support our direct marketing effort with approximately 2,100 inbound and outbound telesales representatives, who facilitate order processing, generate new sales through direct and frequent contact with customers and stay abreast of market developments and the hundreds of new products, services and technologies introduced each year to educate practice personnel.

- *Electronic commerce solutions.* We provide our customers and sales teams with innovative and competitive e-commerce solutions. We continue to invest in our e-commerce platform to offer enhanced content management so customers can more easily find the products they need and to enable an engaging purchase experience, supported by excellent customer service.

- *Social media.* Our operating entities and employees engage our customers and supplier partners through various social media platforms, which are an important element of our communications and marketing efforts. We continue to expand our social media presence to raise awareness about issues, engage customers beyond a sale and deliver services and solutions to specialized audiences.

Broad product and service offerings at competitive prices. We offer a broad range of products and services to our customers, at competitive prices, in the following categories:

- *Consumable supplies and equipment.* We distribute consumable products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, dental specialty products, diagnostic tests, infection-control products and vitamins. We offer over 120,000 Stock Keeping Units, or SKUs, to our customers. We offer over 180,000 additional SKUs to our customers in the form of special order items. We also market and sell our own private label portfolio of cost-effective, high-quality consumable merchandise products and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.

- *Technology and other value-added products and services.* We sell practice management, business analytics, patient engagement and patient demand creation software solutions to our dental customers. Our practice management solutions provide practitioners with electronic medical records, patient treatment history, analytics, billing, accounts receivable analyses and management, appointment calendars, electronic claims processing and word processing programs, network and hardware services, e-commerce and electronic marketing services, sourcing third party patient payment plans, transition services and training and education programs for practitioners. We also sell medical software for practice management, certified electronic health records ("EHR") and e-Prescribe medications and prescription solutions through MicroMD®. We have approximately 950 technical representatives supporting customers using our practice management solutions and services. As of December 25, 2021, we had an active user base of approximately 95,700 practices and 400,000 consumers, including users of AxiUm, Dentally®, Dentrix Ascend®, Dental Vision®, Dentrix® Dental Systems, Dentrix® Enterprise, Easy Dental®, EndoVision®, Evolution® and EXACT®, Gesden®, Jarvis Analytics™, Julie® Software, Oasis, OMSVision®, Orisline®, PBS Endo®, PerioVision®, Power Practice® Px, PowerDent, and Viive® and subscriptions for Demandforce®, Sesame, and Lighthouse360® for dental practices and DentalPlans.com® for dental patients; and MicroMD® for physician practices.

- *Repair services.* We have over 140 equipment sales and service centers worldwide that provide a variety of repair, installation and technical services for our health care customers. Our over 2,175 technicians provide installation and repair services for: dental handpieces; dental and medical small equipment; table-top sterilizers and large dental equipment.

- *Financial services.* We offer our customers solutions in operating their practices more efficiently by providing access to a number of financial services and products provided by third party suppliers (including non-recourse financing for equipment, technology and software products, non-recourse practice financing for leasehold improvements, business debt consolidation and commercial real estate, non-recourse patient financing and credit card processing) at rates that we believe are generally lower than what our customers would be able to secure independently. We also provide staffing services, dental practice valuation and brokerage services.

Commitment to superior customer service. We maintain a strong commitment to providing superior customer service. We frequently monitor our customer service through customer surveys, focus groups and statistical reports. Our customer service policy primarily focuses on:

- *Exceptional order fulfillment.* We ship an average of approximately 156,000 cartons daily. Historically, approximately 99% of items have been shipped without back ordering and were shipped on the same business day the order is received. Due to the significant increase in demand for personal protective equipment ("PPE"), as a result of COVID-19, during the year ended December 25, 2021, approximately 96% of items ordered were shipped without back ordering. As the demand for PPE stabilizes, we expect our percentage of items shipped without back-ordering and shipped on the same day to return to historical levels.

- *Comprehensive ordering process.* Customers may place orders 24 hours a day, 7 days a week via e-commerce solutions, telephone, fax, e-mail and mail.

Integrated management information systems. Our information systems generally allow for centralized management of key functions, including accounts receivable, inventory, accounts payable, payroll, purchasing, sales, order fulfillment and financial and operational reporting. These systems allow us to manage our growth, deliver superior customer service, properly target customers, manage financial performance and monitor daily operational statistics.

Cost-effective purchasing. We believe that cost-effective purchasing is a key element to maintaining and enhancing our position as a competitively priced provider of health care products. We continuously evaluate our purchase requirements and suppliers' offerings and prices in order to obtain products at the lowest possible cost. In 2021, our top 10 health care distribution suppliers and our single largest supplier accounted for approximately 30% and 4%, respectively, of our aggregate purchases.

Efficient distribution. We distribute our products from our strategically located distribution centers. We strive to maintain optimal inventory levels in order to satisfy customer demand for prompt delivery and complete order fulfillment. These inventory levels are managed on a daily basis with the aid of our management information systems. Once an order is entered, it is electronically transmitted to the distribution center nearest the customer's location for order fulfillment.

Products and Services

The following table sets forth the percentage of consolidated net sales by principal categories of products and services offered through our health care distribution and technology and value-added services reportable segments:

	December 25, 2021	December 26, 2020	December 28, 2019
Health care distribution:			
Dental products [1]	60.8%	58.4%	64.2%
Medical products [2]	34.0	35.8	29.8
Total health care distribution	94.8	94.2	94.0
Technology and value-added services:			
Software and related products and other value-added products [3]	5.2	5.1	5.2
Total excluding Corporate TSA revenues	100.0	99.3	99.2
Corporate TSA revenues [4]	-	0.7	0.8
Total	100.0	100.0	100.0

(1) Includes infection-control products, handpieces, preventatives, impression materials, composites, anesthetics, teeth, dental implants, gypsum, acrylics, articulators, abrasives, dental chairs, delivery units and lights, X-ray supplies and equipment, PPE, equipment repair and high-tech and digital restoration equipment.

(2) Includes branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products, X-ray products, equipment, PPE and vitamins.

(3) Consists of practice management software and other value-added products, which are distributed primarily to health care providers, and financial services on a non-recourse basis, e-services, continuing education services for practitioners, consulting and other services.

(4) Corporate TSA revenues represents sales of certain products to Covetrus under the transition services agreement entered into in connection with the Animal Health Spin-off, which ended in December 2020. See Note-23 Related Party Transactions for further information.

Business Strategy

Our objective is to continue to expand as a global value-added provider of health care products and services to office-based dental and medical practitioners by increasing their efficiency and success. To accomplish this, we apply our competitive strengths in executing the following strategies:

- *Increase penetration of our existing customer base.* We have over 1 million customers worldwide and we intend to increase sales to our existing customer base and enhance our position as their primary supplier. We believe our offering of a broad range of products, services and support, including software solutions that can help drive improved workflow efficiency and patient communications for practices, coupled with our full-service value proposition, helps us to retain and grow our customer base.

- *Increase the number of customers we serve.* This strategy includes increasing the productivity of our field sales consultants and telesales team, as well as using our customer database to focus our marketing efforts in all of our operating segments. In the dental business, we provide products and services to independent practices, mid-market groups, and large DSOs as well as community health centers and government sites of care. Leveraging our broad array of assets and capabilities, we offer solutions to address these new markets. In the medical business, we have expanded to serve customers located in settings outside of the traditional office, such as urgent care clinics, retail, occupational health and home health settings. As settings of health care shift, we remain committed to serving these practitioners and providing them with the products and services they need.

- *Leverage our value-added products and services.* We continue to increase cross-selling efforts for key product lines utilizing a consultative selling process. In the dental business, we have significant cross-selling opportunities between our dental software users and our dental distribution customers. In the medical business, we have opportunities to expand our vaccine, injectables and other pharmaceuticals sales to health care practitioners, as well as cross-selling EHR systems and software when we sell our core products. Our strategy extends to providing health systems, integrated delivery networks and other large group and multi-site health care organizations, including physician clinics, these same value added products and services. As physicians and health systems closely align, we have increased access to opportunities for cross-marketing and selling our product and service portfolios.

- *Pursue strategic acquisitions and joint ventures.* Our acquisition strategy is focused on investments in companies that add new customers and sales teams, increase our geographic footprint (whether entering a new country, such as emerging markets, or building scale where we have already invested in businesses), and finally, those that enable us to access new products and technologies.

Markets Served

Demographic trends indicate that our markets are growing, as an aging U.S. population is increasingly using health care services. According to the U.S. Census Bureau's International Database, between 2021 and 2031, the 45 and older population is expected to grow by approximately 11%. Between 2021 and 2041, this age group is expected to grow by approximately 22%. This compares with expected total U.S. population growth rates of approximately 7% between 2021 and 2031 and approximately 12% between 2021 and 2041.

In the dental industry, there is predicted to be a rise in oral health care expenditures as the 45-and-older segment of the population increases. There is increasing demand for new technologies that allow dentists to increase productivity, and this is being driven in the U.S. by lower insurance reimbursement rates. At the same time, there is an expected increase in dental insurance coverage.

In the medical market, there continues to be a migration of procedures from acute-care settings to physicians' offices and home health settings, a trend that we believe provides additional opportunities for us. There also is the continuing use of vaccines, injectables and other pharmaceuticals in alternate-care settings. We believe we have established a leading position as a vaccine supplier to the office-based physician practitioner.

We support our dental and medical professionals through the many SKUs that we offer, as well as through important value-added services, including practice management software, electronic claims processing, financial services and continuing education, all designed to help maximize a practitioner's efficiency.

Additionally, we seek to expand our dental full-service model and medical offerings in countries where opportunities exist. We do this through both direct sales and by partnering with local distribution companies.

For information on revenues and long-lived assets by geographic area, see Note 3 – Segment and Geographic Data of "Notes to Consolidated Financial Statements."

Seasonality and Other Factors Affecting Our Business and Quarterly Results

We experience fluctuations in quarterly earnings. As a result, we may fail to meet or exceed the expectations of securities analysts and investors, which could cause our stock price to decline.

Our business is subject to seasonal and other quarterly fluctuations. Sales and profitability generally have been higher in the third and fourth quarters due to the timing of sales of seasonal products (including influenza vaccine) purchasing patterns of office-based health care practitioners for certain products (including equipment and software) and year-end promotions. Sales and profitability may also be impacted by the timing of certain annual and biennial dental tradeshows where equipment promotions are offered. In addition, some dental practices delay equipment purchases in the U.S. until year-end due to tax incentives. We expect our historical seasonality of sales to continue in the foreseeable future.

Governmental Regulations

We strive to be compliant with the applicable laws, regulations and guidance described below, and believe we have effective compliance programs and other controls in place to ensure substantial compliance. However, compliance is not guaranteed either now or in the future, as certain laws, regulations and guidance may be subject to varying and evolving interpretations that could affect our ability to comply, as well as future changes, additions and enforcement approaches, including political changes. President Biden's administration (the "Biden Administration") has indicated that it will be more aggressive in its pursuit of alleged violations of law, and it has revoked certain guidance that would have limited governmental use of informal agency guidance to pursue potential violations, as well as that it was more prepared to pursue individuals for corporate law violations, including an aggressive approach to anti-corruption activities. Changes to applicable laws, regulations and guidance described below, as well as related administrative or judicial interpretations, may require us to update or revise our operations, services, marketing practices and compliance programs and controls, and may impose additional and unforeseen costs on us, pose new or previously immaterial risks to us, or may otherwise have a material adverse effect on our business.

Government

Certain of our businesses involve the distribution, importation, exportation, marketing and sale of, and third party payment for, pharmaceuticals and medical devices, and in this regard, we are subject to extensive local, state, federal and foreign governmental laws and regulations, including as applicable to our wholesale distribution of pharmaceuticals and medical devices, and as part of our specialty home medical supply business that distributes and sells medical equipment and supplies directly to patients. The federal government and state governments have also increased enforcement activity in the health care sector, particularly in areas of fraud and abuse, anti-bribery and corruption, controlled substances handling, medical device regulations and data privacy and security standards.

Government and private insurance programs fund a large portion of the total cost of medical care, and there have been efforts to limit such private and government insurance programs, including efforts, thus far unsuccessful, to seek repeal of the entire United States Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act, each enacted in March 2010, (as amended, the "ACA"). In addition, activities to control medical costs, including laws and regulations lowering reimbursement rates for pharmaceuticals, medical devices and/or medical treatments or services, are ongoing. Many of these laws and regulations are subject to change and their evolving implementation may impact our operations and our financial performance.

Our businesses are also generally subject to numerous other laws and regulations that could impact our financial performance, including securities, antitrust, consumer protection, anti-bribery and anti-kickback, customer interaction transparency, data privacy, data security, government contracting, price gouging and other laws and regulations.

Failure to comply with laws, rules or regulations could have a material adverse effect on our business.

Operating, Security and Licensure Standards

Certain of our businesses are subject to local, state and federal governmental laws and regulations relating to the distribution of pharmaceuticals and medical devices and supplies. Among the United States federal laws applicable to us are the Controlled Substances Act, the Federal Food, Drug, and Cosmetic Act, as amended ("FDC Act"), and Section 361 of the Public Health Service Act, as well as laws regulating the billing of and reimbursement from government programs, such as Medicare and Medicaid, and from commercial payers. We are also subject to comparable foreign regulations.

The FDC Act, the Controlled Substances Act, their implementing regulations, and similar foreign laws generally regulate the introduction, manufacture, advertising, marketing and promotion, sampling, pricing and reimbursement, labeling, packaging, storage, handling, returning or recalling, reporting, and distribution of, and record keeping for, pharmaceuticals and medical devices shipped in interstate commerce, and states may similarly regulate such activities within the state. Furthermore, Section 361 of the Public Health Service Act, which provides authority to prevent the introduction, transmission or spread of communicable diseases, serves as the legal basis for the United States Food and Drug Administration's ("FDA") regulation of human cells, tissues and cellular and tissue-based products, also known as "HCT/P products."

The Federal Drug Quality and Security Act of 2013 brought about significant changes with respect to pharmaceutical supply chain requirements. Title II of this measure, known as the Drug Supply Chain Security Act ("DSCSA"), is being phased in over a period of ten years, and is intended to build a national electronic, interoperable system by November 27, 2023, that will identify and trace certain prescription drugs as they are distributed in the United States. The law's track and trace requirements applicable to manufacturers, wholesalers, repackagers and dispensers (e.g., pharmacies) of prescription drugs took effect in January 2015, and continues to be implemented. The DSCSA product tracing requirements replace the former FDA drug pedigree requirements and pre-empt certain state requirements that are inconsistent with, more stringent than, or in addition to, the DSCSA requirements.

The DSCSA also establishes certain requirements for the licensing and operation of prescription drug wholesalers and third-party logistics providers ("3PLs"), and includes the eventual creation of national wholesaler and 3PL licenses in cases where states do not license such entities. The DSCSA requires that wholesalers and 3PLs distribute drugs in accordance with certain standards regarding the recordkeeping, storage and handling of prescription drugs. The DSCSA requires wholesalers and 3PLs to submit annual reports to the FDA, which include information regarding each state where the wholesaler or 3PL is licensed, the name and address of each facility and contact information. According to FDA guidance, states are pre-empted from imposing any licensing requirements that are inconsistent with, less stringent than, directly related to, or covered by the standards established by federal law in this area. Current state licensing requirements concerning wholesalers will remain in effect until the FDA issues new regulations as directed by the DSCSA. In addition, with respect to our specialty home medical supply business, we are subject to certain state licensure laws (including state pharmacy laws), and also certain accreditation standards, including to qualify for reimbursement from Medicare and other third-party payers.

The Food and Drug Administration Amendments Act of 2007 and the Food and Drug Administration Safety and Innovation Act of 2012 amended the FDC Act to require the FDA to promulgate regulations to implement a unique device identification ("UDI") system. The UDI rule phased in the implementation of the UDI regulations, generally beginning with the highest-risk devices (i.e., Class III medical devices) and ending with the lowest-risk devices. Most compliance dates were reached as of September 24, 2018, with a final set of requirements for low risk devices being reached on September 24, 2022, which will complete the phase in. However, in May 2021, the FDA issued an enforcement policy stating that it does not intend to object to the use of legacy identification

numbers on device labels and packages for finished devices manufactured and labeled prior to September 24, 2023. The UDI regulations require "labelers" to include unique device identifiers ("UDIs"), with a content and format prescribed by the FDA and issued under a system operated by an FDA-accredited issuing agency, on the labels and packages of medical devices (including, but not limited to, certain software that qualifies as a medical device under FDA rules), and to directly mark certain devices with UDIs. The UDI regulations also require labelers to submit certain information concerning UDI-labeled devices to the FDA, much of which information is publicly available on an FDA database, the Global Unique Device Identification Database. The UDI regulations and subsequent FDA guidance regarding the UDI requirements provide for certain exceptions, alternatives and time extensions. For example, the UDI regulations include a general exception for Class I devices exempt from the Quality System Regulation (other than record-keeping requirements and complaint files). Regulated labelers include entities such as device manufacturers, repackagers, reprocessors and relabelers that cause a device's label to be applied or modified, with the intent that the device will be commercially distributed without any subsequent replacement or modification of the label and include certain of our businesses.

Under the Controlled Substances Act, as a distributor of controlled substances, we are required to obtain and renew annually registrations for our facilities from the United States Drug Enforcement Administration ("DEA") permitting us to handle controlled substances. We are also subject to other statutory and regulatory requirements relating to the storage, sale, marketing, handling, reporting, record-keeping and distribution of such drugs, in accordance with the Controlled Substances Act and its implementing regulations, and these requirements have been subject to heightened enforcement activity in recent times. We are subject to inspection by the DEA. Certain of our businesses are also required to register for permits and/or licenses with, and comply with operating and security standards of, the DEA, the FDA, the United States Department of Health and Human Services ("HHS"), and various state boards of pharmacy, state health departments and/or comparable state agencies as well as comparable foreign agencies, and certain accrediting bodies, depending on the type of operations and location of product distribution, manufacturing or sale. These businesses include those that distribute, manufacture and/or repackage prescription pharmaceuticals and/or medical devices and/or HCT/P products, or own pharmacy operations, or install, maintain or repair equipment.

In addition, Section 301 of the National Organ Transplant Act, and a number of comparable state laws, impose civil and/or criminal penalties for the transfer of certain human tissue (for example, human bone products) for valuable consideration, while generally permitting payments for the reasonable costs incurred in procuring, processing, storing and distributing that tissue. We are also subject to foreign government regulation of such products. The DEA, the FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers, seize or order the recall of products and impose significant criminal, civil and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers.

EU Regulation of Medicinal and Dental Products

European Union ("EU") member states regulate their own healthcare systems, as does EU law. The latter regulates certain matters, most notably medicinal products and medical devices. Medicinal products are defined, broadly, as substances or combinations of substances having certain functionalities and may not include medical devices. EU "regulations" apply in all Member States, whereas "directives" are implemented by the individual laws of member states.

On medicines for humans, we are regulated under Directive No. 2001/83/EC of 6 November 2001, as amended by Directive 2003/63/EC of 25 June 2003, and EU Regulation (EC) No. 726/2004 of 31 March 2004. These rules provide for the authorization of products, and regulate their manufacture, importation, marketing and distribution. It implements requirements which may be implemented without warning, as well as a national pharmacovigilance system under which marketing authorizations may be withdrawn, and includes potential sanctions for breaches of the rules, and on other bases such as harmfulness or inefficiency.

EU Regulation No. 1223/2009 of 30 November 2009 *on cosmetic products* requires that cosmetic products (which includes dental products) be safe for human health when used under normal or reasonably foreseeable conditions of use and comply with certain obligations which apply to manufacturer, importer and distributor. It includes market surveillance, and non-compliance may result in the recall or withdrawal of products, along with other sanctions.

In the EU, the EU Medical Device Regulation No. 2017/745 of 5 April 2017 ("EU MDR") covers a wide scope of our activities, from dental material to X-ray machines, and certain software. It was meant to become applicable three years after publication (i.e., May 26, 2020). However, on April 23, 2020, to allow European Economic Area ("EEA") national authorities, notified bodies, manufacturers and other actors to focus fully on urgent priorities related to the COVID-19 pandemic, the European Council and Parliament adopted Regulation 2020/561, postponing the date of application of the EU MDR by one year (to May 26, 2021).

The EU MDR significantly modifies and intensifies the regulatory compliance requirements for the medical device industry as a whole. Among other things, the EU MDR:

- strengthens the rules on placing devices on the market and reinforces surveillance once they are available;
- establishes explicit provisions on manufacturers' responsibilities for the follow-up of the quality, performance and safety of devices placed on the market;
- improves the traceability of medical devices throughout the supply chain to the end-user or patient through a unique identification number;
- sets up a central database to provide patients, healthcare professionals and the public with comprehensive information on products available in the EU;
- strengthens rules for the assessment of certain high-risk devices, such as implants, which may have to undergo an additional check by experts before they are placed on the market; and
- identifies importers and distributors and medical device products through registration in a database (EUDAMED not due until May 26, 2022 and after).

In particular, the EU MDR imposes stricter requirements for the confirmation that a product meets the regulatory requirements, including regarding a product's clinical evaluation and a company's quality systems, and for the distribution, marketing and sale of medical devices, including post-market surveillance. Medical devices that have been assessed and/or certified under the EU Medical Device Directive may continue to be placed on the market until 2024 (or until the expiry of their certificates, if applicable and earlier); however, requirements regarding the distribution, marketing and sale including quality systems and post-market surveillance have to be observed by manufacturers, importers and distributors as of the application date.

Other EU regulations that may apply under appropriate circumstances include EU Regulation No. 1907/2006 of 18 December 2006 *concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals*, which requires importers to register substances or mixtures that they import in the EU beyond certain quantities, and the EU Regulation No. 1272/2008 of 16 December 2008 on classification, labelling and packaging of substances and mixtures, which sets various obligations with respect to the labelling and packaging of concerned substances and mixtures.

Furthermore, compliance with legal requirements has required and may in the future require us to delay product release, sale or distribution, or institute voluntary recalls of, or other corrective action with respect, to products we sell, each of which could result in regulatory and enforcement actions, financial losses and potential reputational harm. Our customers are also subject to significant federal, state, local and foreign governmental regulation, which may affect our interactions with customers, including the design and functionality of our products.

Certain of our businesses are subject to various additional federal, state, local and foreign laws and regulations, including with respect to the sale, transportation, storage, handling and disposal of hazardous or potentially hazardous substances, and safe working conditions. In addition, certain of our businesses must operate in compliance with a variety of burdensome and complex billing and record-keeping requirements in order to substantiate claims for payment under federal, state and commercial healthcare reimbursement programs. One of these businesses was recently suspended by CMS from receiving payments from Medicare, although it is permitted to continue to perform and bill for Medicare services. The amounts billed are being deposited in an escrow account pending resolution of an audit. The Company has not recognized revenue for these services and has currently deferred slightly over $4 million in revenue.

Certain of our businesses also maintain contracts with governmental agencies and are subject to certain regulatory requirements specific to government contractors.

Antitrust and Consumer Protection

The federal government of the United States, most U.S. states and many foreign countries have antitrust laws that prohibit certain types of conduct deemed to be anti-competitive, as well as consumer protection laws that seek to protect consumers from improper business practices. At the U.S. federal level, the Federal Trade Commission oversees enforcement of these types of laws, and states have similar government agencies. Violations of antitrust or consumer protection laws may result in various sanctions, including criminal and civil penalties. Private plaintiffs may also bring civil lawsuits against us in the United States for alleged antitrust law violations, including claims for treble damages. EU law also regulates competition and provides for detailed rules protecting consumers. The Biden Administration has indicated increased antitrust enforcement and has been more aggressive in enforcement activities.

Health Care Fraud

Certain of our businesses are subject to federal and state (and similar foreign) health care fraud and abuse, referral and reimbursement laws and regulations with respect to their operations. Some of these laws, referred to as "false claims laws," prohibit the submission or causing the submission of false or fraudulent claims for reimbursement to federal, state and other health care payers and programs. Other laws, referred to as "anti-kickback laws," prohibit soliciting, offering, receiving or paying remuneration in order to induce the referral of a patient or ordering, purchasing, leasing or arranging for, or recommending ordering, purchasing or leasing of, items or services that are paid for by federal, state and other health care payers and programs. Certain additional state and federal laws, such as the federal Physician Self-Referral Law, commonly known as the "Stark Law," prohibit physicians and other health professionals from referring a patient to an entity with which the physician (or family member) has a financial relationship, for the furnishing of certain designated health services (for example, durable medical equipment and medical supplies), unless an exception applies. Violations of Anti-Kickback Statutes or the Stark Law may be enforced as violations of the federal False Claims Act.

The fraud and abuse laws and regulations have been subject to heightened enforcement activity over the past few years, and significant enforcement activity has been the result of "relators" who serve as whistleblowers by filing complaints in the name of the United States (and if applicable, particular states) under applicable false claims laws, and who may receive up to 30% of total government recoveries. Penalties under fraud and abuse laws may be severe, including treble damages and substantial civil penalties under the federal False Claims Act, as well as potential loss of licenses and the ability to participate in federal and state health care programs, criminal penalties, or imposition of a corporate compliance monitor which could have a material adverse effect on our business. Also, these measures may be interpreted or applied by a prosecutorial, regulatory or judicial authority in a manner that could require us to make changes in our operations or incur substantial defense and settlement expenses. Even unsuccessful challenges by regulatory authorities or private relators could result in reputational harm and the incurring of substantial costs. Most states have adopted similar state false claims laws, and these state laws have their own penalties, which may be in addition to federal False Claims Act penalties, as well as other fraud and abuse laws.

With respect to measures of this type, the United States government (among others) has expressed concerns about financial relationships between suppliers on the one hand and physicians and dentists on the other. As a result, we regularly review and revise our marketing practices as necessary to facilitate compliance.

We also are subject to certain United States and foreign laws and regulations concerning the conduct of our foreign operations, including the U.S. Foreign Corrupt Practices Act, the U.K. Bribery Act, German anti-corruption laws and other anti-bribery laws and laws pertaining to the accuracy of our internal books and records, which have been the focus of increasing enforcement activity globally in recent years.

While we believe that we are substantially compliant with applicable fraud and abuse laws and regulations, and have adequate compliance programs and controls in place to ensure substantial compliance, we cannot predict whether changes in applicable law, or interpretation of laws, or changes in our services or marketing practices in response to changes in applicable law or interpretation of laws, or failure to comply with applicable law, could have a material adverse effect on our business.

4QQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

NON-REFUNDABLE $1,000.00 FEE

Rev (04/19/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Sirona Dental, Inc.

Physical Address: 30-30 47th Avenue, Suite 500

City: Long Island City State: NY Zip: 11101

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: 718-937-5765 Website: www.dentsplysirona.com

Name of Designated Representative (DR): Enrico Renzi

Licensing Company Email: _____ DR Email: dsstatelic@dentsplysirona.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☐ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☒ Others: Medical Devices

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year:

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Dentsply Sirona Inc.

Corporation Name: Dentsply Sirona Inc.

Mailing Address: 13320-B Ballantyne Corporate Place

City: Charlotte State: NC Zip: 28277

Telephone: 704-587-0453 Email: Dsstatelic@dentsplysirona.com

Contact Person Name: Justin H. McCarthy II

Date of SEC Registration: 02/29/2016 | SEC Registration Number: CLK00008182479 | Stock Exchange Symbol: XRAY

Section 5: Non-Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

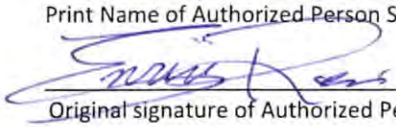
Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Enrico Renzi

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

7/7/2022

Date

Board Use Only	Date Received: _____	Amount: 1000.00 CC	8/4/2022

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
Sirona Dental, Inc.
30-30 47TH AVE., Suite 500
Long Island City, NY 11101
Registration Number: 2436911
FEI Number*: 1000521462
Status: Active
Date Of Registration Status: 2023

Verified 12/12/22 KLS

Owner/Operator:
DENTSPLY SIRONA INC[6]
221 WEST PHILADELPHIA ST.
SUITE 60W
York, PA US 17401
Owner/Operator Number: 2511302[7]

Official Correspondent:
Courtney Clark
221 WEST PHILADELPHIA ST.
SUITE 60W
York, PA 17401
Phone: 248-8954379

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2511302&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2511302&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Page Last Updated: 12/12/2022

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of **Health & Human Services**

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2511302&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2511302&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

✔ Facility

✔ Products Listing

Annual Registration Successful

Facility: Sirona Dental, Inc., Long Island City, New York, UNITED STATES

You have successfully updated your registration and listing information for 2022.

Your registration will be valid through Dec 31, 2022.

Be sure to print this page for your records.

The next registration renewal period is October 1 - December 31, 2022.

Registering your facility and listing devices does not, in any way, constitute FDA approval of your facility or devices.

You may contact the FDA with any questions at reglist@cdrh.fda.gov.

The Owner/Operator Number for this Registration is: 2511302.

Facility Information

Registration Number:
2436911

Initial Importer:
N

Facility Name:
Sirona Dental, Inc.

Legal Name:

Address:

1890

30-30 47TH AVE., Suite 500,
Long Island City, New York, 11101, UNITED STATES

DUNS Number:

Foreign Trade Zone:
N

Facility URL:

Other Business Trade Name(s):

Establishment located on a campus:

Owner/Operator Information

Owner/Operator Number:
2511302

Contact Name:
Courtney Clark

Company:
DENTSPLY SIRONA INC

Address: 221 WEST PHILADELPHIA ST. , SUITE 60W
York, PENNSYLVANIA, 17401, UNITED STATES

Telephone:
248 - 8954379

Fax:
717 - 8494343

E-mail: courtney.clark@dentsplysirona.com

DUNS Number:

Official Correspondent Information

Contact Name:
Courtney Clark

Company:
DENTSPLY SIRONA INC

Address:

1891

221 WEST PHILADELPHIA ST. , SUITE 60W
York, PENNSYLVANIA, 17401, UNITED STATES

Telephone:
248 - 8954379

Fax:
717 - 8494343

E-mail: **courtney.clark@dentsplysirona.com**

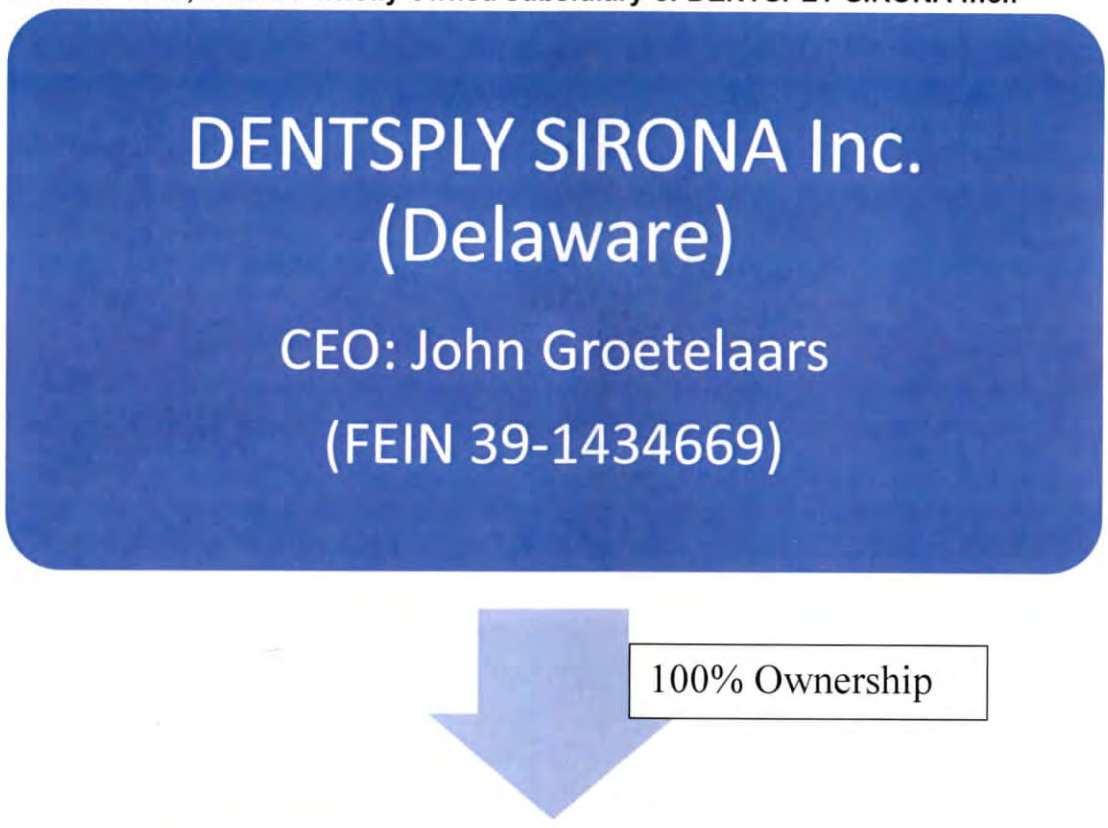
DUNS Number:

Device Listings

Listing Number	Premarket Submission Number/Type	Product Code(s)	Device Name(s)	Activities
D332879	K963664	EFB	Handpiece, air-powered, dental	Specification Developer
D332878	K933455	EAP	Unit, x-ray, intraoral	Manufacturer
D332877	K132953	PEM	Dental barriers and sleeves	Specification Developer
D332872	K072134	EHD	Unit, x-ray, extraoral with timer	Manufacturer
		MUH	System, x-ray, extraoral source, digital	
		MQB	Solid state x-ray imager (flat panel/digital imager)	
D332876	K110768	MUH	System, x-ray, extraoral source, digital	Manufacturer
D332874	K093453	EAP	Unit, x-ray, intraoral	Manufacturer
		MQB	Solid state x-ray imager (flat panel/digital imager)	

Beneficial Ownership of Sirona Dental, Inc. Chart

Sirona Dental, Inc. is a wholly owned subsidiary of DENTSPLY SIRONA Inc.:



ALL OWNERSHIP PERCENTAGES 100%
CONFIDENTIAL AND PROPRIETARY

List of Officers and Directors of Dentsply Sirona Orthodontics Inc. (NOT OWNERS):

Justin Huntly McCarthy II, President/Secretary

- Business address: 13320-B Ballantyne Corporate Place, Charlotte, NC 28277
- Personal address: [redacted]Lindsey Drive, Plano, TX 75093
- DOB: [redacted]
- Phone: [redacted]
- Justin.Mccarthy@dentsplysirona.com

Dane A. Baumgardner, Assistant Secretary

- Business address: 221 W. Philadelphia St., Ste. 60W, York, PA 17401
- Personal address: [redacted]Bough Lane, New Oxford, PA 17350
- DOB: [redacted]
- Phone: [redacted]
- Dane.Baumgardner@dentsplysirona.com

Barbra Beaulieu, Vice President

- Business address: 13320-B Ballantyne Corporate Place, Charlotte, NC 28277
- Personal address: [redacted]Old Course Drive, Charlotte, NC 28277
- DOB: [redacted]
- Phone: [redacted]
- Barbra.Beaulieu@dentsplysirona.com

List of DENTSPLY SIRONA Inc. Section 16 Officers (NOT OWNERS)

Business address for Corporation and Section 16 Officers:

DENTSPLY SIRONA Inc.
13320-B Ballantyne Corporate Place
Charlotte, NC 28277
Phone: 704-587-0453

Senior Vice President	Johnson, Cherée
Chief Legal Officer	Johnson, Cherée
General Counsel	Johnson, Cherée
Secretary	Johnson, Cherée
Chief Human Resources Officer	Yankie, Lisa
Senior Vice President	Yankie, Lisa
Chief Financial Officer	Bodem, Barbara
Chief Executive Officer	Groetelaars, John
Chief Accounting Officer	Chadha, Ranjit S.
Senior Vice President	Petersohn, Walter
Chief Commercial Officer	Petersohn, Walter
Senior Vice President	Appelo, Wim
Chief Supply Chain Officer	Appelo, Wim
Senior Vice President	Staehler, Cord
Chief Technology Officer	Staehler, Cord
Senior Vice President	Chidambaram, Chidam
Chief Digital Officer	Chidambaram, Chidam
Executive Vice President Product Group	Frank, Andreas

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIRONA DENTAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIRONA DENTAL, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5182976 8300

SR# 20222572340

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203568761

Date: 06-01-22

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Willis Towers Watson Certificate Center
Willis Towers Watson Southwest, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 37230-5191 USA	PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Insurance Company of the State of Pennsylv — 19429
	INSURER B: Allianz Global Corporate & Specialty SE (T — B5244
	INSURER C: Great American Assurance Company — 26344
	INSURER D: Zurich Insurance PLC UK Branch — D2213
	INSURER E: XL Insurance America Inc — 24554
	INSURER F:

INSURED
Dentsply Sirona Inc. Susquehanna Commerce Center Attn: Jake Reynolds 221 West Philadelphia Street Suite 60W York, PA 17405

COVERAGES CERTIFICATE NUMBER: W24686138 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			800276943	05/01/2022	05/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 5,000,000 $ 2,000,000 $ 100,000 $ 1,000,000 $ 10,000,000 $ 10,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ $ $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			B080117605U22	05/01/2022	05/01/2023	EACH OCCURRENCE AGGREGATE 	$ 25,000,000 $ 25,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
C	Excess 1st Layer			EXC 4138519	05/01/2022	05/01/2023	Each Occurrence Aggregate SIR	$25,000,000 $25,000,000 $0

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID. _____

LOC #: _____

ACORD

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc.	NAMED INSURED Dentsply Sirona Inc. Susquehanna Commerce Center Attn: Jake Rappoldt 221 West Philadelphia Street Suite 60W York PA 17405
POLICY NUMBER See Page 1	
CARRIER See Page 1 / NAIC CODE: See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Sirona Dental Systems GmbH is a named insured as evidenced by the attached named insured schedule.

INSURER AFFORDING COVERAGE: Zurich Insurance PLC UK Branch NAIC#: D2213
POLICY NUMBER: B0801176270D22 EFF DATE: 05/01/2022 EXP DATE: 05/01/2023

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess 2nd layer	Each Occurrence:	$50,000,000
	Aggregate	$50,000,000
	SIR	$0

INSURER AFFORDING COVERAGE: XL Insurance America Inc NAIC#: 24554
POLICY NUMBER: US00065270LI22A EFF DATE: 05/01/2022 EXP DATE: 05/01/2023

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess 3rd Layer	Each Occurrence	$25,000,000
	Aggregate	$25,000,000
	SIR	$0

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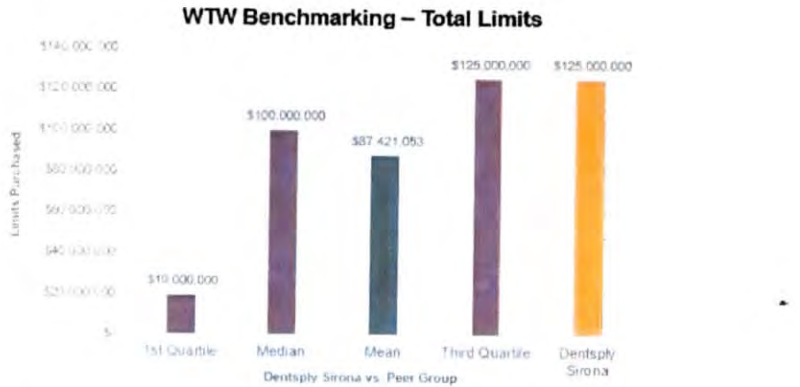
SR ID: 22531645 BATCH: 2507818 CERT: W24686138

Dentsply Sirona

Umbrella / Excess Liability

Program Decision Analysis

- Total Umbrella & Excess Limit: $125M
- Umbrella Limit: $25M
- Umbrella Carrier. Allianz
- Benchmarking (noted below)



Peers Healthcare, Manufacturing, Life Science & Fleets greater than 250

wtwco.com
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Dentsply Sirona

Subsidiaries of DENTSPLY SIRONA Inc. (the "Company") – January 1, 2022

1. Angma Bio Materials Ltd. (Israel. 20%)
2. Barracuda Partners, L.P. (Delaware. 25%)
3. Byte AU Pty. Ltd. (Australia)
4. Byte AU Unit Trust (Australia)
5. Byte LLC (Nevada)
6. Byteme Aligners Limited (United Kingdom)
7. Datum Biotech Ltd. (Israel)
8. Datum Dental Ltd. (Israel)
9. DeguDent GmbH (Germany)
10. Dentsply - Sirona Poland SP.z.o.o (Poland)
11. Dentsply (Tianjin) International Trading Co. Ltd. (China)
12. Dentsply Argentina S.A.C.e.I. (Argentina)
13. Dentsply BX Sarl (Luxembourg)
14. Dentsply Canada Ltd. (Canada)
15. Dentsply CH Sarl (Luxembourg)
16. Dentsply Chile Comercial Limitada (Chile)
17. Dentsply De Trey GmbH (Germany)
18. Dentsply Dental (Tianjin) Co. Ltd. (China)
19. Dentsply Dental B.V. (Netherlands)
20. Dentsply Dental S.a.r.l. (Luxembourg)
21. Dentsply Europe S.a.r.l. (Luxembourg)
22. DENTSPLY Finance Co. LLC (Delaware)
23. Dentsply GAC Europe SAS (France)
24. Dentsply Germany Investments GmbH (Germany)
25. Dentsply IH A/S (Denmark)
26. Dentsply IH AB (Sweden)
27. Dentsply IH AS (Norway)
28. Dentsply IH GmbH (Germany)
29. Dentsply IH Holdings GmbH (Germany)
30. Dentsply IH Inc. (Delaware)
31. Dentsply IH Ltd (United Kingdom)
32. Dentsply IH O.O.O. (Russia)
33. Dentsply IH Oy (Finland)
34. DENTSPLY Implants (China) Co. Limited (Hong Kong)
35. DENTSPLY Implants (HK) Co. Limited (Hong Kong)
36. Dentsply Implants Manufacturing GmbH (Germany)
37. Dentsply Implants NV (Belgium)
38. Dentsply India Pvt. Ltd. (India)
39. Dentsply Industria e Comercio Ltda. (Brazil)
40. Dentsply Israel Ltd. (Israel)
41. Dentsply Limited (Cayman Islands)
42. Dentsply LLC (Delaware)
43. Dentsply Mexico, S.A. de C.V. (Mexico)
44. Dentsply Nordics AB (Sweden)
45. DENTSPLY North America LLC (Delaware)
46. Dentsply Peru SAC (Peru)
47. Dentsply Russia Limited (United Kingdom)
48. Dentsply Sirona (N.Z.) Limited (New Zealand)
49. DENTSPLY SIRONA (PHILS.), INC. (Philippines)
50. Dentsply Sirona (Schweiz) AG (Switzerland)

51. Dentsply Sirona (Thailand) Ltd. (Thailand)
52. Dentsply Sirona Austria GmbH (Austria)
53. Dentsply Sirona Benelux B.V. (Netherlands)
54. Dentsply Sirona Dental Solutions (Shanghai) Co. Ltd. (China)
55. Dentsply Sirona Deutschland GmbH (Germany)
56. Dentsply Sirona Europe GmbH (Austria)
57. Dentsply Sirona France S.A.S. (France)
58. Dentsply Sirona Holdings Inc. (Delaware)
59. Dentsply Sirona Iberia S.A. (Spain)
60. Dentsply Sirona Implants Taiwan Co., Ltd. (Taiwan)
61. Dentsply Sirona Italia SrL (Italy)
62. DENTSPLY Sirona K.K. (Japan)
63. DENTSPLY Sirona Korea Limited (Korea)
64. Dentsply Sirona Malaysia Sdn Bhd (Malaysia)
65. Dentsply Sirona O.O.O. (Russia)
66. Dentsply Sirona Orthodontics Inc. (Delaware)
67. Dentsply Sirona Pty. Ltd. (Australia)
68. Dentsply Sirona Real Estate GmbH (Germany)
69. Dentsply Sirona Singapore Pte. Ltd. (Singapore)
70. Dentsply Sirona Slovakia s.r.o. (Slovakia)
71. Dentsply Sirona South Africa (Proprietary) Limited (South Africa)
72. Dentsply Sirona Switzerland Sarl (Switzerland)
73. Dentsply Sirona Vietnam Company Limited (Vietnam)
74. Dentsply South Africa (Pty.) Ltd. (South Africa)
75. Dentsply Sweden AB (Sweden)
76. Dentsply Turkey Diş Hekimliği Ürünleri A.Ş (Turkey)
77. Dentsply Ukraine LLC (Ukraine)
78. Dentsply US Inc. (Delaware)
79. DS Dental Instruments Sarl (Switzerland)
80. DS Dental Instruments SRL (Barbados)
81. DS International Services Inc. (Delaware)
82. DS Rep B.V. (Netherlands)
83. E.S. Healthcare NV (Belgium)
84. E.S. Tooling NV (Belgium)
85. GAC Deutschland GmbH (Germany)
86. GAC International Asia Pte. Ltd. (Singapore, 50%)
87. GAC SA (Switzerland)
88. JCM International Inc. (Delaware)
89. Maillefer Instruments Holding S.a.r.l. (Switzerland)
90. Maillefer Instruments Plus Sarl (Switzerland)
91. Megalopolis Dental S.A. de C.V. (Mexico)
92. MHT Optic Research AG (Switzerland)
93. Minnesota Medical Technologies Corporation (Minnesota – 10.71%)
94. MIS Asia Pacific Limited (Hong Kong)
95. MIS Implants Technologies HK Limited (Hong Kong)
96. MIS Implants Technologies Ltd. (Israel)
97. MIS Implants Technologies UK Limited (United Kingdom)
98. MISDENT Implants Diş Ürünleri Sanayi Ticaret Anonim Şirketi (Turkey)
99. New Britain Medical Supplies, Inc. (Connecticut)
100. Oasis Medikal Urunler Kimya Turizm Sanayi Ve Ticaret Anonim Sirketi (Turkey)
101. Ohio IC Company (Delaware)
102. OraMetrix GmbH (Germany)
103. OraMetrix Pty. Ltd. (Australia)

104. OraMetrix S.R.L. (Costa Rica)
105. Ortho Concept Sarl (France)
106. Orthodental, S.A. de C.V. (Mexico)
107. Prident (Shanghai) Dental Medical Devices Co., Ltd. (China)
108. Prident International, Inc. (California)
109. PT Dedent Supply (Indonesia)
110. PT Dentsply Indonesia (Indonesia)
111. Qi An Hua Rui (Beijing) Technology Ltd. (China)
112. SCI 2R (France)
113. Sirona Dental a/s (Denmark)
114. Sirona Dental Comércio de Produtos e Sistemas Odontológicos Ltda. (Brazil)
115. Sirona Dental GmbH (Austria)
116. Sirona Dental Limited Sirketi (Turkey)
117. Sirona Dental Mexico, S. de R.L. de C.V. (Mexico)
118. Sirona Dental Services GmbH (Germany)
119. Sirona Dental Systems (Foshan) Co., Ltd. (China)
120. Sirona Dental Systems (HK) Ltd. (Hong Kong)
121. Sirona Dental Systems Co., Ltd (Thailand, 74.649%)
122. SIRONA Dental Systems GmbH (Germany)
123. Sirona Dental Systems LLC (Delaware)
124. Sirona Dental Systems O.O.O. (Russia)
125. Sirona Dental Systems Private Ltd. (India)
126. Sirona Dental Systems Trading, LLC (United Arab Emirates, 49%)
127. Sirona Dental, Inc. (Delaware)
128. SIRONA Immobilien GmbH (Germany)
129. Sirona Technologie GmbH & Co. KG (Germany)
130. SIRONA Verwaltungs GmbH (Germany)
131. Societe de Recherche Techniques Dentaires SAS (France),
132. Straight Smile Limitada (Costa Rica)
133. Straight Smile, LLC (Delaware)
134. Teeth Network Limited (United Kingdom)
135. The Dental Trading Co., Ltd. (Thailand, 49.8%)
136. Trevally Holdings Limited (United Kingdom, 20%)
137. Tulsa Dental Products LLC (Delaware)
138. Tuzodent S.A. de C.V. (Mexico)
139. VDW GmbH (Germany)
140. VIPI Indústria, Comércio, Exportação e Importação de Produtos Odontológicos Ltda. (Brazil)
141. Wellspect AB (Sweden)
142. Wellspect ApS (Denmark)
143. Wellspect B.V. (Netherlands)
144. Wellspect Healthcare GmbH (Austria)
145. Wellspect Inc. (Delaware)
146. Wellspect Ltd. (United Kingdom)
147. Wellspect AS (Norway)
148. Wellspect Oy (Finland)
149. Wellspect S.A.S. (France)
150. Wellspect S.L. (Spain)
151. Wellspect Srl (Italy)
152. Zetta25 AG (Switzerland)
153. Zhermack GmbH Deutschland (Germany)
154. Zhermack SpA (Italy)
155. ZST Holdings Inc. (Canada, 16.2%)

Dentsply Sirona
13320-B Ballantyne Corporate PL
Charlotte, NC 28277
USA

Dentsply Sirona

May 12, 2022

Re: Letter regarding Insurance Coverage

To Whom it May Concern:

DENTSPLY SIRONA Inc. (the "**Company**") maintains a robust global insurance coverage program for its facilities and operations located around the world. Specifically, the Company maintains Commercial General Liability coverage totaling approximately $130 Million USO. That total includes Primary Coverage of $5 Million USO, as well as Umbrella and Excess Coverage Limits of $125 Million USO. This coverage extends to the Company's subsidiaries and affiliates. Please see the attached Certificate of Liability Insurance which (1) details the Primary, Umbrella, and Excess Coverage, and (2) lists the subsidiaries to which the insurance coverage applies.

The Company developed its global insurance coverage program with the help of leading third-party advisors, after an examination of the market and extensive benchmarking. The benchmarking focused on a peer group of seventeen (17) Healthcare, Manufacturing & Life Science entities and demonstrates that the Company carries higher Commercial General Liability coverage limits than the third highest quartile of the peer group. The Company's review and benchmarking ensure that its Commercial General Liability Coverage is reasonable and appropriate to protect the Company and to protect and respond to customers and consumers based upon the risk profile of its products.

Please see the attached document reflecting the Company's benchmarking and demonstrating the higher limits of the Company's Commercial General Liability Coverage compared to the peer group.

Additional information concerning the Company's risks and insurance coverage can be found in the Company's public announcements and filings, including its Form 10-K for the fiscal year ended December 31, 2021, filed on March 1, 2022, which can be found on the US Securities and Exchange Commission's EDGAR system at the following location:

https://www.sec.gov/ix?doc=/Archives/edgar/data/818479/000081847922000015/xray-20211231.htm

Best regards,

Dane Baumgardner
Vice President, Legal & Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Sirona Dental, Inc. MDEG License # (if applicable) _____

Physical Address 30-30 47th Avenue

City Long Island City State NY Zip 11101

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 718-937-5765 Website www.dentsplysirona.com

Licensing Company Email dsstatelic@dentsplysirona.com

Section 2: Personal Information

First WILL Middle CHARLES Last AUTZ

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] SUNNY CREST ROAD

City [redacted] State CT Zip 06611 ROAD

Telephone [redacted] Email WILL.AUTZ@DENTSPLY SIRONA.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: NEW YORK INSTITUTE of TECHNOLOGY			From - To (MM/YY – MM/YY): 1974 – 1978
Address	City: OLD WESTBURY	State: NY	Zip
Diploma/Degree obtained, if any: B.S. MECHANICAL / INDUSTRIAL ENGINEERING			
School Name: THOMAS EDISON HIGH SCHOOL			From - To (MM/YY – MM/YY): 1968 – 1972
Address	City: JAMAICA	State: NY	Zip
Diploma/Degree obtained, if any: ELECTRONICS.			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12-20-11-22	[redacted] STONY CREST RD.	TRUMBULL	CT	06611
06-12 12-20	[redacted] 66TH ROAD	FOREST HILLS	NY	11375
[illegible]				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
DENTSPLY SIRONA			01-00 - 11-22
Business Address	**City**	**State**	**Zip**
30-30 47TH AVE	LONG ISLAND CITY	NY	11101
Phone	**Title**		**Number of Employed Hours**
917-647-7603	V.P. OF MANUFACTURING		2,080
Description of Duties			
OVERSEE ALL MANUFACTURING OPERATIONS			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
				N/A
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date: NOV. 8TH, 2022

I, Will Autz, certify that as the MDEG Administrator for DENTSPLY SIRONA (Sirona Dental, Inc.),

that I (initial that you have read and meet the following requirements):

1. WA Have a high school diploma or its equivalent;
2. WA Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. WA Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. WA Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Will Autz

Print Name (First, Last)

Will Autz

Original Signature (electronic, copies or stamps not accepted)

Nov. 8TH 2022

Date

Board Use Only	Date Received: _____

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended **December 31, 2021**
Commission File Number **0-16211**

DENTSPLY SIRONA Inc.

(Exact name of registrant as specified in its charter)

Delaware	**39-1434669**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
13320 Ballantyne Corporate Place, Charlotte, North Carolina	**28277-3607**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: **(844) 848-0137**

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, par value $.01 per share	**XRAY**	**The Nasdaq Stock Market LLC**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.
Yes x No o
Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.
Yes o No x
Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.
Yes x No o
Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation 5-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).
Yes x No o

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer x Accelerated Filer o Non-Accelerated Filer o Smaller Reporting Company ☐
Emerging Growth Company ☐ If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. o

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C.7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act) Yes ☐ No x

The aggregate market value of the voting common stock held by non-affiliates of the registrant computed by reference to the closing price as of the last business day of the registrant's most recently completed second quarter ended June 30, 2021, was $13,791,201,522. Based on the closing price on June 30, 2021. For purpose of this calculation only, without determining whether the following are affiliates of the registrant, the registrant has assumed that (i) its directors and executive officers are affiliates, and (ii) no party who has filed a Schedule 13D or 13G is an affiliate.

The number of shares of the registrant's common stock outstanding as of the close of business on February 21, 2022 was 217,554,303.

DOCUMENTS INCORPORATED BY REFERENCE

Certain portions of the definitive Proxy Statement of DENTSPLY SIRONA Inc. (the "Proxy Statement") to be used in connection with the 2022 Annual Meeting of Stockholders are incorporated by reference into Part III of this Form 10-K to the extent provided herein. Except as specifically incorporated by reference herein the Proxy Statement is not deemed to be filed as part of this Form 10-K.

DENTSPLY SIRONA Inc.
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PART I

FORWARD-LOOKING STATEMENTS

Information included in or incorporated by reference in this Form 10-K, and other filings with the U.S. Securities and Exchange Commission (the "SEC") and the Company's press releases or other public statements, contains or may contain forward-looking statements. Please refer to a discussion of our forward-looking statements and associated risks in Item 1 "Business- Forward-Looking Statements and Associated Risks" and Item 1A "Risk Factors" of this Form 10-K.

GENERAL

Unless otherwise stated herein or the context otherwise indicates, reference throughout this Form 10-K to "Dentsply Sirona", or the "Company," "we," "us" or "our" refers to financial information and transactions of DENTSPLY SIRONA Inc., together with its subsidiaries on a consolidated basis.

INDUSTRY AND MARKET DATA

Unless indicated otherwise, the information concerning our industry contained in this Form 10-K is based on our general knowledge of and expectations concerning the industry. The Company's market position, market share and industry market size are based on estimates using our internal data and estimates, based on data from various industry analyses, our internal research and adjustments and assumptions we believe to be reasonable. The Company has not independently verified data from industry analyses and cannot guarantee their accuracy or completeness. In addition, we believe that data regarding the industry, market size and its market position and market share within such industry provide general guidance but are inherently imprecise. Further, the Company estimates and assumptions involve risks and uncertainties and are subject to change based on various factors, including those discussed in Item 1A "Risk Factors" of this Form 10-K. These and other factors could cause results to differ materially from those expressed in the estimates and assumptions.

Item 1. Business

Overview

DENTSPLY SIRONA Inc. ("Dentsply Sirona" or the "Company"), is the world's largest manufacturer of professional dental products and technologies, with a 135-year history of innovation and service to the dental industry and patients worldwide. Dentsply Sirona develops, manufactures, and markets comprehensive solutions including technologically-advanced dental equipment as well as dental and healthcare consumable products under a strong portfolio of world class brands. Dentsply Sirona's products provide innovative, high-quality and effective solutions to advance patient care and deliver better, safer and faster dentistry. The Company introduced the first dental electric drill over 130 years ago, the first dental X-ray unit approximately 100 years ago, the first dental computer-aided design/computer-aided manufacturing ("CAD/CAM") system over 30 years ago, and numerous other significant innovations including pioneering ultrasonic scaling to increase the speed, effectiveness and comfort of cleaning and revolutionizing both file and apex locater technology to make root canal procedures easier and safer. Dentsply Sirona continues to make significant investments in research and development ("R&D"), and its track record of innovative and profitable new products continues today. Dentsply Sirona's worldwide headquarters is located in Charlotte, North Carolina and its shares of common stock are listed in the United States on Nasdaq under the symbol XRAY.

The Company conducts its business through two reportable segments: (1) Technologies & Equipment ("T&E") and (2) Consumables. For the year ended December 31, 2021, T&E net revenues represented approximately 59.4% of worldwide net revenues, while Consumables net revenues represented the remaining 40.6% of worldwide net revenues.

The business is conducted in the United States of America ("U.S."), as well as in over 150 foreign countries, principally through its foreign subsidiaries. Dentsply Sirona has a long-established presence in the European market, particularly in Germany, Sweden, France, the United Kingdom ("UK"), Switzerland and Italy. The Company also has a significant market presence in the Asia-Pacific region, Central and South America, the Middle-East region, and Canada.

Principal Products and Product Categories

The worldwide professional dental industry encompasses the diagnosis, treatment and prevention of disease and ailments of the teeth, gums and supporting bone. The Company offers a broad suite of products which together provide digital workflows for dental practitioners to make the highest use of technological advancements throughout each stage of patient care. Dentsply Sirona's principal product categories are dental technology and equipment products and dental consumable products. Additionally, the Company manufactures and sells healthcare consumable products for urological applications. These products are produced by the Company globally and are distributed throughout the world under some of the most well-established brand names and trademarks in these industries, including but not limited to: AH PLUS, ANKYLOS, AQUASIL ULTRA, ARTICADENT, ASTRA TECH, ATLANTIS, AXEOS, BYTE, CALIBRA, CAULK, CAVITRON, CELTRA, CERAMCO, CERCON, CEREC, CEREC MCX, CITANEST, CONFORM FIT, DELTON, DENTSPLY, DETREY, DYRACT, ESTHET.X, FRIOS, GALILEOS, INLAB, INTEGO, IPN, LOFRIC, LUCITONE, MAILLEFER, MIDWEST, MTM, NUPRO, OMNICAM, ORAQIX, ORIGO, ORTHOPHOS, OSSEOSPEED, PALODENT PLUS, PRIME & BOND, PROFILE, PRIMEMILL, PRIMESCAN, PROGLIDER, PROTAPER, RECIPROC, PUREVAC, RINN, SANI-TIP, SCHICK, SIMPLANT, SINIUS, SIROLASER, SIRONA, SLIMLINE, STYLUS, SULTAN, SUREFIL, SURESMILE, SYMBIOS, T1, T2, T3, T4, TENEO, THERMAFIL, TRIODENT, TRUBYTE, TRUNATOMY, VIPI, WAVEONE, WELLSPECT, XENO, XIVE, XYLOCAINE and ZHERMACK.

Technologies & Equipment Segment

Equipment & Instruments

The Equipment & Instruments product category consists of basic and high-tech dental equipment such as treatment centers, imaging equipment, motorized dental handpieces, and other instruments for dental practitioners and specialists. Imaging equipment serves as the starting point for the Company's digital workflow offerings and consists of a broad range of diagnostic imaging systems for 2D or 3D, panoramic, and intra-oral applications. Treatment centers comprise a broad range of products from basic dentist chairs to sophisticated chair-based units with integrated diagnostic, hygiene and ergonomic functionalities, as well as specialist centers used in preventive treatment and for training purposes. This product group also includes other lab equipment such as amalgamators, mixing machines and porcelain furnaces.

CAD/CAM

Dental CAD/CAM technologies are products designed for dental offices to support numerous digital dental procedures including dental restorations. This product category includes a full-chairside economical restoration of aesthetic ceramic dentistry offering called CEREC, as well as stand-alone CAD/CAM, digital impressions ("DI") intra-oral scanners, mills, and services. The full-chairside offering enables dentists to practice same day or single visit dentistry.

Orthodontics

The Company's Orthodontic product group primarily includes a dentist-directed clear aligner solution, SureSmile, and a direct-to-consumer clear aligner solution, Byte. The Orthodontics product category also includes a High Frequency Vibration ("HFV") technology device known as VPro or as HyperByte within Byte's product offering. The clear aligners offerings include software technology that enables clear aligner treatment planning and for SureSmile seamless connectivity of a digital workflow from diagnostics through treatment delivery. Certain lower-margin products within the the Company's traditional Orthodontic business have been discontinued during the course of 2020 and 2021 as part of management's portfolio optimization restructuring actions as described further in Item 7, Management Discussion and Analysis.

Implants

The Implants product offering includes technology to support signature digital workflows for implant systems, a portfolio of innovative dental implant products, bone regenerative and restorative solutions, and educational programs, all of which provide dental professionals with a completely new way of practicing implantology. The Implants business is supported by key technologies including custom abutments, advanced tapered immediate load screws and regenerative bone growth factor.

Healthcare

This category consists mainly of urology catheters and other healthcare-related consumable products.

Consumables Segment

Dental consumable products consist of value-added dental supplies and small equipment used in dental offices for the treatment of patients. It also includes specialized treatment products used within the dental office and laboratory settings including products used in the preparation of dental appliances by dental laboratories.

Endodontic & Restorative Products

The Company's Endodontic and Restorative products frequently work together to provide a tandem solution in high-tech dental procedures. The Endodontic products include drills, filers, sealers, irrigation needles and other tools or single-use solutions which support root canal procedures. Restorative products include dental prosthetics, such as artificial teeth, dental ceramics, digital dentures, precious metal dental alloys, and crown and bridge porcelain products.

Other Consumables

The remaining consumables products include small equipment products such as intraoral curing light systems, dental diagnostic systems and ultrasonic scalers and polishers, as well as other dental supplies including dental anesthetics, prophylaxis paste, dental sealants, impression materials, teeth whiteners and topical fluoride. Certain lower-margin laboratory products within the Other Consumables category have been discontinued during the course of 2020 and 2021 as part of management's portfolio optimization restructuring actions as described further in Item 7, Management Discussion and Analysis.

Net sales for each product category as a percent of the Company's total net sales for the year ended December 31, 2021, were as follows:

	% of Net Sales
Equipment & Instruments	17.3 %
CAD/CAM	13.9 %
Orthodontics	6.4 %
Implants	14.7 %
Healthcare	7.1 %
Technology & Equipment segment revenue	59.4 %
Endodontic & Restorative	29.7 %
Other consumables	10.9 %
Consumables segment revenue	40.6 %
Total net sales	100.0 %

Markets, Sales and Distribution

The Company believes that the market for its products will grow over the long-term based on the following factors:

- Increasing worldwide population, including a shift towards aging demographics, which will require greater dental care.
- Natural teeth are being retained longer - individuals with natural teeth are much more likely to visit a dentist than those without any natural teeth.
- Increasing demand for aesthetic dentistry and the appeal of clear aligners as an orthodontic treatment.
- Continued opportunities in emerging markets related to the rise in discretionary incomes making dental services an increasing priority.

- Increasing demand for single visit dentistry versus historical multi-visit procedure requirements, and for higher quality of patient care in terms of comfort and ease of product use and handling.
- Increasing demand for earlier preventive care - dentistry has evolved from a profession primarily dealing with pain, infections, and tooth decay to one with increased emphasis on earlier diagnosis, preventive care, and the role oral health plays in overall health.
- Increasing demand for more efficiency and better workflow in the dental office, including digital and integrated solutions such as the enhanced power of diagnostic equipment through 3D imaging. The rapid pace of digital technology adoption including the digitization of clinical workflows is becoming a category standard versus traditional manual processes.
- The Company's business is less susceptible than many other industries to general downturns in the economies in which it operates.
- The Company is well positioned to meet macroeconomic challenges and execute on a strategy of delivering value through digital workflows due to its leading market offerings in all key areas of dental procedures (implants, endodontic, restorative and aligners) as well as digital infrastructure (CAD/CAM and imaging) utilized in dental practices around the globe.

Dentsply Sirona employs approximately 5,000 highly-trained, product-specific sales and technical staff to provide comprehensive marketing, and services tailored to the sales and technical support requirements of its distributors, dealers and end-users.

Sales and Distribution

Dentsply Sirona distributes approximately two-thirds of its dental consumable and technology and equipment products through third-party distributors. Certain highly technical products such as dental technology equipment, dental ceramics, crown and bridge porcelain products, endodontic instruments and materials, orthodontic clear aligners and appliances, and dental implants are often sold directly to the dental laboratory or dental professionals in some markets. Additionally, the Company's Byte business produces aligners which are sold direct to consumers under doctor-directed, personalized treatment plans.

For the year ended December 31, 2021, no customer accounted for 10% or more of consolidated net sales or consolidated accounts receivable balance. Customers that accounted for 10% or more of net sales and accounts receivable for the years ended December 31 were as follows:

	2020		2019	
	% of net sales	% of accounts receivable	% of net sales	% of accounts receivable
Henry Schein, Inc.	14 %	N/A	13 %	12 %
Patterson Companies, Inc.	10 %	18 %	N/A	17 %

Although a significant portion of the Company's sales are made to distributors, dealers and importers, Dentsply Sirona focuses much of its marketing efforts on the dentists, dental hygienists, dental assistants, dental laboratories and dental schools which are the end-users of its products. As part of this end-user "pull through" marketing approach, the Company conducts extensive distributor, dealer and end-user marketing programs. Additionally, the Company trains laboratory technicians, dental hygienists, dental assistants and dentists in the proper use of its products and introduces them to the latest technological developments at its educational courses conducted throughout the world. The Company also maintains ongoing consulting and educational relationships with various dental associations and recognized worldwide opinion leaders in the dental field.

Operating Principles

The Company's focus includes the creation of more meaningful solutions for dentists built around the following five key operating principles:

- *Approach customers as one:* Put the customer at the center of how Dentsply Sirona is organized. The Company has an integrated approach to customer service, direct and indirect selling, and clinical education to strengthen the relationship with the customer and better serve the customers' needs.

- *Create innovative solutions that customers love to use:* A comprehensive R&D program that prioritizes strategic spending building the next generation of digital workflow technologies and service offerings, resulting in more impactful innovations each year.

- *Think and act with positive intent and the highest integrity:* Execute the business in a way that empowers our people, respects the communities in which we do business, and establishes trust with our partners and stakeholders.

- *Operate sustainably in everything the Company does:* Take a thoughtful, proactive approach to creating a sustainable company through investments in our employees, customers, and the environment.

- *Use size and global breadth to our advantage:* The Company is focused on integrating its dental product portfolios to unlock operational efficiencies, including performance improvements in procurement, logistics, manufacturing, sales force and marketing programs; and at the same time simplifying the business on a worldwide scale. In combination, these initiatives will improve organizational efficiency and better leverage the Company's selling, general and administrative infrastructure.

Product Development

While the Company enjoys market leadership in several of its product categories, continuous innovation and product development are critical for it to continue to grow its share of the dental markets it serves. Many of Dentsply Sirona's existing products are undergoing brand extensions, and the Company also continues to focus efforts on successfully launching innovative products that have a more significant impact on how dental and clinical professionals treat their patients. During 2021 the Company continued to prioritize investments supporting digitally enhanced workflows through each stage of patient care, including imaging and scanning technologies used in diagnosis, treatment planning software, and customized products to deliver treatment. The Company's position as an integrated global business allows for the rapid deployment of these innovations throughout the markets it serves to achieve rapid globalization and economies of scale. New products introduced within the past three years accounted for approximately 24% of 2021 sales.

New advances in technology are also anticipated to have a significant influence on future products in digital dentistry, including both equipment and consumables. Through investments in research and development, the Company has accelerated multiple new product development initiatives during the year, such as the rollout of software upgrades for CEREC; the user interface for SureSmile aligners; introduction of PrimeTaper, a self-tapping implant with a tapered design; and ProTaper Ultimate, the next generation of endodontic files. During 2020, the Company introduced Axeos, a new digital imaging product with a 3D wide field of view. During 2021, the Company acquired key supporting technologies in OSSIX bone regenerative collagen through the purchase of Datum Dental, and the new VPro aligner treatment devices through the acquisition of substantially all of the assets of Propel Orthodontics LLC ("Propel").

R&D investments include activities to accelerate product and clinical innovation and develop potential improvements to the manufacturing process. These investments also support engineering efforts that incorporate customer feedback into continuous improvement for current and next-generation products, with an objective to achieve more frequent development and release cycles. The Company also undertakes pre-commercialization trials and testing of technological improvements prior to inception of the manufacturing process. As is true across its other functions, the Company is continually transforming how R&D is conducted by identifying best practices, driving efficiencies, and optimizing cost structure to enable a more effective development process and faster concept-to-market timelines. The Company is undergoing a strategic shift away from a budget dedicated to specific products and deliverables to a focus on strategic market areas with more agile funding. Focused, cross-functional teams are being increasingly utilized to offer innovative products efficiently, to concentrate resources on the most viable and clinically relevant technologies and to maximize cost and time savings as they are brought into production.

In addition to internal product development, the Company also pursues external research and development opportunities, including acquisitions, licensing, or other arrangements with third parties. Initiatives to support technological development also include collaborations with research institutions and dental and medical schools. The Company annually supports the achievements of dental students conducting innovative research through its 2021 *Student Competition for Advancing Dental Research and its Application Awards* (SCADA) program. The Company is also committed to participation in clinical research demonstrating the efficacy of our products prior to market introduction, for example the success of the implant registry site utilized for research involvement in conjunction with the PrimeTaper launch. During 2021, the Company announced that it was opening a 70,000-square-foot innovation center close to its corporate office, which will house key functions such as 3D printing and complement its other flagship innovation centers in Germany and Sweden. Through these internal research centers as well as through its collaborations with external research institutions, dental and medical schools, the Company directly invests in the development of new products, improvement of existing products and advances in technology. These investments include an emphasis on research in digital data sharing technology, including the incorporation of long-term artificial intelligence and machine learning. The continued development of these areas is a critical step in meeting the Company's strategic goal as a leader in defining the future of dentistry. The Company's long-term plans for investment in product development include an objective to maintain a level of research and development spend that is at least 4% of annual net sales with a focus on innovation and expansion of digital, software, services, and other platform offerings.

Acquisition Activities

Dentsply Sirona believes that the dental technology and consumable products industries continue to experience consolidation with respect to both product manufacturing and distribution, although they remain fragmented thereby creating a number of acquisition opportunities.

The Company views acquisitions as a key part of its growth strategy. These acquisition activities are intended to supplement the Company's organic growth and assure ongoing expansion of its business to capitalize on significant growth drivers, including new technologies, additional products, organizational strength and geographic breadth. During the year ended December 31, 2021, the Company continued this trend, beginning with the first quarter purchase of Datum Dental, Ltd., a producer and distributor of specialized regenerative dental material based in Israel, which provided the Company with a key technology to serve the Implants markets. The Company followed in the second quarter with the purchase of substantially all of the assets of Propel, a domestic company which manufactures and sells orthodontic devices and provides in-office and at-home orthodontic accessory devices, an investment which is expected to further accelerate the growth and profitability of the Company's combined clear aligners business. In the third quarter, the Company completed its acquisition of a partially owned affiliate based in Switzerland that primarily develops highly specialized software, which is expected to further accelerate the development of the Company's specialized software related to CAD/CAM systems. During the year ended December 31, 2020, the Company made various investments, including the acquisition of Byte, a direct-to-consumer clear aligners business, which complements the Company's existing clear aligner product by adding a digital component and is expected to enhance scale and accelerate the growth and profitability of the Company's combined clear aligners business going forward. This acquisition is representative of the Company's strategy of matching technological advancement in digital dentistry with innovative marketing and delivery in order to reach areas of high-growth potential for customer demand. For more information regarding the Company's acquisition activity, refer to Note 6, Business Combinations, in the Notes to the Consolidated Financial Statements in Part II, Item 8 of this Form 10-K.

Operating and Technical Expertise

Dentsply Sirona believes that its manufacturing capabilities are important to its success. The manufacturing processes of the Company's products require substantial and varied technical expertise. Complex materials technology and processes are necessary to manufacture the Company's products. Where it can improve quality and customer service and lower costs, the Company endeavors to automate its global manufacturing operations.

Financing

Information about Dentsply Sirona's working capital, liquidity and capital resources is provided in Part II, Item 7 "Management's Discussion and Analysis of Financial Condition and Results of Operations" of this Form 10-K.

Competition

The Company conducts its operations, both domestic and foreign, under highly competitive market conditions. Competition in the dental and healthcare consumable products and dental technology and equipment products industries is based primarily upon product performance, quality, safety and ease of use, as well as price, customer service, innovation and acceptance by clinicians, technicians and patients. Dentsply Sirona believes that its principal strengths include its well-established brand names, its reputation for high quality and innovative products, its leadership in product development and manufacturing, its global sales force, the breadth of its product line and distribution network, its commitment to customer satisfaction and support of the Company's products by dental and medical professionals.

The size and number of the Company's competitors vary by product line and from region to region. There are many companies that produce some, but no competitor produces all of the same types of products as those produced by the Company.

Regulation

The development, manufacture, sale and distribution of the Company's products are subject to comprehensive governmental regulation both within and outside the United States. The following sections describe certain, but not all, of the significant regulations that apply to the Company. For a description of the risks related to the regulations that the Company is subject to, please refer to Item 1A. "Risk Factors" of this Form 10-K.

The majority of the Company's products are classified as medical devices and are subject to restrictions under domestic and foreign laws, rules, regulations, self-regulatory codes, circulars and orders, including, but not limited to, the United States Food, Drug, and Cosmetic Act (the "FDCA"), Council Directive 93/42/EEC on Medical Devices ("MDD") (1993) in the European Union, which will be updated to the European Union Medical Device Regulation ("MDR") in 2021 (and implementing and local measures adopted thereunder) and similar international laws and regulations. The FDCA requires these products, when sold in the United States, to be safe and effective for their intended use and to comply with the regulations administered by the United States Food and Drug Administration ("FDA"). Certain medical device products are also regulated by comparable agencies in non-U.S. countries in which they are produced or sold.

Dental and medical devices of the types sold by Dentsply Sirona are generally classified by the FDA into a category that renders them subject to the same controls that apply to all medical devices, including regulations regarding alteration, misbranding, notification, record-keeping and good manufacturing practices. In the European Union, Dentsply Sirona's products are subject to the medical device laws of the various member states, which are based on a Directive of the European Commission. Such laws generally regulate the safety of the products in a similar way to the FDA regulations. Dentsply Sirona products in Europe bear the CE mark showing that such products comply with European regulations. The Company's products that fall in category of Class I as classified by EU Medical Device Directive were mandated to be certified under the new European Union Medical Device Regulation ("MDR"). These regulations also applied to all medical device manufacturers who market their medical devices in the EU and all such manufacturers had to perform significant upgrades to quality systems and processes including technical documentation and subject them to new certification under MDR in order to continue to sell those products in the European Union ("EU"). Although all medical device manufacturers were required to certify their Class I products by May 2021, the EU MDR regulations for additional Classes of medical devices is mandated to be fully enforceable by May 2024. This also includes completion of certified quality management systems to manufacturers quality management systems. Dentsply Sirona remains focused on ensuring that all its products that are considered to be medical device will be fully certified as required by the EU MDR dates and timelines.

The Company is also subject to domestic and foreign laws, rules, regulations, self-regulatory codes, circulars and orders regarding anti-bribery and anti-corruption, including, but not limited to, the United States Foreign Corrupt Practices Act ("FCPA"), the U.S. Federal Anti-Kickback Statute ("AKS"), the United Kingdom's Bribery Act 2010 (c.23), Brazil's Clean Company Act 2014 (Law No. 12,846) China's National Health and Family Planning Commission ("NHFPC") circulars No. 40 and No. 50, and similar international laws and regulations. The FCPA and similar anti-bribery and anti-corruption laws applicable in non-U.S. jurisdictions generally prohibit companies and their intermediaries from improperly offering or paying anything of value to foreign government officials for the purpose of obtaining or retaining business. Some of the Company's customer relationships are with governmental entities and therefore may be subject to such anti-bribery laws. The AKS and similar fraud and abuse laws applicable in non-U.S. jurisdictions prohibit persons from knowingly and willfully soliciting, offering, receiving or providing remuneration, directly or indirectly, in exchange for or to induce either the referral of an individual, or the furnishing or arranging for a good or service, for which payment may be made under a health care program, such as, in the United States, Medicare or Medicaid.

The Company's production and sale of products is further subject to regulations concerning the supply of conflict minerals, various environmental regulations such as the Federal Water Pollution Control Act (the "Clean Water Act") and others enforced by the Environmental Protection Agency ("EPA") or equivalent state agencies, and the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act (the "Health Care Reform Law"). In the sale, delivery and servicing of the Company's products to other countries, it must also comply with various domestic and foreign export control and trade embargo laws and regulations, including those administered by the Department of Treasury's Office of Foreign Assets Control ("OFAC"), the Department of Commerce's Bureau of Industry and Security ("BIS") and similar international governmental agencies, which may require licenses or other authorizations for transactions relating to certain countries and/or with certain individuals identified by the respective government. Despite the Company's internal compliance program, policies and procedures may not always protect it from reckless or criminal acts committed by its employees or agents. Violations of these requirements are punishable by criminal or civil sanctions, including substantial fines and imprisonment. Due in part to its direct-to-consumer model, the Company's Byte aligner business in the U.S. is subject to various state laws, rules and policies which govern the practice of dentistry within such state. Byte contracts with an expansive nationwide network of independent licensed dentists and orthodontists for the provision of clinical services, including the oversight and control of each customer's clinical treatment in order to comply with these regulations and ensure that the business does not violate rules pertaining to the corporate practice of dentistry.

The Company is subject to domestic and foreign laws, rules, regulations, self-regulatory codes, circulars and orders governing data privacy and transparency, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (the "HITECH Act"), the California Consumer Privacy Act, China's Personal Information Protection Law, the Physician Payments Sunshine Provisions of the Patient Protection and Affordable Care Act, the European Union's General Data Protection Regulation, the EU Directive 2002/58/EC (and implementing and local measures adopted thereunder), France's Data Protection Act of 1978 (rev. 2004) and France's Loi Bertrand, certain rules issued by Denmark's Health and Medicines Authority, and similar international laws and regulations. HIPAA, as amended by the HITECH Act, and similar data-privacy laws applicable in non-U.S. jurisdictions, restrict the use and disclosure of personal health information, mandate the adoption of standards relating to the privacy and security of individually identifiable health information and require us to report certain breaches of unsecured, individually identifiable health information. The Physician Payments Sunshine Provisions of the Patient Protection and Affordable Care Act require the Company to record all transfers of value to physicians and teaching hospitals and to report this data to the Centers for Medicare and Medicaid Services for public disclosure. Similar reporting requirements have also been enacted in several states, and an increasing number of countries worldwide either have adopted or are considering similar laws requiring transparency of interactions with health care professionals.

The Company believes it is in substantial compliance with the laws and regulations that regulate its business. There are, however, significant uncertainties involving the application of various legal requirements, the violation of which could result in, among other things, sanctions. See Item 1A, "Risk Factors" of this Form 10-K for additional detail.

Sources and Supply of Raw Materials and Finished Goods

The Company manufactures the majority of the products that it sells. The Company sources the necessary raw materials from various suppliers, and no single supplier accounts for more than 10% of Dentsply Sirona's supply requirements.

Intellectual Property

Products manufactured by Dentsply Sirona are sold primarily under its own tradenames and trademarks. Dentsply Sirona also owns and maintains more than 5,000 patents throughout the world and has also licensed a number of patents owned by others.

Dentsply Sirona's policy is to protect its products and technology through patents and trademark registrations both in the U.S. and in significant international markets. The Company monitors trademark use worldwide and promotes enforcement of its patents and trademarks in a manner that is designed to balance the cost of such protection against obtaining the greatest value for the Company. Dentsply Sirona believes its patents and trademark properties are important and contribute to the Company's marketing position but it does not consider its overall business to be materially dependent upon any individual patent or trademark. Additional information regarding certain risks related to our intellectual property is included in Item 1A "Risk Factors" of this Form 10-K and is incorporated herein by reference.

Human Capital

We believe that our employees are true assets to our organization and contribute to the success of our business. On December 31, 2021, our organization and its subsidiaries employed approximately 15,000 employees across the globe who are relied on to accomplish the strategic objectives that enable us to lead the dental industry. Of these employees, approximately 3,600 were employed in the United States. Some employees outside of the United States are covered by collective bargaining, union contracts, worker councils or other similar programs. As an organization we value and invest in our talent which leads to our belief of a positive relationship with our employees. Our talent strategy focuses on attracting, engaging, developing and retaining talent to support our business strategy. We further strive to offer an inclusive environment where every employee can grow and perform.

Attract, Engage, Develop & Retain

In 2021, we continued to evolve our strategy for attracting, engaging, developing and retaining talent. Led by the feedback and engagement of our employees, we established a new Vision, Values, Mission and Operating Principles. We launched our first central emerging talent program focused on attracting early-career employees through strategic partnerships with core schools, Historically Black Colleges and Universities and local trade schools. The comprehensive program provides rotational assignments, on-the-job experiences, networking events, development sessions and executive interactions. We offer a global approach to learning and development through a partnership with LinkedIn Learning via thousands of on-demand learning modules in multiple languages. We deployed a custom leadership development framework to assess, develop and coach leaders at multiple levels. Our quarterly performance feedback, development planning and talent review processes have been automated for professional employees. A robust set of aids for goal setting and development planning has been designed to support future-focused growth. We are currently piloting employee-led experience mapping and virtual mentoring with the plan to launch globally. We continue to conduct virtual town halls and video chats, to keep our employees informed and to provide multiple opportunities for employees globally to ask questions of our leaders. We place an emphasis on employee feedback and evaluation, which are gathered through engagement surveys every 18 months to all employees in addition to pulse surveys strategically employed throughout the year.

Compensation and Benefits

As part of the Company's total rewards philosophy, we offer competitive compensation and benefit programs designed to attract and retain top talent. We are committed to providing and administering these programs in a way that treats our employees at all levels fairly and equitably. Our total rewards offerings vary by country and include an array of programs that support our employees' financial, physical and mental well-being, including annual performance incentive opportunities, pension and retirement savings programs, health and welfare benefits, paid time off, leave programs, flexible work schedules and employee assistance programs.

Diversity and Inclusion

We view diversity in our organization as a core source of strength and we seek to provide opportunities for all employees to bring their perspective, experience and whole self to the workplace. We believe our commitment to a diverse workforce drives innovation and customer-centricity. We have an established Diversity & Inclusion Council, helping create accountability for results, providing governance and oversight on diversity efforts and promoting organization-wide communication on progress. We have a Diversity & Inclusion functional leader who focuses on developing awareness through training, career coaching, networking and talent development. We measure our progress against key metrics using benchmarking data.

Diversity & Inclusion Council

Our Diversity & Inclusion Council is a group of demographically and functionally diverse employees from across the world dedicated to enabling the Diversity & Inclusion function and championing initiatives that support the organization internally and externally. A top priority of the Diversity & Inclusion Council is to increase the skills of our leaders on how to discuss and be accountable for driving sustained diversity, equity and inclusion goals.

Employee Resource Groups

The purpose of our Employee Resource Groups is to foster a diverse, equitable and inclusive environment enabling employees to fully participate in successfully executing our strategy. As of December 31, 2021, our employees have led the successful establishment of 7 Employee Resource Groups consisting of over 1,600 members. Our Employee Resource Groups have been focused on developing talent, increasing employee engagement and creating awareness. We consistently recognize high participation in Employee Resource Group-led events.

Training and Awareness

We offer a catalog of on-demand Diversity & Inclusion training options aimed at strengthening awareness. A standout option of our offerings is our ongoing Conversations of Understanding sessions. Employees are invited to register for these small group discussions where internal volunteers share experiences on varying diversity, equity and inclusion topics.

Talent Acquisition

Our organization has talent sourcing guidelines requiring diverse candidate interview slates for director-level and above roles. To increase internal mobility, we offer career development options and utilize our talent review processes to highlight diverse talent for open positions. We educate our hiring managers on inclusive hiring practices.

Measuring Progress

Executive management reviews our Diversity & Inclusion metrics regularly, including attraction, engagement, advancement and retention. We are actively partnering with an external consultancy to identify available talent pools in all our geographic markets and establish benchmarks throughout. All executive leaders have action plans in place and are accountable for progress.

Environmental, Health & Safety Matters

Dentsply Sirona believes that Environmental, Health & Safety ("EHS") is critical to the success of our customers and our Company. We are committed to environmental stewardship and to health and safety excellence in our global operations and distribution. As such, we have adopted policies that call for compliance with applicable laws and regulations governing the protection of the environment, health and safety of our employees, and neighboring communities. The Company believe that its operations comply in all material respects with applicable environmental laws and regulations.

Safety is integrated into the way we do business. Our safety program is structured on the foundation that every employee is engaged and committed to improving safe operating practices and eliminating or reducing the risk for injuries or illnesses. When health and safety incidents do occur, we strive to determine the causes and eliminate the potential for future similar incidents.

Our EHS policies and standards are a key element of the foundation upon which we develop, market, manufacture, and distribute products and services to our global customers. We operate our manufacturing facilities using a common set of internal standards. These standards support a consistent approach to EHS performance improvement.

Other Factors Affecting the Business

The Company's business is subject to quarterly fluctuations of consolidated net sales, net income and cash flows. The Company typically implements most of its price changes in the beginning of the first or fourth quarter. Price changes, other marketing and promotional programs including trade shows, management of inventory levels by distributors and the implementation of strategic initiatives, may impact sales levels in any given period. In addition, major new product introductions may also impact net sales as older products become less desirable compared to the new products. Sales for the industry and the Company are generally strongest in the second and fourth calendar quarters and weaker in the first and third calendar quarters, due to the effects of the items noted above and due to the impact of holidays and vacations, particularly throughout Europe.

The Company tries to maintain short lead times within its manufacturing, as such, the backlog on products is generally not material to the financial statements.

Securities Exchange Act Reports

The SEC maintains a website that contains reports, proxy and information statements, and other information regarding issuers, including the Company, that file electronically with the SEC. The public can obtain any documents that the Company files with the SEC at http://www.sec.gov. The Company files annual reports, quarterly reports, proxy statements and other documents with the SEC under the Securities Exchange Act of 1934, as amended ("Exchange Act").

Dentsply Sirona also makes available free of charge through its website at www.dentsplysirona.com its annual report on Form 10-K, quarterly reports on Form 10-Q, current reports on Form 8-K and amendments to these reports filed or furnished pursuant to Section 13(a) or 15(d) of the Exchange Act as soon as reasonably practicable after such materials are filed with or furnished to the SEC. Information on the Company's website does not constitute part of this document.

Forward-Looking Statements and Associated Risks

All statements in this Form 10-K that do not directly and exclusively relate to historical facts constitute "forward-looking statements." These statements represent current expectations and beliefs, and no assurance can be given that the results described in such statements will be achieved. Such statements are subject to numerous assumptions, risks, uncertainties and other factors that could cause actual results to differ materially from those described in such statements, many of which are outside of our control. Furthermore, many of these risks and uncertainties are currently amplified by and may continue to be amplified by the novel coronavirus ("COVID-19") pandemic and the impact of varying private and governmental responses that affect our customers, employees, vendors and the economies and communities where they operate. No assurance can be given that any expectation, belief, goal or plan set forth in any forward-looking statement can or will be achieved, and readers are cautioned not to place undue reliance on such statements which speak only as of the date they are made. We do not undertake any obligation to update or release any revisions to any forward-looking statement or to report any events or circumstances after the date of this Form 10-K or to reflect the occurrence of unanticipated events.

You should carefully consider these and other relevant factors, including those risk factors in Item 1A, "Risk Factors" of this Form 10-K and any other information included or incorporated by reference in this report, and information which may be contained in the Company's other filings with the SEC, when reviewing any forward-looking statement. Investors should understand it is impossible to predict or identify all such factors or risks. As such, you should not consider either foregoing lists, or the risks identified in the Company's SEC filings, to be a complete discussion of all potential risks or uncertainties associated with an investment in the Company.

Item 1A. Risk Factors

Summary

The following is a summary of the significant risk factors that could materially impact the Company's business, financial condition or future results, including risks related to COVID-19, risks related to our businesses, risks related to our international operations, risks related to our regulatory environments, risks related to ownership of our common stock, and general risks:

- The Company's revenue, results of operations, cash flow, and liquidity may be materially adversely impacted by the ongoing COVID-19 outbreak.
- The Company may be unable to execute key strategic activities due to competing priorities and strategies of its distribution partners and other factors, which may result in financial loss and operational inefficiencies.
- The Company relies heavily on information and technology to operate its business networks, and any cyber-attacks or other disruption to its technology infrastructure or the Internet could harm the Company's operations.
- Privacy concerns and laws, evolving regulation of cross-border data transfer restrictions and other regulations may adversely affect our business.
- Ineffective internal controls and lack of global standardized processes and/or centralization of transaction management and/or execution could result in control deficiencies and impact management's assertions and financial reporting.
- The success of our business depends in part on achieving our strategic objectives, including through acquisitions and dispositions, and strategic investments.
- The Company may be unable to develop innovative products or stimulate customer demand.
- The Company's ongoing business operations may be disrupted for a significant period of time, resulting in material operating costs and financial losses.
- The Company may fail to realize the expected benefits of its strategic initiatives, including its announced cost reduction and restructuring efforts.

- The Company has recognized substantial goodwill impairment charges, most recently in 2020, and may be required to recognize additional goodwill and indefinite-lived intangible asset impairment charges in the future.
- The Company's failure to obtain issued patents and, consequently, to protect the Company's proprietary technology could hurt the Company's competitive position.
- The Company's profitability could suffer if third parties infringe upon the Company's intellectual property rights or if the Company's products are found to infringe upon the intellectual property rights of others.
- Changes in the Company's credit ratings or macroeconomic impacts on credit markets may increase our cost of capital and limit financing options.
- The Company has a significant amount of indebtedness. A breach of the covenants under the Company's debt instruments outstanding from time to time could result in an event of default under the applicable agreement.
- The Company may not be able to repay its outstanding debt in the event that it does not generate sufficient cash flow to service its debts and cross default provisions may be triggered due to a breach of loan covenants.
- The Company hedging and cash management transactions may expose the Company to loss or limit the Company's potential gains.
- Certain of the Company's products are dependent on consumer discretionary spending.
- Due to the Company's international operations, the Company is exposed to the risk of changes in foreign exchange rates.
- Due to the international nature of our business, including increasing exposure to markets outside of the U.S. and Europe, political or economic changes or other factors could harm our business and financial performance.
- Changes in or interpretations of tax rules, operating structures, transfer pricing regulations, country profitability mix and regulations may adversely affect the Company's effective tax rates.
- The Company may be unable to obtain necessary product approvals and marketing clearances.
- Inadequate levels of reimbursement from governmental or other third-party payers for procedures using the Company's products may cause the Company's revenue to decline.
- Challenges may be asserted against the Company's products due to real or perceived quality, health or environmental issues.
- If we fail to comply with laws and regulations relating to health care fraud, we could suffer penalties or be required to make significant changes to the Company's operations, which could adversely affect the Company's business.
- The Company's business is subject to extensive, complex and changing domestic and foreign laws, rules, regulations, self-regulatory codes, directives, circulars and orders that failure to comply with which, if not complied with, could subject us to civil or criminal penalties or other liabilities.
- The Company's quarterly operating results and market price for the Company's common stock may continue to be volatile.
- Certain provisions in the Company's governing documents, and of Delaware law, may make it more difficult for a third party to acquire the Company.
- Talent gaps and failure to manage and retain top talent may impact the Company's ability to grow the business.
- The Company faces the inherent risk of litigation and claims.
- Climate change and related natural disasters could negatively impact the Company's business and financial results.

Below is a full description of each of such significant risk factors.

RISKS RELATED TO COVID-19

The Company's revenue, results of operations, cash flow and liquidity may be materially adversely impacted by the ongoing COVID-19 outbreak.

The Company continues to closely monitor the global impacts of the COVID-19 pandemic, including the recent resurgence of infections and associated COVID-19 variants, which may have a significant negative effect on, revenue, results of operations, cash flow, and liquidity. Governmental authorities and private enterprises globally are continuing to implement actions to mitigate the COVID-19 pandemic, including restrictions on public gatherings, travel and commercial operations, temporary closures or decreased operations of dental offices, as well as certain government mandates to limit certain dental procedures to those that could be considered emergency only. These measures and the impact of COVID-19 generally, may result in, or continue to result in:

- supply chain disruptions for products we sell, including the inability to obtain raw materials, the inflated price of inputs, disruptions of the operations of our logistics, service providers and the resulting delays in shipments;
- continuing or new partial or country-wide business lockdowns in various markets;

- temporary closures or significantly reduced operations at most of the Company's principal manufacturing and distribution locations, including furloughing employees related to these locations, which could reduce the Company's ability to manufacture and deliver products to customers;
- global reductions in customer demand for certain of the Company's products and services;
- a shift in service delivery options and customer expectations in regard to service delivery options;
- decreased financial viability of the Company's suppliers, which could cause them to change the terms on which they are willing to provide products;
- the inability or failure of customers to timely meet payment obligations or significant disruptions in their ability to do so, which may be caused by their own financial or operational difficulties, which may have a negative material impact on the Company's cash flow, liquidity and statements of operations;
- fear of exposure to or actual effects of the COVID-19 pandemic in countries where operations or customers are located and may lead to decreased procedures at dental offices. The impacts include, but are not limited to, significant reductions or volatility in demand and increased pricing pressures for one or more of the Company's products;
- a recession or prolonged period of economic slowdown, which may significantly reduce the Company's cash flow and negatively impact the cost and access to capital and funding sources for the Company;
- the Company's inability to maintain compliance with covenants under the revolving credit facilities; or
- the reduced availability of key employees or members of management due to quarantine or illness as a result of COVID-19 may temporarily affect the financial performance and results of operations. If the Company is unable to mitigate these or other similar risks, its business, results of operations, and financial condition may be adversely affected.

The Company does not yet know the full extent of the ultimate impact of the continued COVID-19 pandemic on its business, operations, or the global economy. Given the dynamic nature of the COVID-19 outbreak, it is very difficult to predict the severity of the impact on the Company's business. The extent of such impact will depend on future developments, which are highly uncertain and cannot be predicted with certainty, including new information which may emerge concerning the spread and severity of outbreak, including COVID-19 variants, and actions taken to address the impacts, among others. There are no comparable recent events which may provide guidance as to the effect of the spread of the COVID-19. To the extent that the COVID-19 outbreak continues to adversely affect the business and financial performance, it also could heighten many of the other risks described in this report.

RISKS RELATED TO OUR BUSINESSES

The Company may be unable to execute key strategic activities due to competing priorities and strategies of its distribution partners and other factors, which may result in financial loss and operational inefficiencies.

As part of the restructuring plan adopted in November 2018, the Company announced that it intends to grow revenues, expand margins and simplify the business. The Company continues to generate a substantial portion of its revenue through a limited number of distributors which provide important sales, distribution and service support to the end-user customers. Together, the Company's two largest distributors, Patterson and Henry Schein, accounted for approximately 13% of the Company's annual revenue for the year ended December 31, 2021, and it is anticipated that they will continue to be the largest distribution contributors to the Company's revenue through 2022. The Company may be unable to execute its key strategic activities and investments due to the competing priorities of its distribution partners which may introduce competing private label, generic, or low-cost products that compete with the Company's products at lower price points, particularly in the Technologies & Equipment segment products that are sold and serviced through distributor channels. If these competing products capture significant market share or result in a decrease in market prices overall, this could have a negative impact on the Company's results of operations and financial condition.

Additionally, some parts of the dental market continue to be impacted by price competition which are driven in part by the consolidation of dental practices, innovation and product advancements, and the price sensitivity of end-user customers. There can be no assurance that the Company's distribution partners will purchase any specified minimum quantity of products from the Company or that they will continue to purchase any products at all. If Patterson or Henry Schein ceases to purchase a significant volume of products from the Company, or if changes in the Company's promotional strategies and investments result in changes in the Company's distributor relationships or short-term uneven growth, it could have a material adverse effect on the Company's results of operations and financial condition.

The Company relies in part on its dealer and customer relationships and predictions of dealer and customer inventory levels in projecting future demand levels and financial results. These inventory levels may fluctuate, and may differ from the Company's predictions, resulting in the Company's projections of future results being different than expected. These changes may be influenced by changing relationships with the dealers and customers, economic conditions and customer preference for particular products. There can be no assurance that the Company's dealers and customers will maintain levels of inventory in accordance with the Company's predictions or past history, or that the timing of customers' inventory build-up or liquidation will be in accordance with the Company's predictions or past history. Additionally, the Company periodically upgrades or replaces its various software systems, including its customer relationship management systems. If the Company encounters unforeseen problems with new systems or in migrating away from our existing applications and systems, our operations and our ability to manage our business could be negatively impacted.

The Company relies heavily on information and technology to operate its business networks, and any cyber-attacks or other disruption to its technology infrastructure or the Interuet could harm the Company's operations.

Due to the global nature of the Company's business and reliance on information systems to provide the Company's services, the Company uses web-enabled and other integrated information systems in delivering the Company's services. As the breadth and complexity of Company's information systems continue to grow, the Company will increasingly be exposed to the risks inherent in the development, integration and ongoing operation of evolving information systems, including:

- disruption, impairment or failure of data centers, telecommunications facilities or other key infrastructure platforms;
- security breaches of, cyberattacks on and other failures or malfunctions in our critical application systems or their associated hardware; and
- excessive costs, excessive delays or other deficiencies in systems development and deployment.

Any disruption to the Internet or to the Company's or its service providers' global technology infrastructure, including malware, insecure coding, "Acts of God," cyber-attacks and other attempts to penetrate networks, data leakage and human error, could pose a threat to the Company's operations. The Company's network and storage applications may be subject to unauthorized access by hackers or breached due to operator error, malfeasance or other system disruptions and the Company may be the victim of cyber-attacks, targeted at the theft of financial assets, intellectual property, employee information, personal information of individuals and customers, or other sensitive information. Cyber threats are rapidly evolving and are becoming increasingly sophisticated. Like other large, global companies, the Company has experienced in 2021 and expects to continue to experience cyber threats from time to time. Although no such cyber-attacks have had a material adverse effect on the Company to date, the Company cannot provide assurance that, despite the Company's efforts to ensure the integrity of the Company's systems and the measures that the Company or our vendors take to anticipate, detect, avoid or mitigate such threats, a future cyber-attack would not result in material harm to the Company or its business and results of operations, particularly as cyber-threats evolve and become more difficult to detect and successfully defend against. For example, certain techniques used to obtain unauthorized access, introduce malicious software, disable or degrade service, or sabotage systems may be designed to remain dormant until a triggering event and the Company may be unable to anticipate these techniques or implement adequate preventative measures since techniques change frequently or are not recognized until launched, and because cyber-attacks can originate from a wide variety of sources. These data breaches and any unauthorized access or disclosure of the Company's information could compromise intellectual property and expose sensitive business information. Cyber-attacks could also cause the Company to incur significant remediation costs, disrupt key business operations and divert attention of management and key information technology resources.

The materialization of any of these risks may impede the processing of data and the day-to-day management of the Company's business and could result in the corruption, loss or unauthorized disclosure of proprietary, confidential or other data. Disaster recovery plans, where in place, might not adequately protect the Company in the event of a system failure. Further, the Company currently does not have excess or standby computer processing or network capacity everywhere in the world to avoid disruption in the receipt, processing and delivery of data in the event of a system failure. Despite any precautions the Company take, damage from fire, floods, hurricanes, power loss, telecommunications failures, computer viruses, break-ins and similar events at our various computer facilities could result in interruptions in the flow of data to the Company's servers.

Any of the foregoing incidents could also subject the Company to liability, expose the Company to significant expense, or cause significant harm to the Company's reputation, all of which could result in lost revenues. While the Company has invested and continues to invest in information technology risk management and disaster recovery plans, these measures cannot fully insulate the Company from cyber-attacks, technology disruptions or data loss and the resulting adverse effect on the Company's operations and financial results.

LAST NAME	FIRST NAME	TITLE
Abreu	Augusto	Inspector - QC
Ahmed	Khaleda	Production Worker IV
Armencha	Valeriy	Electrical Engineering Principal
Autz	Will	VP, Intraoral Manufacturing
Aylyarov	Yukha	Inspector IV
Bo	Steven	Senior Software Engineer
Bratslavsky	Aaron	Manager, Mechanical Engineer
Briones	Nelly	Production Worker I
Briones Solorzano	Rosa	Production Worker I
Buchler	Ephraim	Global Category Manager
Chan	Ying	Electronic Technician
Chigintsev	Stanislav	Electronic Technician
Chodon	Dickyi	Unit Leader II
Curcio Meloni	Gianna	Quality Engineer II
Dhawale	Vaishali	Buyer III
Dluzneiski	Joshua	Site Controller
Do	Phuong	Unit Leader II
Duany Gomero	Dailin	Quality Technician I
Duong	Tran	Production Associate
Dyavgo	Oleg	Manufacturing Engineer III
Estrella-Vergara	Elsa	Production Associate
Francis	Raynod	Manufacturing Technician
Garcia	Randy	Warehouse Clerk
Gellman	Jay	Sr. Network Administrator
Gordon	Nadia	Administrative Assistant
Goyette	John	Director, Software Development
He	Jie	Production Associate
Hicks	Andrea	Product Manager Intraoral Imaging
Hum	Kyang	Production Associate
Huynh	Quoc	Production Associate
Iznyuk	Aleksandr	Sr. Software Tester
Jerez	Elena	Production Associate
Jimenez	Olga	Unit Leader II
Khan	Al-Farabi	Manufacturing Technician
Kim	Min	Supply Chain Analyst III
Lasker	Joseph	Advanced Development Engineer
Laudin	Phillip	Strategic Buyer
Lim	Nelson	Process Engineer II
Lucas	Noel	Manager, Manufacturing Engineering
Ma	Dien	Computer Tech Supervisor
Mahmood	Shahid	Production Associate
Mandelkern	Stan	VP Engineering
Medi	Nikhita	Regulatory Affairs Manager

Minhas	Rashid	Production Worker
Mottley	David	Product Manager Intraoral Imaging
Moynov	Romeo	Quality Assurance Engineer
Pascall	Dexter	Inspector - QC
Patel	Viral	Manufacturing Mechanical Engineer
Peleshenko	Igor	Shipping Supervisor
Persaud	Ommadai	RTR GPO (Record to Report, Global Process Owner)
Pineda	Braulio	Production Associate
Pomerantz	Joanne	Senior Admin Assistant to VP or GM
Previdi	George	Manager, Manufacturing
Rafi	Fazil	Director of Sensor Manufacturing
Ragbir	Mitra	Unit Leader III
Ramos	Maria	Production Worker I
Renzi	Enrico	Director of Quality Assurance
Rodriguez	Ivan	Electronic Technician
Roque	Thomas	Support Services Coordinator
Santana	Martha	Production Associate
Sigman	Eric	Software Testing Coordinator
Sokolovskiy	Vladimir	Machinist
Soto	Carlos	Production Associate
Strakovskiy	Aleksandr	Manufacturing Technician
Talusan	Raymond	Associate Manufacturing Engineer
Tamburro	Anthony	Senior Manager, Supply Chain
Tetro	Joseph	Sr Technical Content Developer
Toure	Fatou	Production Associate
Truong	Chanh	Unit Leader IV
Truong	Le	Production Associate
Truong	Tuong	Production Associate
Tsvaygenbok	Leon	Software Engineer
Vanjani	Hitesh	Electrical Engineer III
Vega	Richard	Manufacturing Software Engineer
Vigo	Miguel	Machinist
Volpert	Leonid	Software Engineer Principle
Watkis	Ayinde	Production Associate
Wu	Shao Feng	Production Associate
Wyse	Dexter	Materials Control Coordinator
Zarankin	Ilya	Quality Control Supervisor II
Zheng	Judy	Production Associate
Williams	Andrew	

4RR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH N/A	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Idorsia Pharmaceuticals US Inc.

Physical Address: One Radnor Corporate Center Suite 101, 100 Matsonford Rd.

City: Radnor State: PA Zip: 19087

Mailing Address (if different from physical address): One Radnor Corporate Center, Suite 101, 100 Matsonford Rd

City: Radnor State: PA Zip: 19087

Telephone: 888-971-7050 Website: https://www.idorsia.us/

Name of Designated Representative (DR): Edward Bowman

Licensing Company Email: state.licensing.us@idorsia.com DR Email: scotty.bowman@idorsia.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☒ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Specialty Pharmacies	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Idorsia Pharmaceuticals Ltd

Corporation/Organization Name: Idorsia Pharmaceuticals US Inc

Mailing Address: One Radnor Corporate Center, Suite 101, 100 Matsonford Rd

City: Radnor State: PA Zip: 19087

Telephone: 609-707-6391 Email: state.licensing.us@idorsia.com

Contact Person Name: Patricia Torr

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patricia Torr

Print Name of Authorized Person Submitting Application

Patricia Torr

Original signature of Authorized Person (copies or stamps not accepted)

12/11/21

Date

Board Use Only	Date Received: _____	Amount: 500 Check # 15096

Certificate of Record

Certificate No. 9500000235

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 736-7356

Category:

Office/Corporate Location
No product onsite

IDORSIA PHARMACEUTICALS US INC.
ONE RADNOR CORPORATE CENTER, SUITE 101
100 MATSONFORD ROAD
RADNOR, PA 19087

The above business is recognized by the Department of Health as an entity that is doing business in the Commonwealth of Pennsylvania related to pharmaceuticals, medical devices, or cosmetics for which said entity **does not** physically handle, possess, transfer, manufacture, distribute, or retail pharmaceuticals, medical devices or cosmetics at the location on the certificate of record.

Issuance Date: December 06, 2021

Expiration Date: The Last Day of December, 2022

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Alison V. Beam
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Pennsylvania Department of Health

Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

- **Idorsia Pharmaceuticals US Inc.** One Radnor Corporate Center, Suite 101 100 Matsonford Road; Radnor, PA 19087
  Certificate(s): **9500000235** issued: 12/6/2021 expires: 12/31/2022

Back to DD&C Home

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Assembly Version 4.0.18274.4
Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Date: 1/14/2022

To: _____ Licensing or Registering Board or Agency:
(Name of State)

Name of Facility: Idorsia Pharmaceuticals US Inc.

Facility Address : One Radnor Corporate Center, Suite 101, 100 Matsonford Rd. Radnor, PA 19087

Facility License, Registration, or Record number : 95000000235

The information below is to be completed only by a Pennsylvania State Licensing or Registering Agency. Must have State seal to be valid.

pennsylvania
DEPARTMENT OF HEALTH

717-787-4779

Current Status: Active ☑ Yes ☐ No
Location: ☑ In state ☐ Out of State/Nonresident*
Type of Facility: Voluntary Certificate of Record
Issue Date: 12/6/2021
Expiration Date: 12/31/2022

☑ The above facility is in good standing and has not had any formal disciplinary action under the above registration/license/record number administered or issued by the Commonwealth of Pennsylvania Department of Health DDC Program.

☐ The above facility has had any formal disciplinary action under the above registration/license record number administered or issued by the Commonwealth of Pennsylvania Department of Health DDC Program. Please explain:

_____

_____

Jessica Waller
Drug Program Staff- Name

Jessica Waller
Signature

Drug, Device & Cosmetic Program (DDC Program)
Division of Home Health
Pennsylvania Department of Health

STATE SEAL:

*Interested parties are encouraged to verify status/standing with entity's home state or FDA if applicable.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IDORSIA PHARMACEUTICALS US INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IDORSIA PHARMACEUTICALS US INC." WAS INCORPORATED ON THE FIRST DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7921199 8300

SR# 20220243795

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202481845

Date: 01-25-22

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0229965	05-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-07-2022

CARDINAL HEALTH
DBA SPECIALTY PHARMACEUTICAL SERVICES
15 INGRAM BLVD
LA VERGNE, TN 370863630

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0229965	05-31-2023	$1850

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2,2N,3, 3N,4,5	DISTRIBUTOR	04-07-2022

CARDINAL HEALTH
DBA SPECIALTY PHARMACEUTICAL SERVICES
15 INGRAM BLVD
LA VERGNE, TN 370863630

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

idorsia

Description of Operations

Idorsia Pharmaceuticals US Inc. is a VirtualManufacturer. Idorsia Pharmaceuticals US Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Wholesalers and Specialty Pharmacies by their Third-Party Logistics Provider, Cardinal Health dba Specialty Pharmaceutical Services, who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:

We are using the following contract manufacturers to produce our product:

Fareva Ambroise
Zone Industrielle, 29 Route Des Industries
Poce-sur-Cisse, 37530, France
FDA Establishment Number: 3000234005

Farmea
10 Rue Bouche Thomas, Zac D'orgemont BP 50723
Angers, 49007, France
FDA Establishment Number: 3003583056

Fareva Ambroise and Farmea manufacture and package Idorsia Pharmaceuticals US Inc.'s finished product. At no time does Fareva Ambroise and Farmea own the product, contract with customers, invoice, nor sell an Idorsia Pharmaceuticals US Inc. product. Idorsia Pharmaceuticals US Inc. products are Controlled Substances.

Labeler Code:

25mg 80491-7825-3, 50mg 80491-7825-3

Third Party Logistic information:

For distribution into the commercial supply channels, Cardinal Health dba Specialty Pharmaceutical Services acts as Idorsia Pharmaceuticals US Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Idorsia Pharmaceuticals US Inc.'s product customers throughout the United States. Cardinal Health dba Specialty Pharmaceutical Services address is:

Cardinal Health dba Specialty Pharmaceutical Services
15 Ingram Rd
LaVergne, TN 37086
DEA License RC0229965, Expires 5/31/2022
TN License: 1214, Expires 10/31/2023

Idorsia Pharmaceuticals US Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.



	RIC Labeler Code	Firm Name
95	75470	Tecnoglobal Ph7, S.a. De C.v.
96	80643	JISANG Co., Ltd.
97	75318	Shanghai Wanlay Environmental Protection Technology Co., Ltd.
98	75448	Sanrace Biotechnology Co., Ltd
99	75507	Hubei Yishiyuan Chinese Mugwort Biotechnology Co., Ltd.
00	75330	Hefei Shell Party Innovations Technology Co., Ltd.
01	76718	GUANGZHOU JUKANG SANITARY PRODUCTS CO.LTD
02	76941	White Stone, Ltd.
03	75675	GUANGZHOU CANYON BIOTECHNOLOGY CO.,LTD
04	75715	Shenzhen Itsuwa TechnologyCo., Ltd.
05	80955	Alben Internacional, S.A. de C.V.
06	73172	Vitabath Inc.
07	80055	Greeniche Natural Health Inc
08	75249	SOLITEINT Kozmetikum gyarto es forgalmazo termelo es kereskedelmi Korlatolt Felelossegu Tarsasag
09	71956	LYOCONTRACT GmbH
10	79591	Wuxi Sakura Dream Cosmetics Co.,Ltd
11	78885	Ensobretados Y Derivados S.A. de C.V. E&D
12	78920	Zhejiang Meijiahua Medical Technology Co., Ltd.
13	79633	MEDIPHARCO PHARMACEUTICAL JOINT STOCK COMPANY
14	79728	Distribuidora de Sistemas Didacticos , S.A. de C.V.
15	71738	Netcos Co., Ltd.
16	50069	UNILEVER ASIA PRIVATE LIMITED
17	74932	FA Inc.
18	75054	Covalon Technologies Ltd.
19	75107	JE INDUSTRIAS QUIMICAS SA DE CV
20	78098	GUANGZHOU NODA PHARMACEUTICAL TECHNOLOGY INCORPORATED CO., LTD
21	74713	GL Pharm Co Ltd
22	74710	THE GUNG CO LTD
23	52454	Zhejiang Fonow Medicine Co., Ltd
24	81712	PK Bio Co., Ltd.
25	80491	Idorsia Pharmaceuticals Ltd.
26	78991	Alvotech Hf
27	78442	Hush Cosmetic Products, S.R.L.
28	74999	PPU CO., LTD
29	78370	Guangzhou Xin Qi Cosmetics Co., Ltd.
30	75389	Huizhou Maxsee Biological Technology Co., Ltd.
31	78989	DILIGO HOLDINGS JOINT STOCK COMPANY
32	78988	JIANGSU AllCARE BIOTECH PHARMACEUTICAL CO., LTD
33	79065	Coquilub, S.A. de C.V.
34	72798	Nature Factory Co., Ltd.
35	76949	HARMONIC NATURE S DE RL MI
36	75681	Cospharm Co.,Ltd
37	75117	Guangdong Skynworks Global Trading Co., Ltd.
38	75124	Pure O2
39	74684	Beijing Best Life Regenerative Medicine Technology Co. Ltd.
40	75226	Guangzhou Wantuo Biotechnology Co. LTD
41	78894	DVRYL International Limited
42	81382	QUEST PHARMACEUTICALS PTY LTD

idorsia

Company Information

Idorsia Pharmaceuticals US Inc.
One Radnor Corporate Center, Suite 101
100 Matsonford Rd.
Radnor, PA 19087
888-971-7050
https://www.idorsia.us/
state.licensing.us@idorsia.com

FEIN: 85-0595657
State of Formation: Delaware
Date Incorporated: 4/1/2020
File Number: 7921199

Ownership Information

Idorsia Pharmaceuticals US Inc. is 100% owned by Idorsia Ltd, who is Publicly Traded on the SIX Swiss Exchange under symbol "IDIA".

Idorsia Ltd
Hegenheimermattweg 91, 4123
Allschwil, Switzerland.

Officers

Patricia M. Torr, President and General Manager
Ownership 0%

Paul Varki, US General Counsel
Ownership 0%

T. Mark Wilkins, Associate Director Finance
Ownership 0%

William Gileza, Vice President, Head of US Finance & Infrastructure
Ownership 0%

Designated Representative

Edward Scott Bowman, VP, US Market Access
Ownership 0%

In 1987, William Gileza, an Officer of Idorsia Pharmaceuticals US Inc, received a DUI. As this occurred over 30 years ago, there are no records of this offense available.

x

William Gileza
Vice President, Head of US Finance & Infrastruc..

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Idorsia Pharmaceuticals US Inc.

Physical Address One Radnor Corporate Center Suite 101, 100 Matsonford Rd.

City Radnor State PA Zip 19087

Mailing Address (if different from physical address) One Radnor Corporate Center, Suite 101, 100 Matsonford Rd

City Radnor State PA Zip 19087

Telephone 888-971-7050 Website https://www.idorsia.us/

Licensing Company Email state.licensing.us@idorsia.com

Section 2: Personal Information

First Edward Middle Scott Last Bowman

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address One Radnor Corporate Center Suite 101, 100 Matsonford Rd.

City Radnor State PA Zip 19087

Telephone [redacted] Email scotty.bowman@idorsia.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Applicant's initials EB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Seton Hall		1999-2001	
Address	**City**	**State**	**Zip**
400 S Orange Ave	South Orange	NJ	07079
Diploma/Degree obtained, if any			
Masters, Science and Jurisprudence			

School Name		From - To (MM/YY – MM/YY)	
The College of Wooster		1979/1983	
Address	**City**	**State**	**Zip**
1189 Beall Ave	Wooster	OH	44691
Diploma/Degree obtained, if any			
Bachelor of Science, Biochemistry and Molecular Biology			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] McGraw Lane	Glenmoore	PA	19343
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Idorsia Pharmaceuticals US				From - To (MM/YY – MM/YY): Jul 2020 -Present
Business Address: One Radnor Corporate Center, Suite 101, 100 Matsonford Rd		City: Radnor	State: PA	Zip: 19087
Phone: 888-971-7050	Title: VP, US Market Access			Number of Employed Hours: Full time
Description of Duties: See attached resume				

Business Name: Occam Health Services, LLC				From - To (MM/YY – MM/YY): 4/2019-7/2020
Business Address: 45610 Woodland Road Suite 320		City: Sterling	State: VA	Zip: 20166
Phone: (855) 622-2648	Title: President			Number of Employed Hours: Full time
Description of Duties: See attached resume				

Business Name: Market Access GTN LLC				From - To (MM/YY – MM/YY): 2019-2020
Business Address: 520 McGraw Ln		City: Glenmoore	State: PA	Zip: 19343
Phone: 484-794-6566	Title: President, Owner			Number of Employed Hours: Full time
Description of Duties: See Attached				

Business Name: Shire (acquired by Takeda)				From - To (MM/YY – MM/YY): 9/2006-3/2019
Business Address: N/A		City: N/A	State: MA	Zip: N/A
Phone: N/A	Title: SVP, Head of US Market Access			Number of Employed Hours: Full Time
Description of Duties: See Attached Resume				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

1-24-22
Date

Applicant's initials

I, Edward Bowman, **certify that as the designated representative for**

Idorsia Pharmaceuticals US Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Edward Bowman

Print Name (First, Last)

Edward Bowman

Original Signature (electronic, copies or stamps not accepted)

1-24-22

Date

Applicant's initials EB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Edward Bowman
Print Name (First, ~~Last~~)

Edward J Bowman
Original Signature (electronic, copies or stamps not accepted)

1-24-22
Date

Please have this section completed in the presence of a Notary Public.

State of PENNSYLVANIA, ss. County of DELAWARE

I, EDWARD BOWMAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Edward J Bowman
Original Signature

1-24-22
Date

Subscribed and Sworn to before me this 24 day of January 2022

Denise M Eschen
Notary Public Signature

(Seal)

Applicant's initials EB

SCOTTY BOWMAN, MSJ
President, Occam Health Services
Managing Partner, BW Health Consulting

[redacted] McGraw Lane Glenmoore, PA 19343
Phone: [redacted]
Email: Sbowman@occamhealth.com

PROFILE

US / Global Payer and Pricing Expertise
Specialty Pharmacy / Bio-Distributor / HUB
Infused / Biotech / Rare Disease / Orphan Drug Space
Sales / Account Management
Strategic Business Planning
Contract Strategy Negotiations
Launch Excellence
Government Policy & Legislative
Business Development / M&A Payer / Pricing Lead

- 35+ years pharmaceutical, medical device, biotech specialty, rare disease, orphan drug experience. Rep, DM, RM, Sales Director, 22 years Managed Market, Medical Policy and Government Affairs experience
- Results-proven, top-ranked Market Access professional with demonstrated record of achievement in leading and building teams, developing strategic plans, building relationships with national and regional payer / Specialty Pharmacy / Bio-distributor customers
- Spearheaded large-scale Global Market Access strategic transformation resulting in increased efficiency and multimillion-dollar cost savings
- Collaborative across all business functions at C-Suite, SVP, VP levels including marketing, sales, finance, R&D, Medical and Business Development to devise strategies and programs to meet corporate goals
- Therapeutic launch experience with Anti-TNF's, Endocrine, GI, CNS, HIV, Cardiovascular, LDS, Gaucher, IVIG, Hemophilia, HAE, Oncology, Ophthalmic and Pain
- BD/M&A payer & pricing lead in CNS, GI, Hematology, Oncology, Rare / Orphan Disease and Medical Device spaces

---

Idorsia Pharmaceuticals US, Radnor, PA — July 2020- Present
Vice President, US Market Access
Design strategy and deployment for Idorsia commercial payer landscape. Rich Phase III pipeline with scheduled first launch Q2 2022. Responsible for Payer engagement, pricing and payer segmentation, government backend GTN, Reporting, 3PL, SAP Order to Cash IT system development. Buildout field National Accounts and government payer team.

Occam Health Services LLC, Sterling VA — 2019-2020
President
Patient Service Provider (HUB) company driving value through the patient journey, manufacturer key performance indicators and value proposition of the organization. Responsible for all Business Development, Strategic oversight, data insights and company P&L.

Market Access GTN LLC, Glenmoore, PA — 2019-2020
President, Owner
Consulting firm focused on Market Access GTN mitigation through launch execution, aligned pricing strategy, payer landscape assessment, profitable access payer contracting and channel / distribution strategy development Phase III to LOE.

***SHIRE**, Lexington MA* — *2006-2019*
Senior Vice President, US Pricing & Market Access (2013- March 2019)
Lead fully integrated best-in-class US Market Access group that includes both strategic and operational responsibilities. Provide leadership and strategic direction in developing and executing all US Market Access efforts for new product launches and lifecycle management of marketed products across Shire's portfolio ensuring business objectives and product availability to patients. Thirteen year "Consistently Exceeds Expectation" rating delivering strategies, performance and results for all corporate objectives.

Leadership team includes VP Commercial Accounts, VP Government Affairs, VP Market Access Value Strategy and VP Government Pricing and Reporting. Total department FTE's 126

Key Achievements:

- Led successful integration of $3.5B US sales of Baxalta IVIG / Hemophilia / Oncology business into Shire US Market Access team
- P&L responsibility for Shire Mature Brands Program protecting $11.5B in sales for Adderall XR since generic launch in 2009. 2018 Net contribution $850M for Adderall XR, Lialda and Pentasa
- Lead pricing, payer, distribution and HUB model launch for new HAE product Takhzyro in 2018
- Cinryze supply disruption lead with Tech Ops, Global Supply, Regulatory and Quality Assurance
- Strategic payer launch lead for Xiidra DED product with 50%NRx share and 85% parity payer access
- Strategic lead for all Specialty Pharmacy / Bio Distributor Channel
- Delivered 2016 strategic US payer objectives of $5.3B/yr. in Rare Disease, Neuroscience and Gastrointestinal space
- Lialda 2016 US strategic contracts drove 25% Rx increase with a 7% increase in market share vs. prior year
- Delivered consistent open access for Vyvanse (5th most prescribed in US) at 92% formulary status
- Global HTA Pricing and Reimbursement lead for Neuroscience launches in 12 regions 2013-2015
- GTN mitigation through strategic contracting initiatives in all payer spaces
- Successful integration of ViroPharma, NPS, Dyax, Baxalta specialty pharmacy / Bio-Distributor model
- Responsible for all Government reporting requirements ASP / AMP CMS reporting maintained against all regulatory milestones
- CEO Award winner 2015,2017

Vice President Commercial Accounts (2010-2013)

Responsible for formulating and executing the managed care, wholesale, and retail channel sales strategies, and secure profitable, preferred access for all Shire Pharmaceutical products with key national and regional accounts. Negotiate direct contracts with retail, wholesale, PBMs and MCOs, including United, WellPoint, ESI, Caremark and Prime. Collaborate with C-Suite, SVP's/VP's, for Brand Management, Finance, Medical, Legal, Compliance and Sales Management on strategy and tactical implementation on brand plans.

Key Achievements:

- Led the expansion of the Commercial Accounts team along with development of Director Strategic Market Insights position. Created a collaborative, high performing, and leadership driven culture. Brought in nine new individuals to the DCA team to enhance team core competencies
- Built best-in-class Value Strategy analytics team to support go-to-market launch strategy, contracting ROI finance models for all formulary positioning
- Responsible for implementation of new contracting system, Corporate Accounts training curriculum, and developmental workshops to enhance core competencies
- Responsible for establishing key relationships with Top PBM's (ESI, Caremark, Optum Rx, Prime), Top Payers (United, CIGNA, Humana, Aetna), Advocacy Organizations (AMCP, NCQA, NASP, Armada Health) and Specialty (OptionCare, Diplomat, ESI Accredo, CVS Specialty, ICore)
- Responsible for development, collaboration and implementation of trade strategy with brand marketing teams
- CEO award 2010 and President's Club Awards 2010, 1012, 2014, 2015,2016
- Promoted to Group VP, Head of US Pricing & Market Access

Vice President Government Accounts (2006-2010)

Responsible for formulating and executing the Medicaid / Medicare / DOD / VA Strategy and secure profitable, preferred access for all Shire Pharmaceutical products. Collaborate with brand management, Sales Directors / Managers, and sales representatives on initiatives and implementation of programs at the field level

Key Achievements:

- Built Shire's Government Accounts field team
- 98% Vyvanse Open Access across US state Medicaid programs
- Responsible for implementation of Shire product portfolio access with DOD and VA customers
- Implemented 15 state "Fail First Vyvanse" programs within Medicaid ADHD category
- Shire Presidents Award 2007, 2009

ABBOTT LABORATORIES, *Chicago, IL* *2001-2006*

Sr. Sales Director – Government Reimbursement & Policy Executives

Built new team of 12 GRPE's and 2 Regional Managers for Abbott PPD product portfolio. Responsible for Medicaid and Federal Government Strategy and government pricing for all promoted products.

Key Achievements:

- Launched Humira into Government channel with 96% Medicaid Access and 80% Medicare Part D Year 1
- Government Pricing and Reimbursement lead for Humira, HIV, CNS, Cardiovascular and Anti-Infective portfolio with $1.8B / year sales contribution
- Abbott Mental Health and HIV Advocacy lead with PhRMA, NAMI, Epilepsy Foundation and ADAP
- Negotiated long term HIV contract mitigating price increases with National Association of State and Territory

Aids Drug Assistance Programs and State Aids Drug Assistance Programs
- Part B Coding / Medical device reimbursement lead for Therasense / MediSense
- Aids Drug Assistance Program contract negotiations. HIV Rapid Test Public Payor program with $400MM annual contract
- Abbott Presidents Award 2004 Humira Medicare Demonstration Project
- Abbott All-Star Winner 2002, 2003, 2004, 2005
- Henry Cade National Association Board of Pharmacy Industry Award 2003

KNOLL PHARMACEUTICALS, Mt Olive, NJ (Purchased by Abbott Laboratories) *1997-2001*

Sales Director- Government Affairs

Responsible for national strategy development and implementation of State / Federal government marketing initiatives. Implement new pricing structure within the Federal Government segment. Managed State Government field team lobbying initiatives. Corporate liaison with PhRMA State Key Issues Team and National Pharmaceutical Council.

Key Achievements:
- Implemented "Narrow Therapeutic Index" Legislative initiative in FL, TX, IL, VA, NC and NY
- Defeated State Controlled Substance Authority Rescheduling of hydrocodone CIII to CII in ten states
- Increased Synthroid Rx share 1997-2001 cumulatively through State Board of Pharmacy regulatory program 38% on average across all sales which drove incremental $92M / year over year
- Knoll Presidents Award 2000

KNOLL PHARMACEUTICALS, *North Canton, OH* *1995 -1997*

Regional Director, Government Affairs

Responsible for East Region strategy development and implementation of State / Federal government marketing initiatives.

Key Achievements:
- Knoll All-Star Award 1995
- Promoted to Sales Director, Government Affairs

BOOTS LABS, *North Canton, OH* (Purchased by Knoll Pharmaceuticals) *1994 -1995*

Managed Care Account Executive

Developed strategic plan for each managed care, government and retail account to maximize contract and formulary opportunities. Account responsibility included the following states Ohio, Pennsylvania and West Virginia. Responsible for all State Government activities in states including Boards of Pharmacy and Medicine.

Key Achievements:
- Strategic Retail that drove Synthroid with our trade partners
- Launched and promoted products in Endocrinology, Weight Loss, and Cardiovascular area
- Promoted to Regional Director, Government Affairs

District Manager/Hospital District Manager, *Philadelphia, PA* *1992 -1994*

Built new team of 10 sales representatives in Pennsylvania. Led and coached representatives to identify and understand business opportunities.

Key Achievements:
- Responsibilities included strategic direction in the launch of new products within the hospital and specialty institutions
- 1993 #1 ranked state share growth for Synthroid
- Boots Presidents Club District Manager Award 1993
- Promoted to Manager Care Account Executive

Regional Support Business Manager, Philadelphia, PA *1991-1992*

Assist Regional manager with all business aspects for Eastern Region including ZS Zip Code analysis for 20 new territories and 2 districts based upon new product launches. Deliver DM support with region analytics.

Flint Labs, *Canton, OH (Purchased by Boots Labs)* *1985 -1991*

Sales Representative/Hospital Representative

Key Achievements:
- Promoted to Regional Support Manager 1991
- Top 10 Sales Rep 1986 -1989, 1991
- Presidents Club Sales Representative Award 1987, 1988, 1989, 1991

EDUCATION BACKGROUND

Masters of Science and Jurisprudence (MSJ) Seton Hall Law School, 2001
Bachelor of Science College of Wooster, 1983
Wharton Executive Education Philadelphia, PA Executive Management Certification Program, 2009
Harvard JFK Government Executive Leadership Boston, MA 2000

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. GM211840

Application/License No. _____

Idorsia Pharmaceuticals US Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1 Radnor Corp Ctr, Ste 101,100, Matsonford Road, Radnor, PA 19087 (Address of Applicant/Principal), as PRINCIPAL, and Great Midwest Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 401 Edgewater Place, Suite 125/130, Wakefiled, MA 01880 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 6, 2022 (Effective Data).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 6th day of January, 2022.

APPLICANT/PRINCIPAL:
Idorsia Pharmaceuticals US Inc.

Authorized Representative

SURETY:
Great Midwest Insurance Company

Surety Company's Representative

Diane P. Alesci, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Individual Acknowledgment

State of _____

County of _____

On the _____ day of _____, 20____, before me personally appeared _____

_____

to me known and known to me to be the person described in and who executed the foregoing instrument and ____he_____ thereupon acknowledged to me that _____he_____ executed the same.

_____ Notary Public

Partnership/L.L.C. Acknowledgment

State of _____

County of _____

On the _____ day of _____, 20____, before me personally appeared _____

_____

to me known and known to me to be one of the firm of _____

described in and who executed the foregoing instrument and _____he_____ thereupon acknowledged to me that _____he_____ executed the same as and for the act and deed of said firm.

_____ Notary Public

Corporate Acknowledgment

State of PENNSYLVANIA

County of DELAWARE

On the 24 day of JANUARY, 20 22, before me personally appeared _____

PATRICIA TORR

_____

to me known, who being by me duly sworn, did depose and say that _____S he_____ is the PRINCIPALS AUTH REPRESENTATIVE of the APPLICANT IDORSIA PHARMACEUTICALS US, INC

the corporation described in and which executed the foregoing instrument; that _____S he_____ knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation; and that _____S he_____ signed his/her name thereto by like order.

Commonwealth of Pennsylvania - Notary Seal
Denise M. Escher, Notary Public
Delaware County
My commission expires June 19, 2024
Commission number 1372803
Member, Pennsylvania Association of Notaries

Denise M. Escher Notary Public

ACKNOWLEDGEMENT OF SURETY

State of Florida
County of Pasco } ss.

On January 6th 2022 before me personally came Diane P. Alesci to me known, who, being by me duly sworn, did depose and say that he/she is an attorney-in-fact of Great Midwest Insurance Company the corporation described in and which executed the within instrument; that he/she knows the corporate seal of said corporation; that the seal affixed to the within instrument is such corporate seal, and that he signed the said instrument and affixed the said seal as Attorney-in-Fact by authority of the Board of Directors of said corporation and by authority of this office under the Standing Resolutions thereof.

Notary Public State of Florida
Paris Tsimikas
No. 01AL6182545
My Commission GG 277383
Expires 11/18/2022

Notary Public

Form MI2 (04/91)

POWER OF ATTORNEY

Great Midwest Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **GREAT MIDWEST INSURANCE COMPANY**, a Texas Corporation, with its principal office in Houston, TX, does hereby constitute and appoint:

Diane P Alesci, Susan J Kinnear, Matthew C Wilkoff, Shirley P Croker

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **GREAT MIDWEST INSURANCE COMPANY**, on the 1st day of October, 2018 as follows:

Resolved, that the President, or any officer, be and hereby is, authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed Ten Million dollars ($10,000,000.00), which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed in the Company's sole discretion and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **GREAT MIDWEST INSURANCE COMPANY**, has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 11th day of February, 2021.

GREAT MIDWEST INSURANCE COMPANY

BY_____
Mark W. Haushill
President

GREAT MIDWEST INSURANCE COMPANY CORPORATE SEAL TEXAS CORPORATION

ACKNOWLEDGEMENT

On this 11th day of February, 2021, before me, personally came Mark W. Haushill to me known, who being duly sworn, did depose and say that he is the President of **GREAT MIDWEST INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

CHRISTINA BISHOP
Notary Public, State of Texas
Comm. Expires 04-14-2025
Notary ID 131080488

BY_____
Christina Bishop
Notary Public

CERTIFICATE

I, the undersigned, Secretary of **GREAT MIDWEST INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is e true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Houston, TX this 6th Day of January, 20 22.

GREAT MIDWEST INSURANCE COMPANY CORPORATE SEAL TEXAS CORPORATION

BY_____
Leslie K. Shaunty
Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Great Midwest Insurance Company
Statutory Balance Sheet
as of December 31, 2020
(In thousands)

Assets		Liabilities, Capital and Surplus	
Cash & Invested Assets:		**Liabilities:**	
Cash and Short term Investments	$ 46,677	Loss and Loss Expense Reserves	$ 50,498
Bonds	82,851	Unearned Premium	13,983
Commons Stocks	28,567	Ceded Reinsurance Premium	4,260
Mortgage Loans	4,950	Other Liabilities	3,930
Other Invested Assets	11,196		
Total Cash & Invested Assets	172,241	**Total Liabilities**	72,651
Other Assets:		**Capital and Surplus:**	
Premium Receivables	5,766	Common Stock	4,550
Reinsurance Recoverable	6,118	Gross Paid In & Contributed Capital	156,893
Tax Assets	3,433	Unassigned Funds (Surplus)	(17,164)
Other Assets	29,372		
Total Other Assets	44,689	**Total Capital and Surplus**	144,280
Total Assets	$216,930	**Total Liabilities, Capital & Surplus**	$216,930

CERTIFICATION

I, Mark W. Haushill, President of Great Midwest Insurance Company, hereby certify that the foregoing is a full, true and correct copy of the Balance Sheet of said Company, as of December 31, 2020.

Signature Mark W. Haushill

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company in Houston, Texas this 30 day of March, 2021.

STATE OF TEXAS
COUNTY OF HARRIS

On this 30 day of March 2021, before me, Christina Bishop, a Notary Public, personally appeared, Mark W. Haushill, who provided to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument and the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of Texas that the foregoing paragraph is true and

Witness my hand and official seal.

Signature Christina Bishop
Signature of Notary Public



Idorsia Pharmaceuticals US Inc.-Employee List

Paul Varki
Michael Moye
Eric Siegel
Andrea Willcuts
Allen Su
Ahsan Chowdhury
Fran Lillo
Della Marie Sundo, BSN
Jamie McEntee
Joanna Stevens
Harold Reed
Mausam Joshi
Kristin Davis
Diane Damadio
Natalie Fleming
Margaret Kautz, MSN, RAC
Ravi Patel
Brent Rogers
Joyce Miller
Ben Meisner
Jeanine (Campagna) Romanowicz
Katie Dill
Max Loomer
Patrick Foy
Jennifer Trafton
Michael Clucas
Rich Nastasi
Juliana Pfeifer
Claire Gentry
Chuck Dixon
Katie Harris Trumps
Lauren Walck
Tim Marrer
Reed Hillen
Gulam Rasool Siddiqui, PMP®
Jennifer Stephenson
Mayuri Patel
Michael Wolfe
T. Mark Wilkins
William Gileza
Scott Bowman

4SS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ■ Out-of-State

Is your facility a reverse distributor? ☐ Yes ■ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Kuehne + Nagel Inc.

Physical Address: 4080 Executive Drive Ste 100

City: Southaven State: MS Zip: 38672

Mailing Address (if different from physical address): ATTN: QSHE Pharma-10 Exchange Place 20th Floor

City: Jersey City State: NJ Zip: 07302

Telephone: 201 413 5500 Website: _____

Name of Designated Representative (DR): Aricia Boyd

Licensing Company Email: qshepharma.us@kuehne-nagel.co DR Email: aricia.boyd@kuehne-nagel.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
■ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
■ Practitioners	☐ Controlled Substances
■ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	■ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Access Closure, Inc (Kuehne + Nagel Inc. will act as the 3PL distributor for Access Closure Products)

Address: 5452 Betsy Ross Drive City: Santa Clara State: CA Zip: 95054

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New York

Parent Company (if any): Kuehne + Nagel Investment Inc.

Corporation/Organization Name:

Mailing Address: 10 Exchange Place 20th Floor

City: Jersey City State: NJ Zip: 07302

Telephone: 201 413 5538 Email: qshepharma.us@kuehne-nagel.com

Contact Person Name: Margaret Geneau

Section 6: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Margaret Geneau

Print Name of Authorized Person Submitting Application

Margaret Geneau

Original signature of Authorized Person (copies or stamps not accepted)

4/18/2022

Date

Board Use Only	Date Received: _____	Amount: 500 check # 99 0001 5269

KUEHNE+NAGEL

Kuehne + Nagel Inc.
10 Exchange Place
20th Fl
Jersey City, NJ 07302

11/15/22

RECEIVED
OCT 20 2022
NEVADA STATE BOARD OF PHARMACY

October 18th, 2022

Dave Wuest
Executive Secretary
Nevada Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

RE: Provisional License Request, NAC 639.5932

Dear Mr. Wuest,

This letter is to request provisional licensure for Kuehne + Nagel Inc., headquartered at 10 Exchange Place, Jersey City, NJ 07302, and with a warehouse located 4080 Executive Dr, Suite 100 Southaven, MS 38672, to ship medical device products on behalf of Cordis US Corp. into the state of Nevada until the Nevada Board of Pharmacy ("Board") grants final approval for a third-party logistics distributor license. Kuehne + Nagel Inc. ("K+N") submitted its initial application for licensure to the Board in May 2022.

By way of background, Cordis US Corp. ("Cordis") was previously owned by Cardinal Health ("Cardinal"), and was divested from Cardinal to form the new independent entity. Cordis products are currently distributed by Cardinal to hospitals and healthcare professionals within Nevada pursuant to a *Transition Services Agreement* between the two companies. As the termination date of this agreement is quickly approaching, Cordis has applied for a Wholesaler License to establish it as the sole entity manufacturing and distributing Cordis products within its portfolio into Nevada and is separately submitting a written request to the Board for approval of its Wholesaler application or aprovisional license.

K+N provides third-party logistics services to Cordis. Following the expiration of Cordis' distribution agreement with Cardinal, all remaining inventory will be transfered to K+N's Southaven warehouse location on October 31st, 2022.

As explained above, Cordis medical devices are intended for use in diagnostic and interventional procedures for the treatment of patients with coronary and peripheral vascular diseases. As such, healthcare facilities (e.g., hospitals and healthcare practitioners) and patients rely on Cordis' medical devices for life-saving procedures. As of the date of this letter, both Cordis and K+N have applications for licensure currently pending before the Board, which we believe are subject to approval during the December 2022 Board meeting. We respectfully request that the Board approve K+N and Cordis' applications for licensure and/or issue provisional licenses, as it would allow for continuity of distribution into Nevada to meet existing patientcare needs in the state.

KUEHNE+NAGEL

K+N currently holds eight active licenses with the Nevada Board of Pharmacy, all of which are in good standing. K+N's Southaven location is applying for Supply Chain Inspection/NABP DD Accreditation. It should be noted that K+N operated four other locations that currently hold active NABP DD Accreditations. K+N attests that the company is not under investigation, subject to an administrative action, or otherwise engaged in litigation, and that its U.S. state third-party logistics distribution licenses are in good standing.

The following supporting documentation is included with this request:

1. List of current licenses for Kuehne+Nagel Southaven
2. List of Nevada licenses held by Kuehne + Nagel, Inc.
3. Copy of the facility's Mississippi home-state license
4. Copy of the Board of Pharmacy initial inspection report for the facility.
5. Contact information for Nadine Jones, Eduardo Razuck & Margaret Geneau, National QSHE Healthcare Manager-Regulatory Compliance.

Pursuant to sections 639.5932 of the Nevada Administrative Code, Cordis will provide the Board with a list of active Cordis customers in Nevada.

Thank you for your consideration and please send communications via Margaret Geneau, National QSHE Healthcare Manager-Regulatory Compliance, should you need additional information.

Kind Regards,

Nadine Jones
General Counsel & Corporate Secretary
SVP North American Region

Eduardo Razuck
SVP Contract Logistsics, Americas

Dave, Kuehn + Nagel INC 11/15/22
is requesting a temporary
license.
Lynn

WAIVER OF NOTICE AND

UNANIMOUS WRITTEN CONSENT OF

THE BOARD OF DIRECTORS

KUEHNE + NAGEL INVESTMENT INC.

Pursuant to the authority contained in the provisions of the business laws of the State of New Jersey, the undersigned being all of the members of the Board of Directors of Kuehne + Nagel Investment Inc. ("Corporation"), do hereby adopt the following resolutions with the same force and effect as though adopted at a meeting of the Board of Directors duly noticed and held:

WHEREAS, Radoslav Mihok has left the employ of the Corporation as of June 30th , 2022; and

WHEREAS, Marcus Bennett has joined the Corporation as CEO and President of North America;

IT IS THEREFORE RESOLVED, that the appointees be and hereby are elected and appointed to serve in their respective capacities until the meeting of the Board of Directors ensuing after the next annual meeting of the sole shareholder of the Corporation and until their successors have been duly elected and qualified.

Marcus Bennett	-	CEO, President
Dan Osterberg	-	CFO, Treasurer
Nadine Jones	-	Secretary

AND IT IS FURTHER RESOLVED, that the actions and activities of the persons listed above, in their respective capacities taken or performed as of the date hereof, be and hereby are approved, ratified and affirmed as actions and activities taken within the scope of their authority as officers of the Corporation.

This Waiver of Notice and Unanimous Consent may be signed in one or more counterparts, each of which shall constitute an original herewith but all of which shall constitute one and the same instrument.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands as of the 1st day of July 2022.

Board of Directors

Dan Osterberg

does not repackage products or change the customer's containers, wrapping, labeling, etc. Certain required records are located at Kuehne + Nagel's facility. Other records are maintained by the customer.

MISSISSIPPI
Board of Pharmacy

Permit #
18430 / 16.3

Drug Facility
3rd Party Logistics (In-State)

Kuehne + Nagel Inc.
DBA Kuehne + Nagel Inc.

4080 Executive Drive
Suite 100
Southaven, MS 38672
DeSoto

This permit is not transferable or assignable.

Permit Holder:
Kenneth Anderson

Issued: 01/14/2022
Renewed: 01/14/2022
Expires: 12/31/2022

Susan McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

MISSISSIPPI

Board of Pharmacy

Permit #
18430 / 16.3

Drug Facility

3rd Party Logistics (In-State)

Kuehne + Nagel Inc.

DBA Kuehne + Nagel Inc.

4080 Executive Drive
Suite 100
Southaven, MS 38672
DeSoto

This permit is not transferable or assignable.

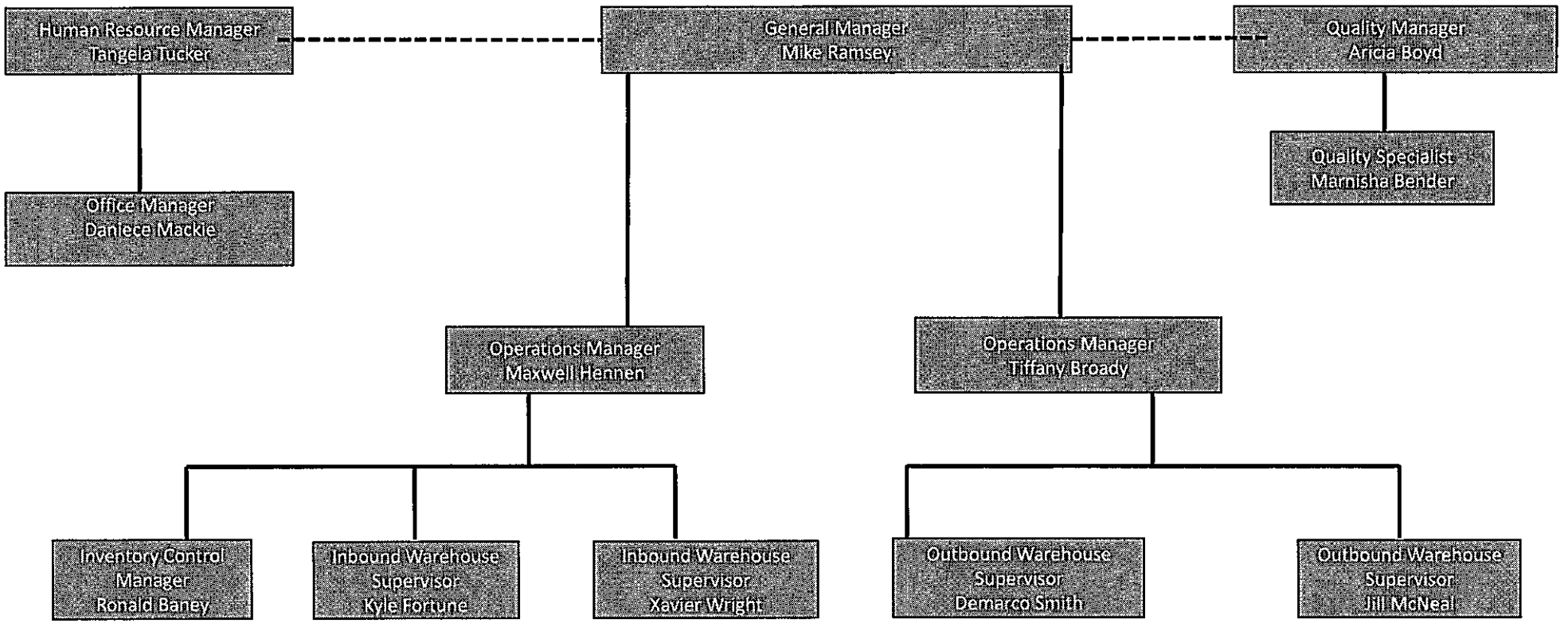
Permit Holder:
Kenneth Anderson

Issued: 01/14/2022
Renewed: 01/14/2022
Expires: 12/31/2022

Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

Southaven- SVQ Building D Organizational Chart



Kuehne + Nagel Jul 2022

This is to certify that
as of
May 2, 2022

The below mentioned PHARMACEUTICAL bond is effective with Lexon Insurance Company. Under the terms and conditions of this bond, it shall remain in effect until terminated.

KUEHNE + NAGEL, INC.

Original Effective Date: 10/31/2006

Bond Number: 413722

Bond Amount: $100,000.00

Renewal Date: 10/31/2022

LEXON INSURANCE COMPANY
A TEXAS INSURANCE COMPANY

INTERNATIONAL BOND & MARINE BROKERAGE, LTD.
IBSM
www.intlbondmarine.com

Kevin A. Tattam, AIF

Lexon Insurance Company

This Certificate verifies the PERFORMACE current status with the SURETY.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	KUEHNE + NAGEL INC.
DOS ID Number:	200052
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	06/30/1966
Statement Status:	CURRENT
Statement Due Date:	06/30/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 27, 2021 at 12:19 P.M.

ROSSANA ROSADO, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100000411973 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

Kuehne + Nagel Inc

Southhaven, Mississippi

List of Current Employees

Aricia Boyd
Andrea Hampton Rayborn
Andrica Reed
Antoinette Bell
Brandon Epps
Brenda Falkner
Charnese Hudson
Cordarius Boyd
Daniece Mackie
Darion Hamlin
Erik Wilson
Hani Mahmoud
Jaboris Boatman
Joshua Cash
Kayla Kirkwood
Kyle Fortune
Marcole Irby
Marnisha Bender
Mike Ramsey
Morris Jackson
Rodney Miller
Sharon Craddok
Tamara Sandridge

Taylor Bass
Tedrick Burford
Tierene Walls
Tiffany Broady
Xavier Wright
Zacharian Hudson
Demarco Smith
Jill Mcneal
Sammie Mitchell
Ronald Baney
Maxwell Hennen
Nina Booker
Rodney Yarbrough
Cheryl Odom

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Kuehne + Nagel Inc.

Physical Address 4080 Executive Drive Ste 100

City Southaven State MS Zip 38672

Mailing Address (if different from physical address) 10 Exchange Place 20th Floor

City Jersey City State NJ Zip 07302

Telephone 201 413 5538 Website

Licensing Company Email qshepharma.us@kuehne-nagel.com

Section 2: Personal Information

First Aricia Middle Devonsha Last Boyd

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Matthew Drive

City Horn Lake State MS Zip 38637

Telephone [redacted] Email aricia.boyd@Kuehne-Nagel.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials AB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Alcorn State University		08/06-05/11	
Address	**City**	**State**	**Zip**
1000 ASU Dr	Lorman	MS	39096
Diploma/Degree obtained, if any			
Bachelors of Science Biology			
School Name		**From - To (MM/YY – MM/YY)**	
M.S. Palmer High School		08/02-05/06	
Address	**City**	**State**	**Zip**
1315 M.L.K Dr.	Marks	MS	38646
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/15-04/22	[redacted] Matthew Dr	Horn Lake	MS	38637
11/11-07/15	[redacted] Tukwe Rd	Horn Lake	MS	38637

Applicant's initials AB

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)
Smiths Medical		12/13-12/21
Business Address	**City**	**State / Zip**
9124 Polk Ln Suite 100	Olive Branch	MS 38654
Phone	**Title**	**Number of Employed Hours**
662-895-8000	Quality Supervisor	13,440

Description of Duties
Managed New Hire orientation, Training compliance, Incoming Inspection, And document controls. Ensured Pharmacy licenses were displayed and spearheaded audits.

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials GB

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date 12 Apr 21

Applicant's initials AB

I, Aricia Boyd, **certify that as the designated representative for** Kuehne + Nagel Inc., **that I am qualified as follows and will comply with the following:**

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Aricia Boyd
Print Name (First, Last)

A Boyd
Original Signature (electronic, copies or stamps not accepted)

12 Apr 22
Date

Applicant's initials AB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Aricia Boyd
Print Name (First, Last)

A Boyd
Original Signature (electronic, copies or stamps not accepted)

12 Apr 22
Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Hudson

I, Aricia Boyd, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

A Boyd
Original Signature

04/18/2022
Date

Subscribed and Sworn to before me this 18 day of April.

Natalie Martino
Notary Public Signature

[Seal]
NATALIE MARTINO
Notary Public, State of New Jersey
My Commission Expires
October 14, 2026

Applicant's initials AB

Branch Code	STATE	License Type	APPLICATION/LICENSE STATUS
SVQ	Arizona	3PL	Active
SVQ	Arkansas	3PL	Active
SVQ	California	Designated Representative (	Active
SVQ	California	3PL	Active
SVQ	Connecticut	device distributor	Active
SVQ	District of Columbia	med device distributor	Active
SVQ	Iowa	Limited Distributor (devices	Active
SVQ	Kansas	3PL	Active
SVQ	Kentucky	3PL	Active
SVQ	Louisiana	3PL	Active
SVQ	Michigan	3PL wholesale distributor	Active
SVQ	Mississippi	3PL	Active
SVQ	Montana	Wholesale distributor	Active
SVQ	Nevada	3PL Distributor	Application Submitted.
SVQ	New Hampshire	3PL	Active
SVQ	North Dakota	Application Submitted with temporary license request	
SVQ	Oklahoma	3PL	Active
SVQ	Oregon	Drug Distribution Agent	Active
SVQ	Pennsylvania	device distributor	Active
SVQ	Tennessee	3PL	Active
SVQ	Utah	Class E Pharmacy	Active
SVQ	Virginia	3PL	Active

Active licenses for Southaven, MS

INITIAL DATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE
07/22/2022	L000342	10/31/2022
05/09/2022	WD05692	12/31/2022
04/29/2022	DRL 40842	04/01/2023
08/01/2022	NPL 1349	08/01/2023
02/15/2022	CSW.0005037	06/30/2023
8/22/2022	DCDED01088	9/30/2023
04/04/2022	41554	12/31/2022
05/12/2022	23-117493	06/30/2023
02/08/2022	TPL00405	06/30/2023
04/26/2022	10604	12/31/2022
08/17/2022	5306007086	08/17/2024
01/14/2022	18430/16.3	12/31/2022
07/15/2022	PHA-WDD-LIC-88472	11/30/2022
02/07/2022	07372	06/30/2023
03/24/2022	88-L-7312	03/31/2023
05/18/2022	DDA-0000573	09/30/2023
02/15/2022	6000010419	03/31/2023
04/19/2022	00007891	04/30/2024
04/15/2022	12772231-1714	09/30/2023
05/09/2022	0242000206	02/28/2023

Kuehne + Nagel Contact Information

Nadine Jones
General Counsel & Corporate Secretary, SVP North American Region

Kuehne + Nagel Inc.
10 Exchange Place, 20th Floor
Jersey City, NJ 07302, USA

p. +1 201 413 5685 m. [redacted]
e. nadine.jones@kuehne-nagel.com

Eduardo Razuck
SVP Contract Logistics Americas

Kuehne + Nagel Inc.
10 Exchange Place, 19th Floor
Jersey City, NJ 07302, USA

p. +1 201 413 5700 m. [redacted]
e. eduardo.razuck@kuehne-nagel.com

Margaret Geneau
National QSHE Healthcare Manager | Regulatory Compliance

Kuehne + Nagel Inc.
10 Exchange Place, 20th Floor
Jersey City, NJ 07302, USA

p. +1 203 714 8968 m. [redacted]
e. margaret.geneau@kuehne-nagel.com

current licenses in nv.

Firm Name	StreetLine	StreetLine	City	State	Zip	Countr	
KUEHNE +	2555 USA F		SPARKS	NV	89434	United	
KUEHNE +	324 Half Ac		Cranbury	NJ	08512	United	
KUEHNE +	1800 WATI		LEWISVILLE	TX	75067	United	
KUEHNE +	1080 MT V		RIVERSIDE	CA	92507	United	
KUEHNE +	9425 Neva		Redlands	CA	92374	United States	01/29/201
KUEHNE +	6005 FREEI		MEMPHIS	TN	38141	United States	04/27/200
KUEHNE +	1025 S COL		PLAINFIELD	IN	46168	United States	01/29/201
KUEHNE +	1680 TIDE		WOODLAN	CA	95776	United States	01/29/201

Status	Registratio	Type	Expiration Date
Active	WA00004	Warehouse	10/31/2022
Active	WH00980	Wholesaler	10/31/2022
Active	WH01152	Wholesaler	10/31/2022
Active	WH01973	Wholesaler	10/31/2022
Active	WH02070	Wholesaler	10/31/2024
Active	WH00941	Wholesaler	10/31/2024
Active	WH02069	Wholesaler	10/31/2024
Active	WH01979	Wholesaler	10/31/2024

Lexon Insurance Company

May 3, 2022

Bond Name: KUEHNE + NAGEL INC.
Bond Number: 413722
Bond Amount: $100,000
Effective Date: 10/31/2006

Rider Executed and Effective May 3, 2022

The above referenced bond is hereby amended to include the following branch office location:

Kuehne + Nagel Inc.
4080 Executive Drive
Suite 100
Southaven MS 38672

Nothing herein contained shall be held to vary, alter or waive or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Bond or policy, other than as above stated.

Lexon Insurance Company

Attorney-in-Fact, Kevin A. Tattam 143-48-7151

LEXON INSURANCE COMPANY A TEXAS INSURANCE COMPANY

By:

Kevin A. Tattam

NEVADA STATE BOARD OF PHARMACY

655 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0413722

Application/License No. WR00941

Kuehne + Nagel Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is 6005 Freeport Ave #J-122, Memphis TN 38141, as
(Address of Applicant/Principal)
PRINCIPAL, and International Fidelity Insurance Co., a
(Surety Company)
corporation organized under the laws of the state of New Jersey
(State of Incorporation)
and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is One Newark Center, Newark NJ 07102, as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on _____.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in term and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this _____ day of _____, 20___.

APPLICANT/PRINCIPAL

_____
Authorized Representative

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SURETY COMPANY

International Fidelity Ins. Co.
Surety Company's Representative

Kevin A. Tatlam, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Benny Munoz
Witness

Martino Sessa
Witness

Countersigned by:

Nevada Resident Agent

NEVADA BONDING AGENCY, INC.
P.O. BOX 60987
LAS VEGAS, NV 89160
PHONE (702) 631-0878
FAX (702) 647-5331

Lexon Insurance Company
(a TX Corporation)
256 Jackson Meadows Drive
Hermitage, TN 37076

Bond Rider

Principal: KUEHNE + NAGEL, INC.
Bond Number: 413722
Effective Date of Rider: 10/31/08

Change in Surety

Lexon Insurance Company is substituted for International Fidelity Insurance Company as the bond surety.

Lexon Insurance Company assumes all obligations of the above referenced International Fidelity Insurance Company as of the above referenced effective date of the rider. All other terms and conditions of the bond and any previously issued riders to said bond, including the bond amount, remain unchanged.

Nothing herein contained otherwise shall be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Bond.

Lexon Insurance Company
Attorney-in-fact, Kevin A. Tattam 143-48-7151

By: _____

LEXON INSURANCE COMPANY
A TEXAS INSURANCE COMPANY

TEL: (201) 653-6100
BOND FAX: (201) 653-7766
MARINE FAX: (201) 533-8611

EMAIL: bond@intlbondmarine.com
marine@intlbondmarine.com

INTERNATIONAL BOND & MARINE BROKERAGE, LTD.
Two Hudson Place • 4th Floor • Hoboken, NJ 07030-5515
www.intlbondmarine.com

October 28, 2008

Via Certified Mail / RRR
7005 1820 00006 2888 3457

Attn: Candy
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509 - 3766

Re: Kuehne + Nagel, Inc.
Pharmaceutical Wholesaler Surety Bond
Bond # 413722

Dear Candy:

Enclosed please find the Change in Surety Rider and power of attorney for the above captioned bond. Lexon Insurance Company is substituted for International Fidelity Insurance Company as the bond surety.

Lexon Insurance Company assumes all obligations of the above referenced International Fidelity Insurance Company Bond as of the anniversary date of October 31st, 2008. All other terms and conditions of the bond and any previously issued riders to said bond, including the bond amount remain unchanged.

If you have any questions or require additional information please feel free to contact our office.

Sincerely,

Shayna Betancourt
Assistant Surety Manager
International Bond & Marine Brokerage, Ltd.

Enclosure

KUEHNE+NAGEL

September 8, 2022

Nevada Board of Pharmacy

Attn: Maria Herrera

Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

RE: Nevada Out-of-State Wholesaler Application-Kuehne + Nagel Inc., Southaven, MS

Dear Maria,

Please find enclosed Dan Osterberg fingerprints (CFO).

Let us know if anything further is needed.

Sincerely,

Natalie Martino

Natalie Martino

National QSHE Healthcare Administrator

Kuehne + Nagel Inc



Encl.

Martino, Natalie / Kuehne + Nagel / Nyc ZQ-PA

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Thursday, August 18, 2022 1:22 PM
To: Martino, Natalie / Kuehne + Nagel / Nyc ZQ-PA
Subject: RE: Nevada Out-of-State Wholesaler Application-Kuehne + Nagel Inc., Southaven, MS

EXTERNAL EMAIL

Hi Natalie,

Thank you for clarifying this, please email me an updated Officer list.

Regards,
Maria H.

From: Martino, Natalie / Kuehne + Nagel / Nyc ZQ-PA <Natalie.Martino@kuehne-nagel.com>
Sent: Monday, August 15, 2022 12:56 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Out-of-State Wholesaler Application-Kuehne + Nagel Inc., Southaven, MS

[redacted]

Hi Maria,
We had our CEO change since the submission of our initial application. Attached is our updated corporate resolution. I have also attached the list of the Southaven employees. I will need to get Dan's fingerprints done again, so that may take some time. I will send those over as soon as I get them done.

Thank you!

Natalie Martino
National QSHE Healthcare Admin | Regulatory Compliance
Kuehne + Nagel Inc.
10 Exchange Place, 20th Floor
Jersey City, NJ 07302, USA
p. +1 201 413 5538 m. +1 973 639 9794
e. natalie.martino@kuehne-nagel.com
Update on Ukraine and Russia
us.kuehne-nagel.com

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Thursday, August 11, 2022 2:55 PM
To: Martino, Natalie / Kuehne + Nagel / Nyc ZQ-PA <Natalie.Martino@kuehne-nagel.com>
Subject: RE: Nevada Out-of-State Wholesaler Application-Kuehne + Nagel Inc., Southaven, MS
Importance: High

EXTERNAL EMAIL

Hello Natalie,

Are you able to send me an updated Officer and Director list, on the current list I don't show a Marcus Bennet? Please also send the full list of Employees for the facility.

Also on the fingerprints for Dan Osterberg, the date is unreadable please re submit.

Regards,
Maria H.

From: Martino, Natalie / Kuehne + Nagel / Nyc ZQ-PA <Natalie.Martino@kuehne-nagel.com>
Sent: Thursday, August 4, 2022 8:49 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Out-of-State Wholesaler Application-Kuehne + Nagel Inc., Southaven, MS

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Maria,
I just mailed out the supplemental docs. You should receive it by tomorrow or Monday.

Thank you!

Natalie Martino
National QSHE Healthcare Admin | Regulatory Compliance

Kuehne + Nagel Inc.
10 Exchange Place, 20th Floor
Jersey City, NJ 07302, USA

p. +1 201 413 5538 m. +1 973 639 9794
e. natalie.martino@kuehne-nagel.com

Update on Ukraine and Russia

us.kuehne-nagel.com

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Friday, July 1, 2022 10:07 AM
To: Martino, Natalie / Kuehne + Nagel / Nyc ZQ-PA <Natalie.Martino@kuehne-nagel.com>
Subject: RE: Nevada Out-of-State Wholesaler Application-Kuehne + Nagel Inc., Southaven, MS

EXTERNAL EMAIL

Hi Natalie,

I broke it down for you below, you would need to supply any/all that applies to your application.

- List of each employee – focus on the facility
- List of independent contractors

- List of consultants, guardians, personal representatives
- List of lender or holder of indebtedness

Regards,
Maria H.

From: Martino, Natalie / Kuehne + Nagel / Nyc ZQ-PA <Natalie.Martino@kuehne-nagel.com>
Sent: Wednesday, June 29, 2022 9:24 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Out-of-State Wholesaler Application-Kuehne + Nagel Inc., Southaven, MS

WARNING: [illegible]

Hi Maria,
Can you please clarify what you mean by:

- Full list of employee, agent, independent contractor, consultant, guardian, personal representative, lender, or holder of indebtedness of the applicant. Pursuant to NRS 639.500 (2).

Thank you,

Natalie Martino
National QSHE Healthcare Admin | Regulatory Compliance
Kuehne + Nagel Inc.
10 Exchange Place, 20th Floor
Jersey City, NJ 07302, USA
p. +1 201 413 5538 m. +1 973 639 9794
e. natalie.martino@kuehne-nagel.com
Update on Ukraine and Russia
us.kuehne-nagel.com

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Wednesday, June 1, 2022 6:42 PM
To: QSHEPharma.US <QSHEPharma.US@Kuehne-Nagel.com>
Subject: Nevada Out-of-State Wholesaler Application-Kuehne + Nagel Inc., Southaven, MS

EXTERNAL EMAIL

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Kuehne + Nagel Inc. The application is incomplete due to the following missing item(s).

- Home state license or proof that licensure is not required in your state
- Fingerprint cards, fingerprint Waivers and fingerprint fee will need to be submitted for all officers and directors(the fee can be combined into 1 check)
- Fingerprint Fee of $40.25 for Aricia Boyd

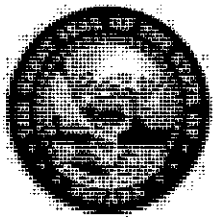
- Full list of employee, agent, independent contractor, consultant, guardian, personal representative, lender, or holder of indebtedness of the applicant. Pursuant to **NRS 639.500 (2).**
- Full Surety Bond showing the Nevada Board as the Obligee, we do have a Surety Bond Form you are welcome to use on our website

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
775-850-1440
m.herrera@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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Inspection Details

Name
Kuehne + Nagel Inc.

Address
4080 Executive Drive
Suite 100
Southaven, MS 38672

Permit #
18430 [16.3]

CS #
NA - ()

Compounding #

Person In Charge
Kenneth Anderson

Inspection Date
01/24/2022

Inspection User
Pugh, Gerald

Assigned To

Comments

PRE INSPECTION NO PRODUCT IN FACILITY AT THIS TIME WILL RETURN WHEN OPEN AN PRODUCT IS IN FACILITY TO DO A FULL INSPECTION

WDD, 3PL, Vet, Virtual

	Answer	Question
Verify Permits		
1)	Satisfactory	Board of Pharmacy.
2)	Not Applicable	Controlled Substance.
3)	Not Applicable	DEA.
4)	Not Applicable	FDA.
5)	Satisfactory	Facility is of suitable size and construction and staffed.
6)	Not Applicable	Is there product in the facility?
	Comments: NO PRODUCT AT THIS TINE	
7)	Satisfactory	Facility is free from any infestation by insects, rodents, birds, etc. (Has SOP)
Storage & Packaging Areas		
8)	Satisfactory	Lighting.
9)	Satisfactory	Ventilation.
10)	Satisfactory	Sanitation.
11)	Satisfactory	Space.
12)	Satisfactory	Security.
13)	Satisfactory	Equipment.
14)	Satisfactory	Doors locked and access limited.
15)	Satisfactory	Sign in and identification required.
16)	Satisfactory	Storage area has designated and clearly marked quarantine areas.
17)	Satisfactory	Storage area is clean and well organized.
18)	Satisfactory	Facility is equipped with working security system suitable for protection against theft or diversion of product and tampering with computer or electronic records.
	Comments: WILL BE INSTALLED WHEN PRODUCT IN STOCK	
19)	Satisfactory	Shipping and receiving records readily available for inspection.
	Comments: PROCEDURE IN PLACE WHEN PRODUCT IS IN STOCK	
20)	Satisfactory	Inventories and records of all transactions for all drugs, devices, and/or medical gases are current.
	Comments: WILL BE IN PLACE AS PRODUCT IS IN PLACE	
21)	Satisfactory	Temperature and humidity monitoring logs are maintained and current.
22)	Satisfactory	Verification of customer licenses authorizing purchase of drug products.
	Comments: HAVE ASSIGNED SECTION TO POST WHEN APPLICATION ARE COMPLETE	
23)	Satisfactory	Has verified that all suppliers and trading partners are licensed by Mississippi Board of Pharmacy.
	Comments: WILL WHEN OPEN	
Standard Operating Procedures		
24)	Satisfactory	Receipt of drugs, and devices.
	Comments: WIELPC-BM-103	
25)	Satisfactory	Shipping of drugs and devices.
	Comments: WIEPC-BM-511	
26)	Satisfactory	Inventory and distribution.
	Comments: WIELPC-BM-301 304 510	
27)	Satisfactory	Quality inspection of all incoming and outgoing shipments.
	Comments: WIELPC-BM-104	
28)	Satisfactory	Product rotation (FIFO).
	Comments: GUS-ZQ-103	
29)	Satisfactory	Product recalls and withdrawals.
	Comments: WIELPC-BM-802	
30)	Satisfactory	Return or out of date product Quarantine.
	Comments: WIELPC-BM-508 806	
31)	Satisfactory	Complaints and adverse events.
	Comments: GUS-ZQ-103 6.1	
32)	Not Applicable	DSCSA transaction report.
33)	Satisfactory	Security and crisis handling.
	Comments: GUSZQ-103 6.1 WIELPC-BM-812	
34)	Satisfactory	Validation of customer state licenses and FDA/DEA registration.
	Comments: WIU5.2J.410	
35)	Satisfactory	Notification of theft and diversions.
	Comments: WIELPC-BM-812	
36)	Satisfactory	Finding of contraband and counterfeit.
37)	Satisfactory	List of agreements with all trading partners.
	Comments: WILL HAVE WHEN OPEN	
38)	Satisfactory	Is warehouse and storage areas restricted to authorized personnel?
	Comments: WIIL BE WHEN OPEN BADGE ACCESS	
39)	Satisfactory	Is there a training program for all employees including cGMP training (records of)?
	Comments: WIIL BE WHEN OPEN	
Owners/Officers/Responsible Parties		
40)	Satisfactory	List of employees with access to product.
	Comments: WIIL BE WHEN OPEN BADGE ACCESS	
41)	Satisfactory	List of employees with access to building after hours.
	Comments: WIIL BE WHEN OPEN BADGE ACCESS	
Controlled Substance Handling		
42)	Not Applicable	Has current DEA registration.
43)	Not Applicable	Has CS cage/vault and a list of employees with access.

Person Providing Information

Full Name:
ARICIA BOYD

Signature:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Kuehne + Nagel

Physical Address 4080 Executive Dr Suite 100

City Southaven State MS Zip 38672

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email us.kuehne-nagel.com

Section 2: Personal Information

First Aricia Middle Devonsha Last Boyd

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Matthew Dr

City Horn Lake State MS Zip 38637

Telephone [redacted] Email Aricia.boyd@kuehne-nagel.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials AB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Alcorn State University		08/06-05/11	
Address	**City**	**State**	**Zip**
1000 ASU Dr.	Lorman	MS	39096 38637
Diploma/Degree obtained, if any			
Bachelors of Science - Biology			

School Name		From - To (MM/YY – MM/YY)	
M.S. Palmer High School		08/02 - 05/06	
Address	**City**	**State**	**Zip**
1315 M.L.K Dr.	Marks	MS	38646
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/15-04/22	[redacted] Matthew Dr	Horn Lake	MS	38637
11/11-07/15	[redacted] Tulane Rd	Horn Lake	MS	38637
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials AB

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials AMB

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

C Boyd

Original Signature (electronic, copies or stamps not accepted)

12 Apr 22

Date

Applicant's initials CB

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials QB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Aricia Boyd

Print Name (First, Last)

A Boyd

Original Signature (electronic, copies or stamps not accepted)

Apr 22

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Hudson

I, Aricia Boyd, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

A Boyd

Original Signature

04/18/2022

Date

Subscribed and Sworn to before me this 18 day of April.

Natalie Martino

Notary Public Signature

NATALIE MARTINO
Notary Public, State of New Jersey
My Commission Expires
October 14, 2026
(Seal)

AB

Applicant's initials _____

Inspection Details

Name	Permit #	Person In Charge	Assigned To
Kuehne + Nagel Inc.	18430 [16.3]	Kenneth Anderson	
Address	**CS #**	**Inspection Date**	
4080 Executive Drive Suite 100 Southaven, MS 38672	NA - ()	01/24/2022	
	Compounding #	**Inspection User**	
		Pugh, Gerald	

Comments

PRE INSPECTION NO PRODUCT IN FACILITY AT THIS TIME WILL RETURN WHEN OPEN AN PRODUCT IS IN FACILITY TO DO A FULL INSPECTION

WDD, 3PL, Vet, Virtual

	Answer	Question
Verify Permits		
1)	Satisfactory	Board of Pharmacy.
2)	Not Applicable	Controlled Substance.
3)	Not Applicable	DEA.
4)	Not Applicable	FDA.
5)	Satisfactory	Facility is of suitable size and construction and staffed.
6)	Not Applicable	Is there product in the facility?
	Comments: NO PRODUCT AT THIS TIME	
7)	Satisfactory	Facility is free from any infestation by insects, rodents, birds, etc. (Has SOP)
Storage & Packaging Areas		
8)	Satisfactory	Lighting.
9)	Satisfactory	Ventilation.
10)	Satisfactory	Sanitation.
11)	Satisfactory	Space.
12)	Satisfactory	Security.
13)	Satisfactory	Equipment.
14)	Satisfactory	Doors locked and access limited.
15)	Satisfactory	Sign in and identification required.
16)	Satisfactory	Storage area has designated and clearly marked quarantine areas.
17)	Satisfactory	Storage area is clean and well organized.
18)	Satisfactory	Facility is equipped with working security system suitable for protection against theft or diversion of product and tampering with computer or electronic records.
	Comments: WILL BE INSTALLED WHEN PRODUCT IN STOCK	
19)	Satisfactory	Shipping and receiving records readily available for inspection.
	Comments: PROCEDURE IN PLACE WHEN PRODUCT IS IN STOCK	
20)	Satisfactory	Inventories and records of all transactions for all drugs, devices, and/or medical gases are current.
	Comments: WILL BE IN PLACE AS PRODUCT IS IN PLACE	
21)	Satisfactory	Temperature and humidity monitoring logs are maintained and current.
22)	Satisfactory	Verification of customer licenses authorizing purchase of drug products.
	Comments: HAVE ASSIGNED SECTION TO POST WHEN APPLICATION ARE COMPLETE	
23)	Satisfactory	Has verified that all suppliers and trading partners are licensed by Mississippi Board of Pharmacy.
	Comments: WILL WHEN OPEN.	
Standard Operating Procedures		
24)	Satisfactory	Receipt of drugs, and devices.
	Comments: WIELPC-BM-103	
25)	Satisfactory	Shipping of drugs and devices.
	Comments: WIEPC-BM-511	
26)	Satisfactory	Inventory and distribution.
	Comments: WIELPC-BM-301 304 510	
27)	Satisfactory	Quality inspection of all incoming and outgoing shipments.
	Comments: WIELPC-BM-104	
28)	Satisfactory	Product rotation (FIFO).
	Comments: GUS-ZO-103	
29)	Satisfactory	Product recalls and withdrawals.
	Comments: WIELPC-BM-507	
30)	Satisfactory	Return or out of date product Quarantine.
	Comments: WIELPC-BM-506 506	
31)	Satisfactory	Complaints and adverse events.
	Comments: GUS-ZO-103 8.1	
32)	Not Applicable	DSCSA transaction report.
33)	Satisfactory	Security and crisis handling.
	Comments: GUSZO-103 8.1 WIELPC-BM-512	
34)	Satisfactory	Validation of customer state licenses and FDA/DEA registration.
	Comments: WIUS-ZJ-315	
35)	Satisfactory	Notification of theft and diversions.
	Comments: WIELPC-BM-512	
36)	Satisfactory	Finding of contraband and counterfeit.
37)	Satisfactory	List of agreements with all trading partners.
	Comments: WILL HAVE WHEN OPEN	
38)	Satisfactory	Is warehouse and storage areas restricted to authorized personnel?
	Comments: WILL BE WHEN OPEN BADGE ACCESS	
39)	Satisfactory	Is there a training program for all employees including cGMP training (records of)?
	Comments: Will BE WHEN OPEN	
General Office/Recordkeeping Policies		
40)	Satisfactory	List of employees with access to product.
	Comments: WILL BE WHEN OPEN BADGE ACCESS	
41)	Satisfactory	List of employees with access to building after hours.
	Comments: Will BE WHEN OPEN BADGE ACCESS	
Controlled Substance Handling		
42)	Not Applicable	Has current DEA registration.
43)	Not Applicable	Has CS cage/vault and a list of employees with access.

Person Providing Information

Full Name:
ARICIA BOYD

Signature:

Business Description

Kuehne + Nagel Inc. is providing third party logistics and warehousing services to medical device manufacturers. Kuehne + Nagel Inc. does not own or sell any of the products it distributes.

Square footage: Total D building 262 sq. ft.

Temperature Storage Range:

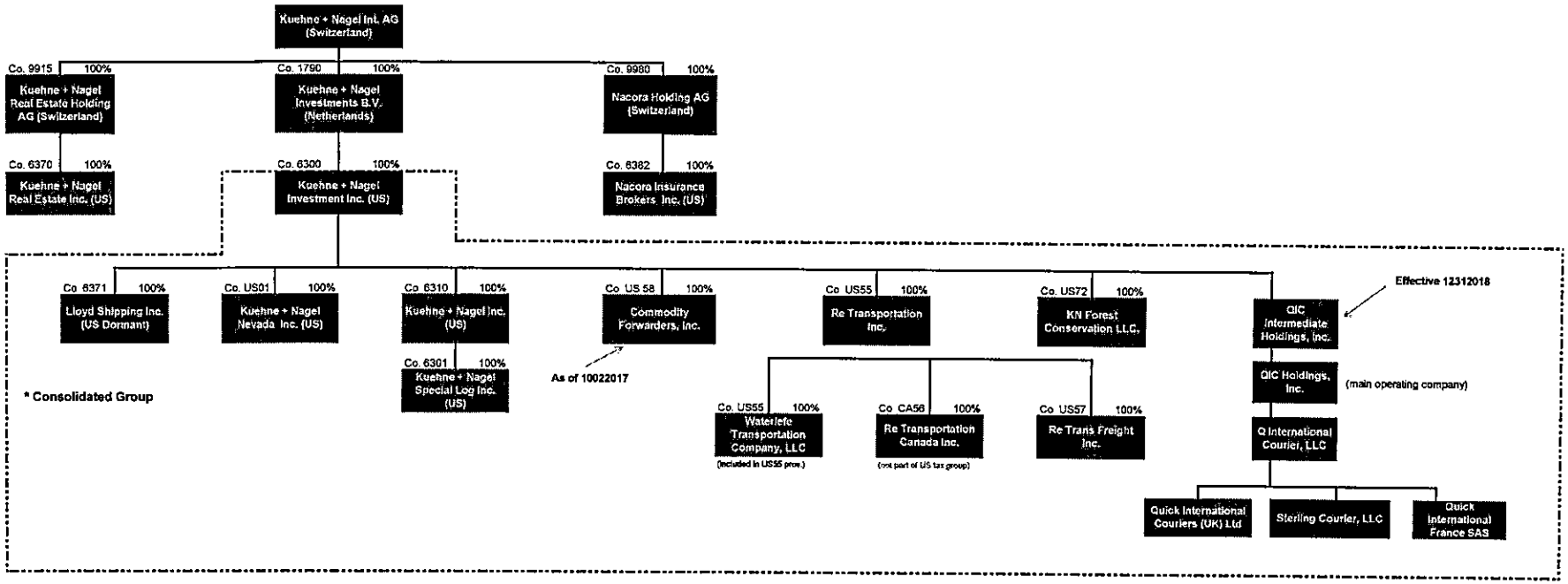
5.4.1* Ambient environment (15 to 30 °C) / *Ambiente ambiental (15 to 30 °C)

Required Temp Range		Temp Warning		RH
Low	15 °C / 59 °F	Low	16.1 °C / 61 °F	<75 RH
High	30 °C / 86 °F	High	29.4 °C / 85 °F	<75 RH

Kuehne + Nagel will be acting as a third-party logistics provider on behalf of Access Closure, Inc. Kuehne + Nagel is a global freight forwarding and logistics company with over 50 years of experience in the distribution of pharmaceutical and healthcare products. Kuehne + Nagel contract logistics USA has licensed pharma and healthcare distribution centers across the US. The facility applicant will be distributing (as a 3PL) medical devices (prescription) on behalf of Access Closure, Inc

KUEHNE+NAGEL

KUEHNE + NAGEL - 2022 US LEGAL STRUCTURE



NOTES
* QTS companies liquidated in 2015
* RT Acquisition Corp. and RT Holdings Inc. merged into Re Transportation Inc.
* Transportation Management Associates Inc. merged into Re Transportation Inc. May 31st 2016

WAIVER OF NOTICE AND
UNANIMOUS WRITTEN CONSENT OF
THE BOARD OF DIRECTORS OF
KUEHNE + NAGEL INC.

Pursuant to the authority contained in the provisions of Section 708 (B) of the Business Corporation Law of the State of New York, the undersigned being all of the members of the Board of Directors of Kuehne+ Nagel Inc. ("Corporation"), do hereby adopt the following resolutions with the same force and effect as though adopted at a meeting of the Board of Directors duly noticed and held:

RESOLVED, that Margaret Geneau, National QSHE Pharma Manager be, and hereby is, appointed to serve as an authorized signatory for regulatory agency applications, in her capacity as noted above, for those documents until a successor has been duly appointed.

AND FURTHER RESOLVED, that the actions and activities of the person listed above, taken or performed as of the date hereof, be and hereby are approved, ratified, and affirmed as actions and activities taken within the scope of her authority as authorized signatory of the Corporation.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands as of the 24th day of January, 2020.

Board of Directors

Radoslav Mihok

Dan Osterberg

Stephen C. Savarese

WAIVER OF NOTICE AND

UNANIMOUS WRITTEN CONSENT OF

THE SOLE SHAREHOLDER

KUEHNE + NAGEL INVESTMENT INC.

Pursuant to the authority contained in the provisions of the business laws of the State of New Jersey, the undersigned being members of the Sole Shareholder of Kuehne + Nagel Investment Inc. ("Corporation"), do hereby adopt the following resolutions with the same force and effect as though adopted at a meeting of the Sole Shareholder duly noticed and held:

WHEREAS, John Hextall has left the employ of the Corporation as of March 31, 2016; and

WHEREAS, Radoslav Mihok has joined the Corporation as CEO and President of North America;

IT IS THEREFORE RESOLVED, that the appointees be and hereby are appointed to serve in their respective capacities until the meeting of the Board of Directors ensuing after the next annual meeting of the sole shareholder of the Corporation and until their successors have been duly elected and qualified.

Radoslav Mihok	-	Director
Dan Osterberg	-	Director

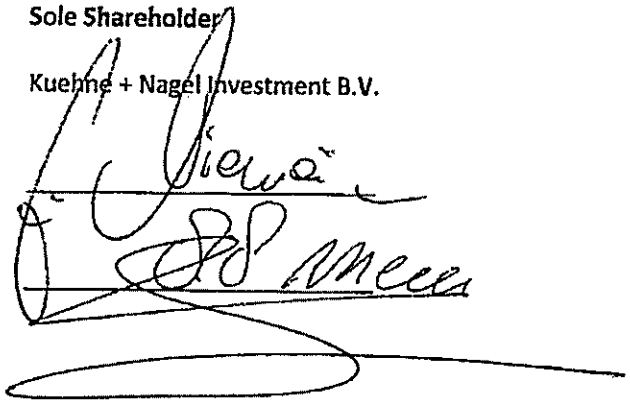
AND IT IS FURTHER RESOLVED, that the actions and activities of the persons listed above, in their respective capacities taken or performed as of the date hereof, be and hereby are approved, ratified and affirmed as actions and activities taken within the scope of their authority as officers of the Corporation.

This Waiver of Notice and Unanimous Consent may be signed in one or more counterparts, each of which shall constitute an original herewith but all of which shall constitute one and the same instrument.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands with an effective date of the 1st day of April 2016.

Sole Shareholder:

Kuehne + Nagel Investment B.V.



WAIVER OF NOTICE AND

UNANIMOUS WRITTEN CONSENT OF

THE SOLE SHAREHOLDER OF

KUEHNE + NAGEL INC.

Pursuant to the authority contained in the provisions of Section 708 (B) of the Business Corporation Law of the State of New York, the undersigned being the Sole Shareholder of Kuehne + Nagel Inc. ("Corporation"), does hereby adopt the following resolutions with the same force and effect as though adopted at a meeting of the Sole Shareholder duly noticed and held:

WHEREAS, John Hextall has left the employ of the Corporation as of March 31, 2016; and

WHEREAS, Radoslav Mihok has joined the Corporation as CEO and President of North America;

IT IS, THEREFORE, RESOLVED, that the following persons be and hereby are appointed to serve as directors of the Corporation until the next annual meeting of the Board of Directors and sole shareholder and until their successors have been duly appointed:

Radoslav Mihok
Dan Osterberg
Stephen Savarese

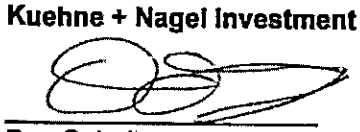
AND IT IS FURTHER RESOLVED, that the actions and activities of the persons listed above, in the capacity, respectively, shown alongside their names, taken or performed as of the date hereof, be and hereby are approved, ratified, and affirmed as actions and activities taken within the scope of their authority as officers of the Corporation.

This Waiver of Notice and Unanimous Consent may be signed in one or more counterparts, each of which shall constitute an original herewith but all of which shall constitute one and the same instrument.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand effective as of the 1st day of April 2016.

Sole Shareholder

Kuehne + Nagel Investment Inc.



Dan Osterberg

Lexon Insurance Company

May 3, 2022

Bond Name: KUEHNE + NAGEL INC.
Bond Number: 413722
Bond Amount: $100,000
Effective Date: 10/31/2006

Rider Executed and Effective May 3, 2022

The above referenced bond is hereby amended to include the following branch office location:

Kuehne + Nagel Inc.
4080 Executive Drive
Suite 100
Southaven MS 38672

Nothing herein contained shall be held to vary, alter or waive or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Bond or policy, other than as above stated.

Lexon Insurance Company

Attorney-in-Fact, Kevin A. Tattam 143-48-7151

LEXON INSURANCE COMPANY A TEXAS INSURANCE COMPANY

By:

Kevin A. Tattam

This is to certify that
as of
May 2, 2022

The below mentioned PHARMACEUTICAL bond is effective with Lexon Insurance Company. Under the terms and conditions of this bond, it shall remain in effect until terminated.

KUEHNE + NAGEL, INC.

Original Effective Date: 10/31/2006

Bond Number: 413722

Bond Amount: $100,000.00

Renewal Date: 10/31/2022

LEXON INSURANCE COMPANY
A TEXAS INSURANCE COMPANY

INTERNATIONAL BOND & MARINE BROKERAGE, LTD.
IBM
www.intlbondmarine.com

Kevin A. Tattam, AIF

Lexon Insurance Company

This Certificate verifies the PERFORMACE current status with the SURETY.

MISSISSIPPI BOARD OF PHARMACY

LICENSE VERIFICATION

The Mississippi Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board.

Kuehne + Nagel Inc.

Drug Facility

Permit Status:	Active	**Issued Date:**	01/14/2022	**Discipline on File:**	No
Permit #:	18430	**Effective Date:**	01/14/2022	**On Probation:**	No
Classification:	3rd Party Logistics (In-State)	**Expire Date:**	12/31/2022	**Address:**	4080 Executive Drive Suite 100 Southaven, MS 38672

Public Records

No disciplinary documents were found!

Information loaded from this database is current as of 1/27/2022 10:34:51 AM

MISSISSIPPI

Board of Pharmacy

Permit #
18430 / 16 3

Drug Facility

3rd Party Logistics (In-State)

Kuehne + Nagel Inc.

DBA Kuehne + Nagel Inc.

4080 Executive Drive
Suite 100
Southaven, MS 38672
DeSoto

This permit is not transferable or assignable.

Permit Holder:
Kenneth Anderson

Issued: 01/14/2022
Renewed: 01/14/2022
Expires: 12/31/2022

Susan McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

Attachment to License Application

Kuehne + Nagel Inc.
State of incorporation New York
Date of incorporation June 30, 1966
FEIN# 13-2571986

Corporate Officers

Radoslav Mihok	President and CEO	10 Exchange Place, Jersey City, NJ 07302
Dan Osterberg	CFO	10 Exchange Place, Jersey City, NJ 07302
Nadine Jone	Secretary	10 Exchange Place, Jersey City, NJ 07302

100% owned by

Kuehne + Nagel Investment Inc.
10 Exchange Place, 19th Floor
Jersey City, NJ 07302
22-3176791

Corporate Officers home addresses:

Radoslav Mihok
President/CEO
[redacted] Little West Street
[redacted]
New York, NY 10280
DOB: [redacted]
SS# [redacted]

Dan Osterberg
CFO
[redacted] Harding Street
Westfield, NJ 07090
[redacted]

Dob [redacted]
SS#- [redacted]

Nadine Jones
Secretary
[redacted] 3rd Street
Jersey City, NJ 07302
[redacted]

Dob [redacted]
SS# [redacted]

Kuehne + Nagel, Inc. is a third party warehouse. Kuehne + Nagel stores pharmaceutical products as an agent for its customers who are separately licensed. Kuehne + Nagel does not take title to any products and is not a "seller" of products. Kuehne + Nagel receives the products in the customer's name c/o Kuehne + Nagel, handles and stores the products as directed by the customer and ships the goods to parties identified by the customer via modes of transportation specified by the customer. Kuehne + Nagel

4TT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02817	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: LIFE-ASSIST, INCORPORATED

Physical Address: 10816 Strang Line Road

City: Lenexa State: KS Zip: 66215

Mailing Address (if different from physical address): 11277 Sunrise Park Dr

City: Rancho Cordova State: CA Zip: 95742

Telephone: 800-824-6016 Website: www.life-assist.com

Name of Designated Representative (DR): Sean Mollentine

Licensing Company Email: compliance@life-assist.com DR Email: sean.mollentine@life-assist.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Emergency First Responder practitioners

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____, Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A - did not mark "yes" to any questions in section 2

Original Signature (electronic, copies or stamps not accepted)

07-27-2022

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): _____

Corporation/Organization Name: LIFE-ASSIST, INCORPORATED

Mailing Address: 11277 Sunrise Park Dr.

City: Rancho Cordova State: CA Zip: 95742

Telephone: 800-824-6016 Email: compliance@life-assist.com

Contact Person Name: Stephanie Morgan

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

LIFE-ASSIST, INCORPORATED
Facility Name

Sean Mollentine
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

07-27-2022
Date

Board Use Only	Date Received: _____	Amount: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bryan J. Holliday
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/31/22
Date

Board Use Only	Date Received: _____ Amount: _____

2022

LIFEA-1 OP ID: TB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Tyla A Belton
916-773-4560 Foothill Valley Insurance 13 Sierragate Plaza Ste.A Roseville, CA 95678 Tyla A Belton	PHONE (A/C, No, Ext): 916-773-4560 FAX (A/C, No): 916-773-4583 E-MAIL ADDRESS: tyla.b@foothillvalley.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Admiral Insurance Company	24856
INSURER B : Berkshire Hathaway Homestate	20044
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Life Assist, Inc.
11277 Sunrise Park Drive
Rancho Cordova, CA 95742

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY							
	[ ] CLAIMS-MADE [X] OCCUR			CA00000250021	01/01/2022	01/01/2023	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	[X] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[ ] ANY AUTO			CA00000250021	01/01/2022	01/01/2023	BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	[ ] UMBRELLA LIAB [X] OCCUR						EACH OCCURRENCE	$ 4,000,000
	[X] EXCESS LIAB [ ] CLAIMS-MADE			GX00000189704	01/01/2022	01/01/2023	AGGREGATE	$ 4,000,000
	[ ] DED [X] RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ]	N / A		LIWC319947	01/01/2022	01/01/2023	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: For Information Purposes Only

CERTIFICATE HOLDER FORIN-1

For Information Purposes Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Tyla A Belton

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INVOICE - ELECTRONIC FORM

Borrower:
Life-Assist, Incorporated
11277 Sunrise Park Drive
Rancho Cordova, CA 95752

And

10816 Strang Line Road
Lenexa, KS 66215

Beneficiary:
Nevada State Board of Pharmacy
98 Damonte Ranch Pkwy #206
Reno, NV 89521

Date: August 23, 2022

The following Letter of Credit has been renewed for a one year period and is subject to a renewal fee:

LC No. 5084506333-6336; Nevada State Board of Pharmacy; face amount of $100,000.00; renewal fee $1,000.00

Total Due to Lender: $1,000.00

Authorization to Debit Fees. Borrower hereby authorizes Lender to debit Borrower's checking account no. **811089932** in payment of all amounts due to Lender as set forth above.

BORROWER:

LIFE-ASSIST, INCORPORATED

By: _____
Bryan Holliday, CEO and President of Life-Assist, Incorporated

By: Linda Bergaus
Linda M. Bergaus, CFO and Secretary of Life-Assist, Incorporated

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River City Bank

CONFIRMATION OF RENEWAL

February 3, 2020

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re LIFE-ASSIST INCORPORATED

Letter of Credit:	#16-0348
Date:	June 13, 2016
Beneficiary:	Nevada State Board of Pharmacy
Applicant/Licensee:	Life-Assist, Inc.
River City Bank Ref:	5084506333-6336

Dear Sir or Madame,

Please accept this as confirmation that the current expiry date of Irrevocable Standby Letter of Credit #16-0348 is June 30, 2020. Without 60 days prior notice, this Letter of Credit automatically renews, annually on the 30th of June.

Please contact me if you have any questions or comments regarding this notice.

Best regards,

Jennifer Ballard Digitally signed by Jennifer Ballard Date: 2020.02.06 13:11:29 -08'00'

Jennifer Ballard
SVP – Loan Operations Manager
916-567-2736

River City Bank

River City Bank, a California corporation ("Issuing Bank")
2485 Natomas Park Drive, Suite 100
Sacramento, CA 95833

Nevada State Board of Pharmacy ("Beneficiary")
431 W. Plumb Lane
Reno, NV 89509
(775) 850-1440

Expiration Date: June 30, 2017 ("Expiration Date")

June 13, 2016

IRREVOCABLE STANDBY LETTER OF CREDIT #16-0348

1. At the request and on the instructions of Life-Assist, Inc. ("Applicant/Licensee") at 11277 Sunrise Park Drive, Rancho Cordova, CA 95742, we hereby establish in favor of Beneficiary, the Nevada State Board of Pharmacy, this Irrevocable Standby Letter of Credit ("Credit") in the principal sum of One Hundred Thousand and 00/100 Dollars ($100,000.00).

2. This Letter of Credit is and has been established for the benefit of Beneficiary pursuant to the terms of NRS 639.515 pertaining to the initial or renewal application filed by the Applicant/Licensee.

3. This Credit is intended by the parties to serve as a security device for the performance by Applicant/Licensee of its obligations under applicable Nevada law regarding Applicant/Licensee's operation as a pharmaceutical wholesaler.

4. Pursuant to NRS 639.515(4), upon the imposition of any fines or costs by Beneficiary against the Applicant/Licensee, the Beneficiary shall be entitled to draw upon this Credit by presentation of a duly executed Certificate of Drawing ("Draft") in substantially the same form as Attachment A attached hereto.

5. The Draft shall be accompanied by this Letter of Credit including all amendments, for surrender; provided, however, that if less than the balance of the Letter of Credit is drawn, this Letter of Credit need not be surrendered and shall continue in full force and effect with respect to the unused balance of this Letter of Credit unless and until we issue to you a replacement Letter of Credit for such unused balance, the terms of which replacement Letter of Credit shall be identical to those set forth in this Letter of Credit. Issuing Bank is not required to inquire as to the accuracy of the matters recited in the Draft or as to the authority of the person signing the Draft and may take the act of signing as conclusive evidence of such accuracy and his or her authority to do so.

6. Each Draft must bear upon its face the clause "Drawn under Letter of Credit No. 16-0348, dated May 6, 2016, of River City Bank.

7. Upon presentation of the Draft as above provided, payment shall be made to the Beneficiary, to an account designated by the Beneficiary, in immediately available funds, at such place as the Beneficiary shall specify.

8. Funds may be drawn in one or more drawings not to exceed the principal sum.

9. All drawings under this Credit shall be paid with Issuing Bank funds. Each drawing honored by us hereunder shall reduce, pro tanto, the available principal balance. By paying to the Beneficiary an amount demanded in accordance herewith, Issuing Bank makes no representations as to the correctness of the amount demanded.

10. This Letter of Credit shall expire on the Expiration Date and will be automatically extended for an additional period of one year from the present or each future expiration date unless Issuing Bank has notified you in writing delivered via U.S. registered or certified mail, return receipt requested, to your address stated above, or to such other address as you shall have furnished to us for such purpose, not less than sixty (60) days before such Expiration Date, that we elect not to renew this Letter of Credit. Upon your receipt of such notification, you may present your Draft on us prior to the then applicable Expiration Date for the unused balance of the Letter of Credit, which shall be accompanied by your signed written statement that you received notification of our election not to extend.

11. On or prior to the Expiration Date, this Credit will be cancelled in whole or in part upon receipt by us of a Certificate of Cancellation which shall be in the form of Attachment B, attached hereto, completed and signed by the designated officer of Beneficiary.

12. Communications with respect to this Credit shall be in writing and addressed to us at the address above and shall specifically refer to the Credit by the number above.

13. This Credit may not be transferred or assigned, either in whole or in part.

14. except so far as otherwise expressly stated herein, this Letter of Credit is subject to the International Standby Practices (ISP98 published by the International Chamber of Commerce).

15. We hereby agree with you that drafts drawn under and in compliance with the terms of this Letter of Credit will be duly honored if presented 2485 Natomas Park Drive, Riverside, CA 95833 on or before 3:00 PM Pacific Standard Time on June 30, 2017, or such later Expiration Date to which this Letter of Credit is extended pursuant to the terms hereof.

Sincerely,

RIVER CITY BANK

By: _____
Name: Alice Harris
Title: SVP/Loan Center Manager

INVOICE - ELECTRONIC FORM

Borrower:

Life-Assist, Incorporated
10816 Strang Line Road
Lenexa, KS 66215
(916) 717-6186

And

11277 Sunrise Park Drive
Rancho Cordova, CA 95752
(916) 635-3822

Date: May 11, 2020

The following Letter of Credit has been renewed for a one year period and is subject to a renewal fee:

LC No. 5084506333-6336; Nevada State Board of Pharmacy; face amount of $100,000.00; renewal fee $[redacted]

Total Due to Lender: $[redacted]

Authorization to Debit Fees. Borrower hereby authorizes Lender to debit Borrower's checking account no. **811089932** in payment of all amounts due to Lender as set forth above.

BORROWER:

LIFE-ASSIST, INCORPORATED

By:_____
Ramona M. Davis, President of Life-Assist, Incorporated

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River City Bank

River City Bank, a California corporation ("Issuing Bank")
2485 Natomas Park Drive, Suite 100
Sacramento, CA 95833

Nevada State Board of Pharmacy ("Beneficiary")
431 W. Plumb Lane
Reno, NV 89509
(775) 850-1440

Expiration Date: June 30, 2017 ("Expiration Date")

June 13, 2016

IRREVOCABLE STANDBY LETTER OF CREDIT #16-0348

1. At the request and on the instructions of Life-Assist, Inc. ("Applicant/Licensee") at 11277 Sunrise Park Drive, Rancho Cordova, CA 95742, we hereby establish in favor of Beneficiary, the Nevada State Board of Pharmacy, this Irrevocable Standby Letter of Credit ("Credit") in the principal sum of One Hundred Thousand and 00/100 Dollars ($100,000.00).

2. This Letter of Credit is and has been established for the benefit of Beneficiary pursuant to the terms of NRS 639.515 pertaining to the initial or renewal application filed by the Applicant/Licensee.

3. This Credit is intended by the parties to serve as a security device for the performance by Applicant/Licensee of its obligations under applicable Nevada law regarding Applicant/Licensee's operation as a pharmaceutical wholesaler.

4. Pursuant to NRS 639.515(4), upon the imposition of any fines or costs by Beneficiary against the Applicant/Licensee, the Beneficiary shall be entitled to draw upon this Credit by presentation of a duly executed Certificate of Drawing ("Draft") in substantially the same form as Attachment A attached hereto.

5. The Draft shall be accompanied by this Letter of Credit including all amendments, for surrender; provided, however, that if less than the balance of the Letter of Credit is drawn, this Letter of Credit need not be surrendered and shall continue in full force and effect with respect to the unused balance of this Letter of Credit unless and until we issue to you a replacement Letter of Credit for such unused balance, the terms of which replacement Letter of Credit shall be identical to those set forth in this Letter of Credit. Issuing Bank is not required to inquire as to the accuracy of the matters recited in the Draft or as to the authority of the person signing the Draft and may take the act of signing as conclusive evidence of such accuracy and his or her authority to do so.

6. Each Draft must bear upon its face the clause "Drawn under Letter of Credit No. 16-0348, dated May 6, 2016, of River City Bank.

7. Upon presentation of the Draft as above provided, payment shall be made to the Beneficiary, to an account designated by the Beneficiary, in immediately available funds, at such place as the Beneficiary shall specify.

8. Funds may be drawn in one or more drawings not to exceed the principal sum.

9. All drawings under this Credit shall be paid with Issuing Bank funds. Each drawing honored by us hereunder shall reduce, pro tanto, the available principal balance. By paying to the Beneficiary an amount demanded in accordance herewith, Issuing Bank makes no representations as to the correctness of the amount demanded.

10. This Letter of Credit shall expire on the Expiration Date and will be automatically extended for an additional period of one year from the present or each future expiration date unless Issuing Bank has notified you in writing delivered via U.S. registered or certified mail, return receipt requested, to your address stated above, or to such other address as you shall have furnished to us for such purpose, not less than sixty (60) days before such Expiration Date, that we elect not to renew this Letter of Credit. Upon your receipt of such notification, you may present your Draft on us prior to the then applicable Expiration Date for the unused balance of the Letter of Credit, which shall be accompanied by your signed written statement that you received notification of our election not to extend.

11. On or prior to the Expiration Date, this Credit will be cancelled in whole or in part upon receipt by us of a Certificate of Cancellation which shall be in the form of Attachment B, attached hereto, completed and signed by the designated officer of Beneficiary.

12. Communications with respect to this Credit shall be in writing and addressed to us at the address above and shall specifically refer to the Credit by the number above.

13. This Credit may not be transferred or assigned, either in whole or in part.

14. except so far as otherwise expressly stated herein, this Letter of Credit is subject to the International Standby Practices (ISP98 published by the International Chamber of Commerce).

15. We hereby agree with you that drafts drawn under and in compliance with the terms of this Letter of Credit will be duly honored if presented 2485 Natomas Park Drive, Riverside, CA 95833 on or before 3:00 PM Pacific Standard Time on June 30, 2017, or such later Expiration Date to which this Letter of Credit is extended pursuant to the terms hereof.

Sincerely,

RIVER CITY BANK

By: _____
Name: Alice Harris
Title: SVP/Loan Center Manager

Life Assist Inc	Ybarra, Elijah A	California
Life Assist Inc	Young, Ann Marie	California
Life Assist Inc	Harris, Samuel Q	Kansas
Life Assist Inc	Holleman, Brielle N	Kansas
Life Assist Inc	Lage, Michael J	Kansas
Life Assist Inc	Lane Jr., Lonzo R	Kansas
Life Assist Inc	Massey, Dominique K	Kansas
Life Assist Inc	Mollentine, Sean M	Kansas
Life Assist Inc	Peters, Ryan C	Kansas
Life Assist Inc	Samsel, Sterling A	Kansas

Company name	Full name	State/province
Life Assist Inc	Aamodt, Sheila E	California
Life Assist Inc	Akers, Cherise A	California
Life Assist Inc	Allerhand, Bonnie P	California
Life Assist Inc	Anderson, Walt C	California
Life Assist Inc	Archer, Brett R	California
Life Assist Inc	Avanova, Erika	California
Life Assist Inc	Baral, Sierra	California
Life Assist Inc	Baron, Pamela A	California
Life Assist Inc	Bergaus, Linda M	California
Life Assist Inc	Beshears, Malaki X	California
Life Assist Inc	Biernacki, Michelle N	California
Life Assist Inc	Bochaton, Joyce	California
Life Assist Inc	Buys, Lauren N	California
Life Assist Inc	Camp, Chelsea A	California
Life Assist Inc	Campbell, Staci J	California
Life Assist Inc	Cooper, Lauren M	California
Life Assist Inc	Cooperhart, Joscelyn	California
Life Assist Inc	Covey Jr, Stephen C	California
Life Assist Inc	Crepeault, Rachel M	California
Life Assist Inc	Curiel Garcia, Pedro	California
Life Assist Inc	Dahal, Amit	California
Life Assist Inc	Davis, Ramona M	California
Life Assist Inc	Delgado, Jose E	California
Life Assist Inc	Dugan III, John R	California
Life Assist Inc	Fadeeva, Olga A	California
Life Assist Inc	Farrar, Corey A	California
Life Assist Inc	Fote, Anne-Marie	California
Life Assist Inc	Frenn, Ryan M	California
Life Assist Inc	Garcia-Valencia, Rebecca K	California
Life Assist Inc	Greybill, Daniel R	California
Life Assist Inc	Griffin, Shelby M	California
Life Assist Inc	Hargitt, Jeffrey N	California
Life Assist Inc	Heaton, Colby A	California
Life Assist Inc	Higgins Jr, Roy E	California
Life Assist Inc	Hillebrand, Vanessa L	California
Life Assist Inc	Holliday, Bryan J	California
Life Assist Inc	Holliday, Gregory M	California
Life Assist Inc	Honor, Michelle	California
Life Assist Inc	Jacobson, Teresa L	California
Life Assist Inc	Jacoby, Katherine	California
Life Assist Inc	Kemp, Courtney N	California
Life Assist Inc	Kimble, Sara M	California
Life Assist Inc	Kizer, Steven M	California
Life Assist Inc	Krick, Alison K	California
Life Assist Inc	Lane Jr, James	California
Life Assist Inc	Lao, Hak L	California

Life Assist Inc	Lao, NkaujHnub K	California
Life Assist Inc	Lee, Michelle V	California
Life Assist Inc	Levy, Todd C	California
Life Assist Inc	Lewis, Ashley N	California
Life Assist Inc	Loveless, Clifford J	California
Life Assist Inc	Malone, Brien D	California
Life Assist Inc	Marsh, Austin E	California
Life Assist Inc	Marsh, Chad E	California
Life Assist Inc	Massoni, Diane M	California
Life Assist Inc	Mattison, Sylvia C	California
Life Assist Inc	McCune, Mikkel L	California
Life Assist Inc	Melton, Michael R	California
Life Assist Inc	Mills, Katrina L	California
Life Assist Inc	Morgan, Stephanie A	California
Life Assist Inc	Nelson, Christopher T	California
Life Assist Inc	Perez, Luis E	California
Life Assist Inc	Phifer, Holly H	California
Life Assist Inc	Prior, Cherie D	California
Life Assist Inc	Ramirez, Gerald A	California
Life Assist Inc	Ramirez, Scott W	California
Life Assist Inc	Ross, Jaime L	California
Life Assist Inc	Saeteurn, Meuy	California
Life Assist Inc	Saldana, Jacob R	California
Life Assist Inc	Salman, Muntathar A	California
Life Assist Inc	Sanchez, Jill E	California
Life Assist Inc	Savala, Alexis G	California
Life Assist Inc	Scholz, Stacey M	California
Life Assist Inc	Selby, Andrew J	California
Life Assist Inc	Self, Elliot M	California
Life Assist Inc	Shultz, Michael F	California
Life Assist Inc	Silveira, Kortnie B	California
Life Assist Inc	Sircar, Tanushree	California
Life Assist Inc	Smeenk, Jeffrey J	California
Life Assist Inc	Spears, Danika R	California
Life Assist Inc	Steele, Sheri D	California
Life Assist Inc	Szalay, Diana B	California
Life Assist Inc	Tangellapally, Hema	California
Life Assist Inc	Taylor, Dennis R	California
Life Assist Inc	Taylor, Theodore M	California
Life Assist Inc	Thomas, Dustin P	California
Life Assist Inc	Uhland, Forrest R	California
Life Assist Inc	Valencia, Emily N	California
Life Assist Inc	Villanueva, Eduardo G	California
Life Assist Inc	Waugh, Christine	California
Life Assist Inc	Werder, Stacy M	California
Life Assist Inc	Williams, Forest G	California
Life Assist Inc	Woodworth, Carrie E	California

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Life-Assist, Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 10816 Strang Line Rd

City: Lenexa State: KS Zip: 66215

Mailing Address (if different from physical address): 11277 Sunrise Park Dr

City: Rancho Cordova State: CA Zip: 95742

Telephone: 800-824-6016 Website: www.life-assist.com

Licensing Company Email: compliance@life-assist.com

Section 2: Personal Information

First: Sean Middle: Matthew Last: Mollentine

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Lamar Ave

City: Overland Park State: KS Zip: 66207

Telephone: 800-824-6016 x100 Email: sean.mollentine@life-assist.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Johnson County Community College		08/08-05/10	
Address	**City**	**State**	**Zip**
12345 College Blvd	Overland Park	KS	66210
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Shawnee Mission NW High School		08/05-05/08	
Address	**City**	**State**	**Zip**
12701 W. 67th St	Shawnee	KS	66216
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/20-07/22Current	[redacted] Lamar Ave	Overland Park	KS	66207
09/16-08/20	[redacted] Pleasant St	Tonganoxie	KS	66086
10/14-09/16	[redacted] Conser St, Apt [redacted]	Overland Park	KS	66212
04/13-09/14	[redacted] Summit St	Kansas City	MO	64114
05/12-03/13	[redacted] Conser St, Apt [redacted]	Overland Park	KS	66212
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Life-Assist, Inc.			04/19-07/22 (Current)
Business Address	**City**	**State**	**Zip**
10816 Strang Line Rd	Lenexa	KS	66215
Phone	**Title**	**Number of Employed Hours**	
800-824-6016 x100	Regional Distribution Manager	6,000+	
Description of Duties			
Responsible for facility compliance, staffing, inventory, daily operations for distributing medical devices and pharmaceuticals.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	✗ SMM
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Attn: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

November 02, 2022

Regarding Sean Mollentine's Designated Representative application for Life-Assist, Inc Change of Ownership.

To whom it may concern:

I want this letter to address an embarrassing incident on my public record. In May 2012, I attempted to take a pair of $80 shoes from Kohl's without paying for them. The Kohl's loss prevention team immediately saw what happened through security cameras and escorted me to their offices. I waited for a Lenexa, KS police officer to arrive to the store in order to file the incident. Once the police officer arrived, we filed the appropriate paperwork and I was quickly released from the store with the expectation to appear on my court date and comply with directions from the City of Lenexa regarding this event.

I appeared in court on the assigned date, completed the fingerprint records onsite, agreed to complete a 1-year Diversion program, and paid the appropriate fees and court costs. I completed the Diversion program during July 2012 to July 2013. Following my successful completion of the Diversion program, the charges were dismissed. To this day, no other incidents have followed this event, nor will there be.

Now 10+ years later, I think back to what in the world was I thinking that day? Regardless of my financial situation then and whatever triggers encouraged my terrible decision at the time, I know it to be a wrong and an awful decision. I regret it – not just because I was caught, but because it is wrong. My family raised me to be better than that day. I expect more from myself and I disappointed everyone I knew that day. However, I do own-up to my decisions as everyone should. I do not run away from this embarrassing event – rather, this kick-started me into figuring out my life as a young man, establishing a solid career, and running the straight arrow for 10-years now. I put this event so far behind me, I was genuinely surprised when it showed on the background check and will work to Expunge the records.

Now I have a young daughter and son and can only continue my growth knowing I am a role-model for them, to help them grow and develop on the right path for life. I express the sincerest regrets and apologies for that day and will continue to improve as a leader and representative of my company and family by upholding the highest standards for this facility in Lenexa, KS. Please do not hesitate to contact me if there is any other information I can provide regarding this incident.

Sincerely,

Sean Mollentine

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

07/27/2022
Date

I, Sean Mollentine, certify that as the designated representative for

Life-Assist, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SMM I am at least 21 years of age;
3. SMM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SMM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SMM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SMM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SMM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Sean Mollentine

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07-27-2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sean Mollentine

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07-27-2022

Date

Please have this section completed in the presence of a Notary Public.

State of Kansas, ss. County of Johnson

I, Sean Mollentine, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07-27-22

Date

Subscribed and Sworn to before me this 27 day of July. 2022

Notary Public Signature

KAMNA SOOD

My Appt. Exp. 7/21/2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG LIFE-ASSIST, INCORPORATED MDEG License # (if applicable) WH02187

Physical Address 10816 STRANG LINE ROAD

City LENEXA State KS Zip 66215

Mailing Address (if different from physical address) 11277 SUNRISE PARK DR

City RANCHO CORDOVA State CA Zip 95742

Telephone 800-824-6016 Website WWW.LIFE-ASSIST.COM

Licensing Company Email COMPLIANCE@LIFE-ASSIST.COM

Section 2: Personal Information

First SEAN Middle MATTHEW Last MOLLENTINE

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] LAMAR AVE

City OVERLAND PARK State KS Zip 66207

Telephone 800-824-6016 x100 Email SEAN.MOLLENTINE@LIFE-ASSIST.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Johnson County Community College		08/08-05/10	
Address	City	State	Zip
12345 College Blvd	Overland Park	KS	66210
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Shawnee Mission NW High School		08/05-05/08	
Address	City	State	Zip
12701 W. 67th St	Shawnee	KS	66216
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
80/20-07/22Current	[redacted] Lamar Ave	Overland Park	KS	66207
From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/16-08/20	[redacted] Pleasant St	Tonganoxie	KS	66086
From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/14-09/16	[redacted] Conser St, Apt [redacted]	Overland Park	KS	66212
From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/13-09/14	[redacted] Summit St	Kansas City	MO	64114
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/12-03/13	[redacted] Conser St, Apt [redacted]	Overland Park	KS	66212
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Life-Assist, Inc.			04/19-07/22 (Current)
Business Address	**City**	**State**	**Zip**
10816 Strang Line Rd	Lenexa	KS	66215
Phone	**Title**	**Number of Employed Hours**	
800-824-6016 x100	Regional Distribution Manager	6,000+	
Description of Duties			
Responsible for facility compliance, staffing, inventory, daily operations for distributing medical devices and pharmaceuticals.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05-14-2012	05-30-2012	KS	Lenexa	Johnson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
452263		Lenexa Municipal Court		
Reason/Charge				
Attempted Theft Under $1000				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Sean Mollentine			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

Please see attached document for further explanation of this event. Thank you.

Original Signature (electronic, copies or stamps not accepted)

11-02-2022
Date

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
05-14-2012	05-30-2012	KS	Lenexa	Johnson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
452263	Lenexa Municipal Court

Reason/Charge
Attempted Theft Under $1000

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Sean Mollentine	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below:

Please see attached document for further explanation of this event. Thank you.

Original Signature (electronic, copies or stamps not accepted)

11-02-2022
Date

Attn: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

November 02, 2022

Regarding Sean Mollentine's Designated Representative application for Life-Assist, Inc Change of Ownership.

To whom it may concern:

I want this letter to address an embarrassing incident on my public record. In May 2012, I attempted to take a pair of $80 shoes from Kohl's without paying for them. The Kohl's loss prevention team immediately saw what happened through security cameras and escorted me to their offices. I waited for a Lenexa, KS police officer to arrive to the store in order to file the incident. Once the police officer arrived, we filed the appropriate paperwork and I was quickly released from the store with the expectation to appear on my court date and comply with directions from the City of Lenexa regarding this event.

I appeared in court on the assigned date, completed the fingerprint records onsite, agreed to complete a 1-year Diversion program, and paid the appropriate fees and court costs. I completed the Diversion program during July 2012 to July 2013. Following my successful completion of the Diversion program, the charges were dismissed. To this day, no other incidents have followed this event, nor will there be.

Now 10+ years later, I think back to what in the world was I thinking that day? Regardless of my financial situation then and whatever triggers encouraged my terrible decision at the time, I know it to be a wrong and an awful decision. I regret it – not just because I was caught, but because it is wrong. My family raised me to be better than that day. I expect more from myself and I disappointed everyone I knew that day. However, I do own-up to my decisions as everyone should. I do not run away from this embarrassing event – rather, this kick-started me into figuring out my life as a young man, establishing a solid career, and running the straight arrow for 10-years now. I put this event so far behind me, I was genuinely surprised when it showed on the background check and will work to Expunge the records.

Now I have a young daughter and son and can only continue my growth knowing I am a role-model for them, to help them grow and develop on the right path for life. I express the sincerest regrets and apologies for that day and will continue to improve as a leader and representative of my company and family by upholding the highest standards for this facility in Lenexa, KS. Please do not hesitate to contact me if there is any other information I can provide regarding this incident.

Sincerely,

Sean Mollentine

I, SEAN MOLLENTINE, **certify that as the MDEG Administrator for**

LIFE-ASSIST, INCORPORATED,

that I (initial that you have read and meet the following requirements):

1. SMM Have a high school diploma or its equivalent;
2. SMM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SMM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SMM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mollentine, Sean
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07-27-2022
Date

Board Use Only	Date Received: 8-1-22

4UU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Resilia Pharmaceuticals, Inc.

Physical Address: 50 Glenlake Pkwy NE, Suite 400

City: Atlanta State: GA Zip: 30328

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 608-250-0770 Website: www.resiliapharma.com

Name of Designated Representative (DR): Michael A. Leone

Licensing Company Email: compliance.resiliapharma@gmail.com DR Email: mleone@resiliapharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	✓ Dangerous Drugs	☒ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☑ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

(Michael A. Leone, COO)

Original Signature (electronic, copies or stamps not accepted)

May 17, 2022

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cardinal Health 105, Inc.
Address: 501 Mason Road, Suite 200 City: LaVergne State: TN Zip: 37086
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Peak Pharma Commercial Partners, LLC
Corporation/Organization Name:
Mailing Address: 301 E. 45th Street, Suite 18-F
City: New York State: NY Zip: 10017
Telephone: 917-882-5118 Email: info@resiliapharma.com
Contact Person Name: Harsha Murthy

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	☑		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		☑		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	☑	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		☑	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		☑	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	☑	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	☑	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	☑	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	☑	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	☑	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		☑	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		☑	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Resilia Pharmaceuticals, Inc.

Facility Name

Michael A. Leone

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

May 17, 2022

Date

Board Use Only	Date Received: 8·2·22	Amount: 1000.00 CK-10954

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005005 Status: Active

Resilia Pharmaceuticals Inc
50 Glenlake Pkwy Ste 450
Atlanta GA 30328

Expires: 06/30/2023
Issued: 03/18/2021

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005005 Status: Active
Resilia Pharmaceuticals Inc
50 Glenlake Pkwy Ste 450
Atlanta GA 30328

Expires: 06/30/2023
Issued: 03/18/2021
Real-time license verification is available at gadch.mylicense.com/verification

Licensee Information

Name: Resilia Pharmaceuticals Inc

Owner:

Address: 50 Glenlake Pkwy Ste 450
Atlanta GA 30328

Primary Source License Information

Profession:	Pharmacy	**License No:**	PHWH005005	**License Status:**	Active
License Type:	Wholesaler Pharmacy	**Obtained By Method:**	Application	**License Subtype:**	
Issue Date:	3/18/2021	**Expiration Date:**	6/30/2023	**Last Renewal Date:**	

Discipline Information

- Public Board Orders -

If a public board order exists, it may be listed below.
Public Board Order means that there is a public document concerning the licensee.
The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Associated Licenses

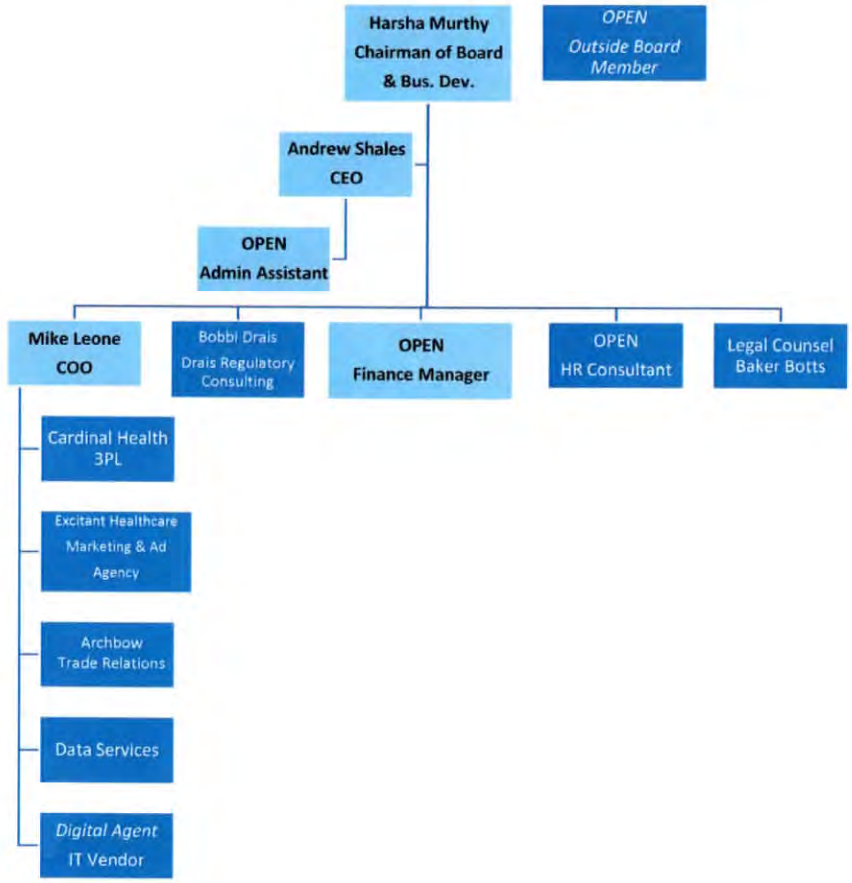
No data available

You may close this window to return to your search results

Data current as of: July 25, 2022 14:37:46
This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.

Resilia Pharmaceuticals, Inc.

50 Glenlake Parkway NE
Suite 450
Atlanta, GA 30328



Board
H. Murthy
Outside Member
A. Shales
M. Leone

= employee

= outside supplier/consultant

03 November 2020

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESILIA PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESILIA PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7989649 8300

SR# 20222848606

Authentication: 203786892

Date: 06-28-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Resilia

Resilia Pharmaceuticals, Inc – List of Owners/Officers

Name	Title	Ownership	Address	SSN	Phone Number	DOB
Peak Pharma Commercial Partners, LLC	N/A	100%	301 E. 45th Street, Suite 18-F; New York, NY 10017	N/A	917-882-5118	N/A
Harsha Murthy	Executive Chairman of the Board of Directors	N/A	[redacted] Flowers Cove Lane; Lilburn, GA 30047	[redacted]	[redacted]	[redacted]
Andrew David Shales	Chief Executive Officer	N/A	[redacted] Regent Square; Woodstock, GA 30188	[redacted]	[redacted]	[redacted]
Michael Alan Leone	Chief Operating Officer	N/A	[redacted] Flowers Cove Lane; Lilburn, GA 30047	[redacted]	[redacted]	[redacted]

Resilia Pharmaceuticals
Vendor Contact List

Vendor	Phone Numbers	Email	Address	Account #
50 GL Acquisition, LLC		alo@bgroupco.com	29370SW 27th Ave Suite-202 Miami FL 33133	
AmerisourceBergen			1 West First Ave Conshohocken, Pennsylvania 19428-1800	
AmerisourceBergen Drug Corporation			1300 MORRIS DRIVE CHESTERBROOK, Pennsylvania 19087	
Andrew Shales			290 Regent Square woodstock GA 30188 United States	3548664576
Archbow Consulting	Phone: 882-216-0740	dbock@archbow.com	4700 Millenia Blvd, Suite 175 Orlando FL 32839 United States	
Assured Partners Jamison,LLC	Phone: 202-471-0417	Dennis.Duff@AssuredPartners.com	1100 North Glebe Road, Suite 1010 Arlington VA 22201 United States	
Baker Botts LLP	Phone: 212.408.2568	arhouston@bakerbotts.com	910 Louisiana St. Houston TX 77002 United States	
Barker Brotteil Sweden AB			Barker Brettell Sweden AB, Ostermalmsgatan 87B 114 59 Stockholm	
Cardinal Health 105,Inc.	Phone: 615-213-0363	april.parker@cardinalhealth.com	PO Box 978709 Dallas TX 75397-8709 United States	
Cardinal Health Pharmaceutical Supply Chain			7000 CARDINAL PLACE DUBLIN, OH 43017 USA	
Chase Credit Card 8756				
City of Sandy Springs				
CVS Caremark				
DenRose Search Group		brendan@denrosesearch.com	11 Cisco Rd. Denville NJ 07834	
Design For Life	Phone: 222-66-8640 Mobile: (920) 252-5218	feldhouse@gmail.com	5241 County Road A, Oshkosh WI 54901 USA	
Digital Agent	Phone: 404-446-3111	accounting@digitalagent.net	PO BOX 161393 Atlanta GA 30321-1393 United States	
DoubleDome Digital Marketing			P.O. Box 8442 Atlanta, GA 31106	
DPT LABORATORIES, LTD.			307 E. Josephine, San Antonio, Tx78215	
Drais Regulatary Consulting, LLC	Phone: 817-602-6511	bobbi.drais@dreisregconsult.com	5109 Eleanor Drive Fort Worth TX 76108 United States	
Excitant Healthcare Advertising	Phone: 878 357-112	mperlotto@excitanthealthcare.com	1410 Meadowbrook Way Woodstock, GA 30189 GA 30189 USA	
Exeltis USA,Inc	Phone: 973 324 0200	efernandez@exeltis.com	160 Park Ave,Suite 101 Florham Park NJ 07932 United States	
EZ Cater-Rep Meals On Credit Card				
Family Wealth Capital Partners				
First American Title Insurance Company National Commercial Services			666, Third Avenue, 5th Floor New York NY 10017	
Five Rivers Rx	Phone: 800-962-8760 Fax: 484-848-3190	accounting@fiveriversrx.com	705 Montgomery Ave Suite 200, Penn Valley PA 19072 United States	
Formulated Solutions		wagustin@formulatedsolutions.com	11775 Starkey Road Largo FL 33773	
Glenmark Therapeutics	Phone: 201 776 3210	Chinnappa.Reddy@glenmarkpharma.com	750 Corporate Drive Mahwah NJ 07430 United States	

Global Overview LLC		carl@123goecom.com	10900 Wayzata Blvd. Suite 600 Minnetonka MN 55304	
Harsha Murthy			5209 38th Street, N.W Washing D C DC 20015 United States	60980486
Highams Saaz Group Ltd			9 Greyfriars Road, Reading, Berkshire, England, RG11NU	
HIGHWOODS REALTY LIMITED PARTNERSHIP	Phone: 404-391-4196	josie.beckwith@Highwoods.com	3100 SMOKETREE COURT, SUITE 600 Raleigh NC 27604 United States	
Impact Bio Life Science Solutions		karel.rodriguez@impact-bio.com	7765 NW 148th Street Miami Lakes, FL 33016 Miami Lakes FL 33016 USA	
Intrepid Ventures Group LLC				
Intuit-QuickBooks				
IPFS - Imperial PFS Corporation	Phone: (877) 647-8619 Fax: (215) 553-7878	AccountsReceivable@ipfs.com	123 South Broad Street Suite 1900 Philadelphia PA 19109	
Jamison Risk Services			20 Commerce Drive, Second Floor, Cranford, NJ 07016 Cranford NJ 07016	
Jimmy Willis	Phone: (310) 756-7657	joejrwill@gmail.com	39 Alize Dr. Kinnelon NJ 07405	
jwEinstein Strategic Messaging, Inc.	Phone: 610-577-5388	jwemc2@mac.com	3610 Corriere Rd, Apt. 207 Easton PA 18045 United States	
Lakeside Signs,Inc.	Phone: 770-935-8811 Fax: 770-935-8750	Lakesidesigns@bellsouth.net	4844 Hwy 29 Lilburn GA 30047 United States	
Mia Covington	Phone: (404) 578-7423	miacov2021@gmail.com	5673 WYNCREEK CIRCLE SW ATLANTA Georgia 30331 United States	
Mike Leone				3340 5973 5159
Miscellaneous One Time Charges On Chase Credit Card				
Mutual Drug	Phone: (919) 596-2151		P.O. Box 411 Durham NC 27702	
Nuwae LLC	Phone: (860) 845-0035	accounting@nuwaehealth.com	1 Darling Dr Suite 9 Avon CT 06001	
Panel Systems, Inc	Phone: 770-908-1083 Fax: 770-908-9520 Mobile: 678-221-8170	GRobinson@PanelSystemsUnlimited.com	4789 Hammermill Rd. Tucker GA 30084 United States	
Paragon Nordic			Box 61 186 21 Vallentuna Sweden Sweden	
PAREXEL INTERNATIONAL (IRL) LTD			One Kilmainham Square, Inchicore Rd, Kilmainham, Dublin 8, Ireland	
Pharma Solutions USA, Inc.	Phone: (800) 962-8760	hello@pharma.solutions	705, Montgomery Avenue, Suite 200, Penn Valley, PA 19072	8000288418
Pharmafusion LLC		jon@pharmafusion360.com	910 Heatherwood Drive East Norriton PA 19403	
PitchBook Data, Inc			P.O. Box 74008609 Chicago,IL,60674-8609	8870501254
Practus Advisors Inc.		shravan.doshi@practusinc.com	214 West 29th Street ,| 2nd Floor	NYC	New York	10001	USA New York New York 10001 USA	
PREYAS LLC		kale@exquisskincare.com	16 Berwynn Road Harriman NY 10926	362188812
RiskOpposed			5 Harvest Moon Dr. Markham Ontario L3R 3M9 Canada	5258508
RP Returns			P.O Box 171042 Nashville, TN 37217 US (888) 381-8656	
SG CREDIT PARTNERS, INC.			500 NEWPORT CENTER DRIVE SUITE 580 NEWPORT BEACH CA 92660	
Sierra Energy Partners LLC		rbilotta@sierraenergypartners.com	3125 NJ-10 Denville NJ 07834 United States	

Source HealthCare Analytics LLC	Phone: 45-5298493	AylorStacy@prahs.com	4130 Park Lane Avenue, Suite 400 Raleigh North Carolina 27612 USA	4178524880
Spartan Global Consulting	Phone: 404.989.4654	llm@spartanglobalconsulting.com	3155 Roswell Road NE, Suite 120 Atlanta GA 30305 United States	
State of Alabama Department of Revenue			50 North Ripley Street Montgomery AL 36132	
State of Delaware				
Sychrongenix				
Synergistix	Phone: 954-707-4200 Fax: 954-707-4299 Mobile: 954-707-4200	Karel.Rodriguez@synergistix.com	480 Sawgrass Corporate Parkway, Suite 200 Sunrise FL 33325 United States	
The FDA Group, LLC	Phone: (508) 926-8330	accounting@thefdagroup.com	290 Turnpike Road, Suite 200 Westborough, MA 01581	8245184639
The Gallery Collection			Prudent Publishing PO Box 23046 New York, NY 10087-3406	
The Medical Affairs Company	Phone: (678) 581-4424	rchapman@TMACmail.com	125 Townpark Drive, Suite 200, Kennesaw, GA 30144	
Tim Dove	Phone: 404-895-5390	tldove@comcast.net	270 Flowers Cove Lane Lilburn GA 30047 United States	
TraceLink, Inc			400 Riverpark Drive, Suite 200 North Reading MA 01864 United States North Reading MA 01884 USA	
Transition Pharmacy Services, LLC		susan.esposito@transitionrx.com	5060 N. 40th Street Suite 339 Phoenix, AZ 85018 602-840-9506	608535321
Truveris	Phone: 800-430-1430	accounts_payable@truveris.com	2 Park Ave Suite 1500 New York NY 10016 United States	
U.S Food and Drug Administration			Food and Drug Administration P.O. Box 979107 St. Louis, MO 63197-9000	75060099
Unity North Atlanta	Phone: (678) 819-9100		4255 Sandy Plains Rd Marietta, GA 30066 USA	
Viking Healthcare Solutions, Inc.	Phone: (978) 640-6300	scorneau@Vikinghcs.com	26 Andover Street, Suite 100 Andover MA 01810 Telephone: (978) 640-6300 Andover MA 01810 USA	
Westfield	Phone: (800) 243-0210		PO Box 9001566 Louisville KY 40290-1566 USA	
William T. Fitzgerald	Fax: (817) 806-4504 Mobile: (817) 805-4501	bfitzgerald@resiliapharma.com	6300 Ridglea Place Suite 912 Fort Worth TX 76116	
WilliamsMarston LLC			800 Boylston Street 16th Floor Boston MA 02199 USA	
Zinc Health Services, LLC				
Zoom Video Communications Inc			55 Almaden Blvd, 6th Floor San Jose, CA 95113	

August 30, 2022

EMPLOYEES and CONSULTANTS

EMPLOYEES

Harsha Murthy	Executive Chairman of the Board
Andrew D. Shales	Chief Executive Officer
Michael A. Leone	Chief Operating Officer

CONSULTANTS	ROLE/FUNCTION	COMPANY
Bobbi Drais	Regulatory	Drais Regulatory Consulting
Craig Dyar	Quality	The FDA Group
Meredith Lewko	Projects	The FDA Group
Deb Fizz	SOPs	The FDA Group
Mia Covington	Finance	PractUS
Excitant Healthcare	Marketing	
Jennifer Castellano	Sales	Impact Bio
Raquel Emmons	Sales	Impact Bio
Brianne Downs	Sales	Impact Bio
Joann Hansen	Sales	Impact Bio
Jonathan Retano	Sales Analytics	PharmaFusion 360
Rob Besse	Trade Relations	Archbow Consulting

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Resilia Pharmaceuticals, Inc

Physical Address 50 Glenlake Pkwy NE, Suite 450

City Atlanta State GA Zip 30328

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 678-250-0770 Website www.resiliapharma.com

Licensing Company Email compliance.resiliapharma@gmail.com

Section 2: Personal Information

First Michael Middle Alan Last Leone

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Flowers Cove Lane

City Lilburn State GA Zip 30047

Telephone [redacted] Email mleone@resiliapharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of South Florida		08/74 - 08/77	
Address	City	State	Zip
4204 E. Fowler Ave	Tampa	FL	33260
Diploma/Degree obtained, if any			
Bachelor's Degree; Biology			
School Name		From - To (MM/YY – MM/YY)	
University of Virginia		01/93-11/93	
Address	City	State	Zip
400 Emmet Street South	Charlottesville	VA	22903
Diploma/Degree obtained, if any			
Darden Executive Course Work			
School Name		From - To (MM/YY – MM/YY)	
University of Pennsylvania		10/93-11/93	
Address	City	State	Zip
3451 Walnut St	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Wharton & Kellogg Executive Course Work			
School Name		From - To (MM/YY – MM/YY)	
Northwestern University		06/01/-07/01	
Address	City	State	Zip
633 Clark Street	Evanston	IL	60208
Diploma/Degree obtained, if any			
Business School Executive Course Work			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/1998-Present	[redacted]Flowers Cove Lane	Lilburn	GA	30047
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Resilia Pharmaceuticals, Inc.			From - To (MM/YY – MM/YY): 12/2020-Present
Business Address: 50 Glenlake Pkwy Suite 450	City: Atlanta	State: GA	Zip: 30328
Phone: 608-250-0770	Title: Chief Operating Officer		Number of Employed Hours: 4,550
Description of Duties:			

Business Name: Strategic HealthCare Resources			From - To (MM/YY – MM/YY): 01/2006-Present
Business Address: 295 Flowers Cove Lane	City: Lilburn	State: GA	Zip: 30047
Phone: 678-380-0941	Title: Sales and Managed Care Consultant		Number of Employed Hours: 30,333

Description of Duties:
- Conducting in-depth clinician and payer interviews and analyses for rare disease & orphan drug companies
- Guiding agency clients as their Subject Matter Expert in Managed Care
- Directing and training a field sales force and inside sales force, supporting client's need for sales force development, structure and growth.
- Secured State Medicaid formulary access for a GI/anti-infective product in over 30 states, creating $2M in first-year incremental revenue
- Developed pharmacoeconomic strategy for the Veterans Administration (VA), including data sourcing and pricing strategies.
- Developed training materials for major pharmaceutical companies' launch and re-launch efforts.

Business Name: Peak Pharma Commercial Partners, LLC			From - To (MM/YY – MM/YY): 01/2013- Present
Business Address: 301 E. 45th Street, Suite 18-F	City: New York	State: NY	Zip: 10017
Phone: 917-882-5118	Title: Partner		Number of Employed Hours: 15,080

Description of Duties: Reviewing and analyzing corporate information to assess viability of potential corporate purchases in the pain, women's health ophthalmology, hemophilia, dermatology, oncology and CNS markets. Data warehouse materials include FDA submissions manufacturing capabilities, marketing strategies, market access and viability, competitive products and strategies, additional product offerings, financial documents projected time lines for approvals and launch, and potential territory alignment for launch.

Business Name: Black Mountain Consulting Group			From - To (MM/YY – MM/YY): 2009-2019
Business Address: 157 Dewitt Dr	City: Alton	State: NH	Zip: 03809
Phone: 973-534-0507	Title: Principal		Number of Employed Hours: 1,020

Description of Duties: Coordinated and executed projects across a wide variety of clinical and business areas, including Sales and Leadership Development, Marketing, Market Research, Business Development, Managed Markets, Federal Government contracting, Contract Sales and 3rd Party Logistics (3PL).

Business Name: Takeda Pharmaceuticals NA			From - To (MM/YY – MM/YY): 8/04 - 10/05
Business Address: One Takeda Parkway	City: Deerfield	State: IL	Zip: 60015
Phone: 224-554-6500	Title: Regional Sales Director		Number of Employed Hours: 3,033

Description of Duties: Directed and managed all regional sales initiatives for a 110-person, five-state, professional sales team.

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Eyetech Pharmaceuticals			3/03 - 1/04	
Business Address		**City**	**State**	**Zip**
3 Times Square, 12th Floor		New York	NY	10036
Phone	**Title**		**Number of Employed Hours**	
212-824-3100	National Sales Director		2,167	

Description of Duties
Built and led this top-flight ophthalmology specialty sales organization, selected vendors, hired sales management team, created sales team infrastructure and developed operating budgets. Cultivated and developed pre-launch/launch plans and implementation strategies, in cooperation with Marketing, Sales Analysis, Human Resources, Finance and Legal departments

Business Name			From - To (MM/YY – MM/YY)	
First Horizon Pharmaceuticals			5/00 - 12/02	
Business Address		**City**	**State**	**Zip**
6195 Shiloh Road		Alpharetta	GA	30005
Phone	**Title**		**Number of Employed Hours**	
770-442-9707	Vice President of Sales		6,500	

Description of Duties
Directed sales force management and operations for a multi-specialty, primary care and hospital sales force. Designed & implemented strategic corporate direction, management training, and productivity initiatives. Managed national pharmaceutical sales force, created organizational structure, standardized business plan formats, and developed incentive compensation programs.

Business Name			From - To (MM/YY – MM/YY)	
Bristol-Myers Squibb Company			10/77 - 4/99	
Business Address		**City**	**State**	**Zip**
777 Scudders Mill Road		Plainsboro	NJ	08536
Phone	**Title**		**Number of Employed Hours**	
609-897-2000	Multiple corporate leadership roles, including National Director of Federal & Institutional Sales		57,200	

Description of Duties
Redeveloped job functions and supported national territory creation and alignments. Collaborated on development of national productivity measurements, quota methodology, and incentive compensation plans. Charged with expanding the Federal Sales Department, rebuilding a cohesive hospital sales team, and redesigning strategies for hospital sales forces. Staffed, trained, and led community hospital sales force through contract partnership for selling an injectable anti-infective in community hospitals.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
	Not Applicable			

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board} or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's Initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity		Not Applicable		

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8-30-22
Date

Applicant's initials

I, Michael Alan Leone, **certify that as the designated representative for**

Resilia Pharmaceuticals, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Michael Alan Leone
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-30-22
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Alan Leone
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-30-22
Date

Please have this section completed in the presence of a Notary Public.

State of GEORGIA, ss. County of FULTON

I, MICHAEL A. LEONE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8-30-22
Date

Subscribed and Sworn to before me this 30th day of August 2022.

Notary Public Signature

MIA A COVINGTON
Notary Public - State of Georgia
Fulton County
My Commission Expires Apr 7, 2026

(Seal)

Applicant's Initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. GM-206155

Application/License No. _____

Resilia Pharmaceuticals, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 50 Glenlake Parkway NE, Suite 450, Atlanta, GA 30328 (Address of Applicant/Principal), as PRINCIPAL, and Great Midwest Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 800 Gessner, Suite 600, Houston, TX 77024 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 4, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 5th day of May, 20 21.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Michael E. Schendel, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Debra L. Stewart, Witness as to Surety

Witness Brittany H. Ferciot, Witness as to Surety

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY

Great Midwest Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **GREAT MIDWEST INSURANCE COMPANY**, a Texas Corporation, with its principal office in Houston, TX, does hereby constitute and appoint:

Eugene Bartoli, Michael Cominsky, Belinda M. Ferciot, Reginald Jarvis, Michael E. Schendel, Courtney Cothran Seed, Debra L. Stewart

its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **GREAT MIDWEST INSURANCE COMPANY**, on the 1st day of October, 2018 as follows:

Resolved, that the President, or any officer, be and hereby is, authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed Ten Million dollars ($10,000,000.00), which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed in the Company's sole discretion and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **GREAT MIDWEST INSURANCE COMPANY**, has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 11th day of February, 2021.

GREAT MIDWEST INSURANCE COMPANY

BY _____
Mark W. Haushill
President

GREAT MIDWEST INSURANCE COMPANY CORPORATE SEAL TEXAS CORPORATION

ACKNOWLEDGEMENT

On this 11th day of February, 2021, before me, personally came Mark W. Haushill to me known, who being duly sworn, did depose and say that he is the President of **GREAT MIDWEST INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

CHRISTINA BISHOP
Notary Public, State of Texas
Comm. Expires 04-14-2025
Notary ID 131090488

BY _____
Christina Bishop
Notary Public

CERTIFICATE

I, the undersigned, Secretary of **GREAT MIDWEST INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Houston, TX this 5th Day of May, 2021.

GREAT MIDWEST INSURANCE COMPANY CORPORATE SEAL TEXAS CORPORATION

GREAT MIDWEST INSURANCE COMPANY CORPORATE SEAL TEXAS CORPORATION

BY _____
Leslie K. Shaunty
Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Resilia Pharmaceuticals, Inc.

Physical Address 50 Glenlake Pkwy NE, Suite 450

City Atlanta State GA Zip 30328

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 608-250-0770 Website www.resiliapharma.com

Licensing Company Email compiance.resiliapharma@gmail.com

Section 2: Personal Information

First Michael Middle Alan Last Leone

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Flowers Cove Lane

City Lilburn State GA Zip 30047

Telephone [redacted] Email mleone@resiliapharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's Initials MAG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of South Florida		08/74 – 08/77	
Address	**City**	**State**	**Zip**
4202 E. Fowler Avenue	Tampa	FL	33620
Diploma/Degree obtained, if any			
Bachelor's Degree, Biology			

School Name		From - To (MM/YY – MM/YY)	
University of Virginia		01/93 – 11/93	
Address	**City**	**State**	**Zip**
400 Emmet Street South	Charlottesville	VA	22903
Diploma/Degree obtained, if any			
Darden Executive Course Work			

School Name		From - To (MM/YY – MM/YY)	
University of Pennsylvania		10/93 – 11/93	
Address	**City**	**State**	**Zip**
3451 Walnut St	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Wharton & Kellogg Executive Course Work			

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		06/01 – 07/01	
Address	**City**	**State**	**Zip**
633 Clark Street	Evanston	IL	60208
Diploma/Degree obtained, if any			
Business School Executive Course Work			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/1998-Present	[redacted] Flowers Cove Lane	Lilburn	GA	30047
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Resilia Pharmaceuticals, Inc.			2020-Present
Business Address	**City**	**State**	**Zip**
50 Glenlake Pkwy Suite 450	Atlanta	GA	30328
Phone	**Title**		
608-250-0770	Chief Operating Officer		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Strategic HealtCare Resources			2006-Present
Business Address	**City**	**State**	**Zip**
295 Flowers Cove Lane	Lilburn	GA	30047
Phone	**Title**		
678-380-0941	Consultant		

Description of Duties

- ☒ Conducting in-depth clinician and payer interviews and analyses for rare disease & orphan drug companies
- ☒ Guiding agency clients as their Subject Matter Expert in Managed Care
- ☒ Directing and training a field sales force and inside sales force, supporting client's need for sales force development, structure and growth
- ☒ Secured State Medicaid formulary access for a GI/anti-infective product in over 30 states, creating $2M in first-year incremental revenue
- ☒ Developed pharmacoeconomic strategy for the Veterans Administration (VA), including data sourcing and pricing strategies
- ☒ Developed training materials for major pharmaceutical companies' launch and re-launch efforts

Business Name			From - To (MM/YY – MM/YY)
Peak Pharma Commercial Partners, LLC			2013- Present
Business Address	**City**	**State**	**Zip**
301 E. 45th Street, Suite 18-F	New York	NY	10017
Phone	**Title**		
917-882-5118	Partner		

Description of Duties

Reviewing and analyzing corporate information to assess viability of potential corporate purchases in the pain, women's health ophthalmology, hemophilia, dermatology, oncology and CNS markets. Data warehouse materials include FDA submissions manufacturing capabilities, marketing strategies, market access and viability, competitive products and strategies, additional product offerings, financial documents projected time lines for approvals and launch, and potential territory alignment for launch.

Business Name			From - To (MM/YY – MM/YY)
Black Mountain Consulting Group			2009-2019
Business Address	**City**	**State**	**Zip**
157 Dewitt Dr	Alton	NH	03809
Phone	**Title**		
973-534-0507	Principal		

Description of Duties

Coordinated and executed projects across a wide variety of clinical and business areas, including Sales and Leadership Development, Marketing, Market Research, Business Development, Managed Markets, Federal Government contracting, Contract Sales, and 3rd Party Logistics (3PL).

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael A Leone

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5-17-22

Date

Please have this section completed in the presence of a Notary Public.

State of GEORGIA, ss. County of FULTON

I, MICHAEL A LEONE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5-17-21

Date

Subscribed and Sworn to before me this 17th day of May 2022

Notary Public Signature

MIA A COVINGTON
Notary Public - State of Georgia
Fulton County
My Commission Expires Apr 7, 2026

(Seal)

Applicant's Initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Resilia Pharmaceuticals, Inc.

Physical Address 50 Glenlake Pkwy, Suite 450

City Atlanta State GA Zip 30328

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 678-250-0770 Website www.resiliapharma.com

Licensing Company Email compliance.resiliapharma@gmail.com

Section 2: Personal Information

First Harsha Middle -- Last Murthy

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] 38th Street, N.W.

City Washington State DC Zip 20015

Telephone [redacted] Email hmurthy@resiliapharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials HM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Stanford University/Stanford Law School			08/1981-05/1984	
Address		City	State	Zip
559 Nathan Abbott Way		Palo Alto	CA	94305
Diploma/Degree obtained, if any				
J.D. (Juris Doctorate)				
School Name			From - To (MM/YY – MM/YY)	
Duke University (Trinity College)			08/1977-05/1981	
Address		City	State	Zip
Box 90586 , Campus Drive		Durham	NC	27708
Diploma/Degree obtained, if any				
B.A. (Economics, Political Science and English)				
School Name			From - To (MM/YY – MM/YY)	
Oxford University (New College)			06/1980-09/1980	
Address		City	State	Zip
Holywell St, Oxford OX1 3BN, United Kingdom		Oxford	UK	OX1 3BN
Diploma/Degree obtained, if any				
Politics, Philosophy & English course work - no degree				
School Name			From - To (MM/YY – MM/YY)	
Harvard University (Harvard College)			06/1978-09/1978	
Address		City	State	Zip
Massachusetts Hall		Cambridge	MA	02138
Diploma/Degree obtained, if any				
Zoology coursework - no degree				
School Name			From - To (MM/YY – MM/YY	
Thomas Worthington High School			09/1973-06/1977	
Address		City	State	Zip
300 W Dublin Granville Rd		Worthington	Ohio	43085
Diploma/Degree obtained, if any				
High School Diploma				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2004-07/2022 (present)	[redacted] 38th Street, N.W.	Washington	DC	20015
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Resilia Pharmaceuticals, Inc.			2020-Present	
Business Address		City	State	Zip
50 Glenlake Pkwy Suite 450		Atlanta	GA	30328
Phone	Title			
678-250-0770	Executive Chairman of the Board			
Description of Duties				
Overall senior management responsibilities for branded and OTC pharmaceuticals company, including financing, investor relations,strategy, business development, acquisitions, licensing, manufacturing, quality, regulatory, legal and compliance				

Business Name			From - To (MM/YY – MM/YY)	
Peak Pharma Commercial Partners, LLC			2008-Present	
Business Address		City	State	Zip
301 East 45th Street, Suite 18-F		New York	NY	10017
Phone	Title			
678-380-0941	Managing Member and Partner			
Description of Duties				
Pharmaceuticals investment fund executive responsible for identifying, sourcing and diligencing investment opportunities				

Business Name			From - To (MM/YY – MM/YY)	
Konanda Pharma Partners, LLC			2006- 2008	
Business Address		City	State	Zip
530 Fifth Avenue, 26th Floor		New York	NY	10036
Phone	Title			
917-882-5118	Founder & Managing Partner			
Description of Duties				
Pharmaceuticals investment fund executive responsible for identifying, sourcing, diligence and closing investment opportunities				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
C				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

JULY 5, 2022
Date

Applicant's initials HM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

HARSHA MURTHY

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

JULY 5, 2022

Date

Please have this section completed in the presence of a Notary Public.

State of GEORGIA, ss. County of GWINNETT

I, ~~MICHAEL A LEONE~~ HARSHA MURTHY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

JULY 5, 2022

Date

Subscribed and Sworn to before me this 5th day of July, 2022.

Notary Public Signature

MICHAEL A LEONE
NOTARY PUBLIC
Gwinnett County, Georg
My Commission Expires
January 29, 2023

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Resilia Pharmaceuticals, Inc.

Physical Address 50 Glenlake Pkwy, Suite 450

City Atlanta State GA Zip 30328

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 608-250-0770 Website www.resiliapharma.com

Licensing Company Email compliance.resiliapharma@gmail.com

Section 2: Personal Information

First Andrew Middle David Last Shales

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Regent Square

City Woodstock, State GA Zip 30188

Telephone [redacted] Email ashales@resiliapharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials AS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Seton Hall Law School		05/19 - present	
Address	**City**	**State**	**Zip**
1109 Raymond Blvd	Newark	NJ	07102
Diploma/Degree obtained, if any			
MSJ, Pharma & Med Device Law & Compliance - Part-time; Still enrolled			

School Name		From - To (MM/YY – MM/YY)	
King's College		09/83 - 12/86	
Address	**City**	**State**	**Zip**
133 N River St	Wilkes-Barre	PA	18711
Diploma/Degree obtained, if any			
Bachelor's Degree, Psychology			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/20 - present	[redacted] Regent Square	Woodstock	GA	30188
08/17 - 08/20	[redacted]Hopewell Drive	Collegeville	PA	19426
10/15 - 08/17	[redacted] Bridge Street [redacted]	Phoenixville	PA	19460
08/13 - 10/15	[redacted] Cherrywood Court	Perkasie	PA	18944
07/12 - 08/13	[redacted] Regent Square	Woodstock	GA	30188

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Resilia Pharmaceuticals, Inc. & Peak Pharma Partners	2019-Present

Business Address	City	State	Zip
50 Glenlake Pkwy Suite 450	Atlanta	GA	30328

Phone	Title
608-250-0770	Chief Executive Officer - Resilia Pharmaceuticals, Inc., Partner - Peak Pharma Partners

Description of Duties

- Modeled acquisition of Glenmark Rx Dermatology assets and assisted closing on the products in December 2020.
- Developed Resilia pro forma used to secure equity capital.
- Staffed start-up organization with key consultants for responsible disciplines.

Business Name	From - To (MM/YY – MM/YY)
Galen US Inc	2013-2018

Business Address	City	State	Zip
2661 Audubon Road	Audubon	PA	19403

Phone	Title
(855) 425-3646	General Manager

Description of Duties

- Built Galen US commercial function from inception into a fully-integrated pharmaceutical concern of 15 FT staff plus 3 retained consultants. Sales increase from <$400K to almost $10M and EBITDA at break-even run rate by end of 3rd full year.
- Conducted analysis and diligence on SYNERA® (lidocaine tetracaine) Topical Patch that led to acquisition of that product.
- Quadrupled SYNERA® annual units over a flat 5-year trend.
- Conducted analysis and diligence on ADASUVE® (loxapine) Inhalation Powder for schizophrenia & bipolar I agitation. Lead pitch that landed the license for Galen.

Business Name	From - To (MM/YY – MM/YY)
Exact Sciences, Inc.	2011-2012

Business Address	City	State	Zip
5505 Endeavor Lane	Madison	WI	53719

Phone	Title
(844) 870-8870	Senior Director Marketing

Description of Duties

- Developed Cologuard™ Strategic and Launch Plans presented to and adopted by Board of Directors in January 2012.
- Developed segment targeting strategy focused primarily on Integrated Delivery Networks (IDNs) and early adopter PCP groups.
- Formed strong relationship with American Medical Group Association (AMGA) where strategy was developed and tested.
- Established relationships with American Gastroenterological Association (AGA) and American College of Gastroenterology (ACG) and worked with both to develop Exact Sciences-specific support programs.

Business Name	From - To (MM/YY – MM/YY)
Shales & Associates, Inc.	2007-2013 & 2019-2020

Business Address	City	State	Zip
290 Regent Square	Woodstock	GA	30188

Phone	Title
(404) 345-0322	Founder & President

Description of Duties

- Served as Chief Operating Officer for a medical device start-up during their first six (6) months of capital raise.
- Analyzed and guided mid-sized pharma company away from several product acquisitions. FDA announced plans to take restrictive action against these products several weeks later.
- Provided analysis and modeling for product candidates that helped development company securing >$20M venture capital.
- Brokered Rx product licensing deal between American and French pharma companies for a xerostomia/mucositis product.
- Worked on start-up aesthetic dermatology consumer products company. Activities included fund raising, consumer usage trial, many meetings with media buyers and social media agencies, commercial planning and licensing out pitches.

Business Name	From - To (MM/YY – MM/YY)
Auriga Laboratories, Inc.	2005-2007

Business Address	City	State	Zip
5555 Triangle Parkway, Suite 300	Norcoss	GA	30092

Phone	Title
(877) 287-4428	Chief Operating Officer/Senior VP, Sales & Marketing

Description of Duties

- Recruited and staffed Norcross, GA facility into fully integrated staff of 30+ across all disciplines, plus 140 field-based personnel. This team grew sales from $4M to $20+M in less than 2 years.
- Presented Auriga Laboratories on 3 separate financial "road shows" and at 2 investor conferences.
- Developed re-launch plan for EXTENDRYL® line of respiratory products and built commercial function from inception.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Synthon Pharmaceuticals, Inc.			2003-2005
Business Address	**City**	**State**	**Zip**
1007 Slater Road, Suite 150	Durham	NC	27703
Phone	**Title**		
(919) 493-6006	VP, Sales & Marketing/Global Executive Team		

Description of Duties

- Built company's branded marketing and sales functions from inception and launched PEXEVA® (paroxetine mesylate) into the SSRI depression market, all in 5 months.
- Generated $12 MM PEXEVA® sales 1st full year, double expected revenue, with non-distinguishable product profile.
- Negotiated and launched co-promotion in with JDS Pharmaceuticals for LITHOBID® (lithium carbonate) tablets for manic episodes of bipolar disorder, and co-promotion out with Alpharma to promote PEXEVA®.
- JDS Pharmaceuticals was impressed with Synthon's commercial division results and acquired the group in the fall of 2005.

Business Name			From - To (MM/YY – MM/YY)
First Horizon Pharmaceutical Corporation (now Shionogi)			2001-2003
Business Address	**City**	**State**	**Zip**
300 Campus Drive	Florham Park	NJ	07932
Phone	**Title**		
(973) 966-6900	VP of Marketing/Executive Team		

Description of Duties

- Built the company's first true marketing function and a fully integrated staff of five Product Managers, two Market Researchers, one POA/Conventions Manager, and one Marketing Coordinator.
- Introduced company to the strategic planning process (inter-departmental), formal brand plan process and product P&L tracking.
- Net sales grew from $35M annually to $120 MM during this time, 50% organic growth, 50% from acquisitions.

Business Name			From - To (MM/YY – MM/YY)
UCB Pharma, Inc.			1997-2001
Business Address	**City**	**State**	**Zip**
1950 Lake Park Drive SE	Smyrna	GA	30080
Phone	**Title**		
(770) 970-7500	Group Product Director/Product Manager, Respiratory		

Description of Duties

- Built the CNS Marketing Division from inception including 4 Product Managers, 1 PR Manager and a Marketing Coordinator.
- Driver of the public relations campaign that highlighted not only KEPPRA® but also UCB Pharma as a leader in the development of CNS molecules, and featured actor/celebrity John O'Hurley.
- Advocate and driver of community-based clinical trial, which helped KEPPRA® exceed $40M sales goal in 1st year.
- Developed the global positioning for KEPPRA® in epilepsy. Lead the brand to 2nd fastest TRx uptake (1st 12 months on market) of the seven 2nd generation anti-convulsants. KEPPRA® eventually achieved $1.5B+ in annual sales in the U.S.
- Represented UCB on the Pfizer Allergy Disease Management Team for the launch of ZYRTEC® (cetirazine) into the antihistamine market.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials AS AS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Shales

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

13 July 2022

Date

Please have this section completed in the presence of a Notary Public.

State of GEORGIA, ss. County of GWINNETT

I, Andrew Shales, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

13 July 2022

Date

Subscribed and Sworn to before me this 13th day of July, 2022.

Notary Public Signature

MICHAEL A LEONE
NOTARY PUBLIC
Gwinnett County, Georgia
My Commission Expires
January 29, 2023

(Seal)

Applicant's initials AS

4VV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☒ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: RHS Healthcare Solutions Inc

Physical Address: 8952 Western Way Suite 20

City: Jacksonville State: FL Zip: 32256

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 904-538-0944 Website: www.RHShealthcare.com

Name of Designated Representative (DR): Joe Papworth

Licensing Company Email: _____ DR Email: Joe@RHShealthcare.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: MEDICAL DISPOSABLES	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9.7.2022
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: Santo Giglia

Business Name: RHS Healthcare Solutions Inc

Business Address: 8952 Western Way . Suite 20

City: Jacksonville State: FL Zip: 32256

Telephone: 904 · 538 · 0944 Email: Santo@RHShealthcare.com

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

RHS Healthcare Solutions Inc.
Facility Name

Santo Giglia
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9.7.2022
Date

Board Use Only	Date Received: 10-24-22	Amount: 1000.00 CC

PERRY JOHNSON REGISTRARS, INC.

Certificate of Registration

Perry Johnson Registrars, Inc., has audited the Quality Management System of:

RHS Healthcare Solutions INC
8952 Western Way, Suite 20, Jacksonville, FL 32256 United States

(Hereinafter called the Organization) and hereby declares that Organization is in conformance with:

ISO 9001:2015

This Registration is in respect to the following scope:

The Distribution of Medical Supplies

This Registration is granted subject to the system rules governing the Registration referred to above, and the Organization hereby covenants with the Assessment body duty to observe and comply with the said rules.

Terry Boboige

Terry Boboige, President
Perry Johnson Registrars, Inc. (PJR)
755 West Big Beaver Road, Suite 1340
Troy, Michigan 48084
(248) 358-3388

PERRY JOHNSON REGISTRARS, INC.

ANAB ACCREDITED ISO/IEC 17021 MANAGEMENT SYSTEMS CERTIFICATION BODY

PERRY JOHNSON REGISTRARS, INC. UKAS MANAGEMENT SYSTEMS 0105

The use of the UKAS accreditation symbol is in respect to the activities covered by the Accreditation Certificate Number 0105.

The validity of this certificate is dependent upon ongoing surveillance.

Effective Date:	Expiration Date:	Certificate No.:
April 18, 2021	April 17, 2024	C2021-01823

2022 - 2023 LOCAL BUSINESS TAX RECEIPT

JIM OVERTON, DUVAL COUNTY TAX COLLECTOR

231 E. Forsyth Street, Suite 130, Jacksonville, FL 32202-3370
Phone: (904) 255-5700, option 3 Fax: (904) 255-8403
https://taxcollector.coj.net/

Note – A penalty is imposed for failure to keep this receipt exhibited conspicuously at your place of business. This business tax receipt is furnished pursuant to Municipal Ordinance Code, Chapters 770-772, for the period October 01, 2022 through September 30, 2023 .

RHS HEALTHCARE INC
RELIABLE HEALTHCARE SOLUTIONS INC
8952 WESTERN WAY
SUITE 20
JACKSONVILLE, FL 32256

ACCOUNT NUMBER: 207929

BUSINESS NAME: RELIABLE HEALTHCARE SOLUTIONS INC

PHYSICAL ADDRESS: 8952 WESTERN WAY
SUITE 20
JACKSONVILLE, FL 32256

CLASSIFICATION CODE: 334005 TRADING TANGIBLE PERSONAL PROPERTY AT

STATE LICENSE NO:

COUNTY TAX:	30.00
MUNICIPAL TAX:	293.75
COUNTY LATE PENALTY:	0.00
MUNICIPAL LATE PENALTY:	0.00
TOTAL TAX:	323.75

RENEWAL

VALID UNTIL September 30, 2023

ATTENTION

THIS RECEIPT IS FOR BUSINESS TAX RECEIPT ONLY.
CERTAIN BUSINESSES MAY REQUIRE ADDITIONAL STATE LICENSING.

This is a business tax receipt only. It does not permit the receipt holder to violate any existing regulatory or zoning laws of the County or City. It does not exempt the receipt holder from any other license or permit required by law. This is not a certification of the receipt holder's qualifications.



JIM OVERTON, TAX COLLECTOR

THIS BECOMES A RECEIPT AFTER VALIDATION.

Paid 2209010000309b 09/01/2022 $ 323.75

Disposable Permit Issue ↓ Download Save to OneDrive Hide email ✕

Disposable Permit Issue

FK Faruq, Kaiser <Kaiser.Faruq@flhealth.gov>
To: Joe Papworth

Tue 8/23/2022 3:15 PM

To whom it may concern:

RHS Healthcare Solutions is not required to obtain a permit from the State of Florida for disposable medical supplies, because they are not deemed biomedical.

Thank You.

Kaiser Faruq
Florida Department of Health
Regulatory Specialist 2
Licensure Support Services MQA
Call Center
4042 Bald Cypress Way, Bin # C-10
Tallahassee, 32399
Ph(850)488-0595

Reply Forward

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Hi Maria,

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Thanks,

Joe Papv

RHS Hea
Cell: 614
Fax: 954-
joe@rhsh
www.rhsh

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State of Florida
Department of State

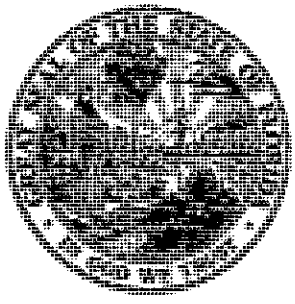
I certify from the records of this office that RHS HEALTHCARE SOLUTIONS INC. is a corporation organized under the laws of the State of Florida, filed on January 2, 2015.

The document number of this corporation is P15000000506.

I further certify that said corporation has paid all fees due this office through December 31, 2022, that its most recent annual report/uniform business report was filed on January 31, 2022, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eighth day of November, 2022



Secretary of State

Tracking Number: 2118511780CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

RHS Healthcare Employee / Contractor List 2022

Employee Name
Joshua Allen
Robert Babcock
Zacharia Belmont
Dawanda Billings
Pamela Brickle
Nathan Brim
Mark Claiborne
Mike Clayton
Josh Clayton
Natacha Conde
Lindsay Cooper
Desmond Cope
Larry Douglas
Caleb Frederick
Santo Giglia
Tyrone Hall
Arthur Hammond
Erica Henderson
Annia Hernandez
Matthew Kennedy
Alex Keys III
Alex Kleiman
Autumn Latham
Orlanda Marquez
Stephen McEntyre
Doug Mullen
Duwayne Padgett
Blake Parrish
Edainia Pena
Yailema Rivera
Clell Robinson
Rebecca Robinson
Aragne Sanchez
Dasean Stripling
Alietys Ponce-Suarez
Gary Teleky
Richard Tomlinson
Jennifer Trujillo
Judge Varner
Heather Watkins
Walker Weaver
Contractors:
Joe Papworth
Erin Lohr

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. E707643

Application/License No. _____

RHS Healthcare Solutions, Inc.
Applicant/Principal
doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 8952 Western Way, Ste 20
Address of Applicant/Principal
Jacksonville, FL 32256, as PRINCIPAL, and Great American Insurance Company
Surety Company
, a corporation organized under the laws of the state of Ohio
State of Incorporation
and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 8952 Western Way, Ste 20 Jacksonville, FL 32256
Address of Surety
as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 10/12/2022
Effective Date
.

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 12th day of October, 2022.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Matthew Wilkoff, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than one

Bond No. E707643

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, the specific bond, undertaking or contract of suretyship referenced herein; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below. The bond number on this Power of Attorney must match the bond number on the bond to which it is attached or it is invalid.

Name	Address	Limit of Power
Matthew Wilkoff	95 Main Street, PO Box 142 Mineola, NY 11501-0142	$100000---

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 12th day of October , 2022 .

Attest GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

MARK VICARIO (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 12th day of October , 2022 , before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

SUSAN A KOHORST
Notary Public
State of Ohio
My Comm. Expires
May 18, 2025

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 12th day of October , 2022 .

Assistant Secretary

S1194E (05/20)

GREAT AMERICAN. INSURANCE GROUP

General Indemnity Agreement

THIS AGREEMENT is made and entered into jointly and severally on this 11 day of October, 2022, or the effective date of the first of any Bonds *(as defined below)* issued, whichever date is earlier, by the following:

Name	Tax ID/SS#
1. RHS Healthcare Solutions, Inc.	47-2711239
2. RHS Distribution, Inc.	84-4009795
3. RHS National Distribution, Inc.	88-0673986
4. Santo Giglia	106-62-8271
5. Lisa Giglia	078-66-0048
6.	
7.	
8.	

(hereinafter, jointly and severally called "Undersigned") in favor of GREAT AMERICAN INSURANCE COMPANY, its Affiliates (including but not limited to Great American Insurance Company of New York, Great American Alliance Insurance Company and Great American Assurance Company), Cincinnati, Ohio (hereinafter, "Surety").

WHEREAS, some or all of the Undersigned may desire or be required to give or procure surety bonds, undertakings, or instruments of guarantee, and to renew, continue, or substitute the same (hereinafter, "Bonds"), for itself or any present or future wholly or partially owned affiliate, subsidiary, subsidiary of a subsidiary of the Undersigned; joint ventures or partnerships in combination with each other, now in existence or which may hereafter be created or acquired; and/or for any other entity upon written request of the Undersigned, whether in its own name or as co-adventurer with others; and/or the Undersigned has a substantial, material, and beneficial interest in (a) the obtaining of the Bonds by any of the Undersigned; (b) the transaction(s) for which any Undersigned has applied or will apply to Surety for Bonds; (c) the Surety's renewing the Bonds issued on behalf of any of the Undersigned; or (d) the Surety's refraining from canceling said Bonds issued on behalf of any of the Undersigned;

WHEREAS, at the request of an or agent of record or designated employee, officer, or broker of the Undersigned and upon the express understanding that this Agreement has been properly entered by person with authority to execute it on behalf of the Undersigned, the Surety has executed or will execute or procure to be executed and may from time to time hereafter execute or procure to be executed said Bonds on behalf of the Undersigned and/or any other related business entity; and

WHEREAS this Agreement shall apply and hereby does apply to any and all such Bonds furnished for or on behalf of any or all of the following:

a. One, some, or all of the Undersigned;
b. Any joint venture or other form of common enterprise in which any of the Undersigned are members whether now and/or in the future;
c. Any present or future affiliate and/or subsidiary of any of the Undersigned; and
d. Any third-party at the request of any of the Undersigned and/or their subsidiaries and/or affiliates.

NOW, THEREFORE, in exchange for valuable consideration, the Undersigned, for themselves, their successors, affiliates, executors, administrators, and assigns, jointly and severally, hereby covenant and agree with the Surety, its successors, affiliates, and assigns, to the foregoing and as follows:

1. That all the terms, provisions, conditions, and agreements herein contained shall be jointly and severally binding and obligatory upon the Undersigned with respect to any such Bonds heretofore or hereafter executed by the Surety for the Undersigned or its nominee, which Bond or Bonds shall be deemed to have been executed by the Surety at the request, in each instance, of the Undersigned.
2. To pay or cause to be paid to the Surety, upon the execution of any such Bonds, a premium and to pay or cause to be paid, in advance, all subsequent premiums until all liability under any such Bonds shall have terminated and until the Surety shall have received satisfactory evidence of such termination.
3. That the Undersigned will perform all the obligations of any such Bonds and will at all times exonerate, indemnify, and keep indemnified the Surety from and against any and all liability, loss, costs, damages, expenses, counsel and attorney's fees, claims, demands, suits, judgments, orders, and adjudications that the Surety shall or may for any cause at any time sustain, incur, or become subject to by reason of executing any such Bonds, obtaining or seeking to obtain a release therefrom, or enforcing any of the agreements herein contained.
4. That the Surety is hereby authorized, but not required, to make or consent to any change of any kind whatsoever in any such Bonds whether given in connection with a contract or otherwise, without notice to or consent by the Undersigned.
5. The Undersigned hereby waive notice of the execution of Bonds and of the acceptance of this Agreement, and the Undersigned hereby waive all notice of any default, or any other act or acts giving rise to any claim under said Bonds, as well as notice of any and all liability of the Surety under the Bonds, and any and all liability on their part hereunder, to the end and effect that, the Undersigned shall be and continue to be liable hereunder, notwithstanding and notice of any kind to which they might otherwise have been or be entitled and notwithstanding any defenses they might otherwise have been entitled to assert.
6. That in the event of claim or suit against the Surety on any such Bond or Bonds the Undersigned shall immediately upon demand place the Surety in current funds sufficient to indemnify the Surety up to the full amount claimed or for which suit is brought plus potential interest, attorney's fees and costs, or for the amounts set by the Surety as loss and/or expense reserves whether or not the Surety has made any loss payments. The Surety may make more than one such demand. The Surety shall have no obligation to invest or to provide a return on any such payment or any other collateral deposited with the Surety. The Undersigned acknowledge that the failure of the Undersigned to immediately deposit with the Surety the sum demanded will cause irreparable harm to the Surety for which the Surety has no adequate remedy at law. The Undersigned agree that the Surety shall be entitled to injunctive relief for specific performance of any or all of the obligations of the Undersigned under this Agreement including the obligation to pay the Surety the sum demanded and hereby waive any claims of defenses to the contrary. Each of the Undersigned hereby authorize and empower any attorney of any court of record of the United States or any of its territories or possessions, to appear for them or any of them in any suit by Surety and to confess judgment against them or any of them for any sum or sums of money up to the amount of any or all Bond or Bonds; with costs, interest and reasonable attorneys' fee; such judgment,

however, to be satisfied upon the payment of any and all such sums as may be found due by the Undersigned to Surety under the terms of this Agreement. The authority to confess judgment as set forth herein shall not be exhausted by any one exercise thereof, but may be exercised from time to time and more than one time until all liability of the Undersigned to Surety shall have been paid in full. Demand shall be sufficient if sent by registered or certified mail to the Undersigned at the address or addresses given herein or last known to Surety, whether or not actually received.

7. Undersigned covenant and agree that all funds received by them or due or to become due under any contract covered by any Bond are trust funds, whether in the possession of the Undersigned or another, for the benefit of all parties to whom the Undersigned incurs obligations in the performance of the contract covered by the Bonds and/or for the benefit of, payment to or reimbursement of the Surety for any liability, loss or expense the Surety may incur under the Bonds or in enforcing this Agreement. If the Surety discharges any such obligation, the Surety shall be entitled to assert the claims of any such party to the trust funds. The Undersigned shall, upon demand of the Surety and in implementation of the trust, open an account or separate accounts with a bank designated by Surety, which account(s) shall be designated as a trust account(s) for the deposit of such trust funds and the Undersigned shall deposit therein all monies received pursuant to said contract. Withdrawals from such account(s) shall be by check or other instrument signed by the Undersigned and countersigned by a representative of the Surety. Notwithstanding anything to the contrary herein, this dedication may be implemented in any other manner provided at law or in equity.
8. The Undersigned shall cooperate with the Surety in the investigation of any claim undertaken by the Surety.
9. The Undersigned hereby expressly waive, so far as their respective obligations under this Agreement are concerned, all rights to claim any real, personal, tangible, and/or intangible property, including their respective homesteads, as exempt from levy, execution, sale, or other legal process under the laws of any state, territory, or possession. The Undersigned affirmatively agree that the term "property" in this paragraph includes all property set forth in Parts 1 – 7 of Schedule A/B to the Voluntary Petition for Bankruptcy, all of which the Undersigned expressly agree is non-exempt from Surety. The Undersigned expressly waive any and all rights they may have at law, under statute(s), and/or in equity to claim any such property as exempt from Surety.
10. That in any action brought against the Undersigned alone, the outcome of which might affect the liability of the Surety or in any action in which both the Undersigned and Surety are parties or in any action against the Surety alone, notwithstanding the fact that the Undersigned may have engaged counsel to represent him/her, them or it (as the case may be) and the Surety, or either of them; the Surety shall have the right to retain its own counsel if, in its sole opinion, the protection of its interests require it to do so, and the costs, expenses, counsel, and attorneys' fees incurred or sustained thereby shall be a liability of the Undersigned hereunder.
11. That the Surety, in its sole discretion, shall have the right to pay, adjust, settle, or compromise any liability, loss, costs, expenses, counsel and attorneys' fees, claims, demands, suits, judgments, orders, and adjudications upon or under any such Bonds and, in such event, an itemized statement thereof, affidavit, voucher(s), or other evidence of such payment, adjustment, settlement, or compromise, shall be conclusive evidence of the fact and extent of the liability of the Undersigned hereunder, provided such payment, adjustment, settlement, or compromise shall have been made by the Surety believing itself liable therefor, whether liable or not.
12. That this Agreement shall, in all its terms and agreements, be for the benefit of and protect any surety or sureties joining with the Surety in executing any such Bonds, or executing at the request of the Surety and such Bonds, as well as any surety or sureties assuming reinsurance thereupon.
13. The Undersigned will, on request of Surety, procure the discharge of Surety from any Bonds and all liability by reason thereof. If such discharge is unattainable, the Undersigned will, if requested by Surety, either deposit collateral with Surety, acceptable to Surety, sufficient to cover all exposure under such Bonds, or make provision acceptable to Surety for the funding of the bonded obligation(s). The Undersigned acknowledge that the failure of the Undersigned to procure the discharge of Surety from any Bonds and all liability by reason thereof, or if such discharge is unattainable, and the Undersigned does not, if requested by Surety, deposit collateral with Surety sufficient to cover all exposure under such Bonds, or make provision acceptable to Surety for the funding of the bonded obligation(s), it will cause irreparable harm to the Surety for which the Surety has no adequate remedy at law. The Undersigned agree that the Surety shall be and is entitled to injunctive relief for specific performance of any or all of the obligations of the Undersigned under this Agreement and hereby waive any claims of defenses to the contrary.
14. That separate suits maybe brought hereunder as causes of action accrue, and the bringing of suit or recovery of judgment upon any cause of action shall not bar the bringing of other suits upon other causes of action whether theretofore or thereafter arising.
15. That the failure of the Surety to insist upon strict compliance with any of the terms hereof shall not be considered to be a waiver of any such terms, nor shall it harm the rights of the Surety to insist upon strict compliance herewith at any time thereafter whether in connection with the same or any other Bond or Bonds executed in reliance hereon.
16. That the taking by the Surety from the Undersigned of a specific indemnity agreement(s) or collateral in connection with a Bond or Bonds executed for any Undersigned shall in no way affect the operation of this Agreement as to Bonds theretofore or thereafter executed.
17. That should the Undersigned request the Surety to execute or procure the execution of Bonds that contain restrictions on the ability of the Surety to investigate and/or contest the validity of a claim and/or that restrict the claim defenses available for assertion by the Surety, the Undersigned understand and agree that if the Surety makes a claim payment on such a Bond, the Undersigned's indemnity obligations to the Surety under this Agreement with respect to such claim payments remain in effect and are not amended or modified. The Undersigned hereby agree that they shall not allege or assert any claim or defense against the Surety that any such Bond claim payment was unnecessary, unreasonable, made in bad faith, not required, or otherwise inappropriate or not permissible.
18. Surety shall have the right to decline to execute or renew any Bonds, may terminate any Bonds in accordance with the terms of the Bonds and shall not be liable to the Undersigned and the Undersigned shall make no claim for any damages alleged to arise from such declination or termination. In the event Surety chooses not to renew any Bonds or exercises an option or right to terminate any Bonds, and such nonrenewal or termination causes a claim on or a forfeiture of the Bonds due to the Undersigned's failure to satisfy its obligations under the Bonds or its obligation to replace the Bonds, the Undersigned's indemnity obligations to the Surety under this Agreement are not amended or modified. The Undersigned hereby agree that they shall not allege or assert any claim or defense against the Surety that any such termination of any Bonds was unnecessary, unreasonable, made in bad faith, not required, or otherwise inappropriate or not permissible.
19. The Undersigned, hereby consenting, will assign, transfer, and set over, and do hereby assign, transfer, and set over to the Surety, as collateral, to secure the obligations in any and all of the paragraphs of this Agreement and any other indebtedness and liabilities of the Undersigned to the Surety, whether heretofore or hereafter incurred, the assignment to become effective retroactive to the date of the first Bond, but only in the event of (1) any abandonment, forfeiture, or breach or alleged breach of any obligations or contracts referred to in the Bonds or of any breach or alleged breach of any Bonds; or (2) of any breach or alleged breach of the provisions of any of the paragraphs of this Agreement; or (3) of a default or alleged default in discharging such other indebtedness or liabilities when due; or (4) of any assignment by the Undersigned for the benefit of creditors, or of the appointment or of any application for the appointment of a receiver or trustee for the Undersigned whether insolvent or not; or (5) of any proceeding which deprives the Undersigned of the use of any of the machinery, equipment, plant, tools or material referred to in subsection (b) of this paragraph; or (6) of the Undersigned's dying, absconding, disappearing, incompetency, being convicted of a felony, or imprisonment if the Undersigned be an individual:
    a. All the rights of the Undersigned in and/or growing out of the Bonds or any contracts referred to in the Bonds;
    b. All the rights, title, and interest of the Undersigned in and to all inventory, machinery, equipment, vehicles, plant, tools, and materials which are now, or may hereafter be, owned or hereafter acquired by the Undersigned, including materials purchased for or chargeable to any and all contracts referred to in the Bonds, materials which may be in process of manufacture or construction, in storage elsewhere, or in transportation to any location;

c. All actions, causes of actions, claims, and/or the proceeds therefrom, along with any demands whatsoever which the Undersigned may have or acquire against any party;
d. Any and all sums that may be due or hereafter become due on account of any and all contracts referred to in the Bonds and all other contracts whether bonded or not in which the Undersigned has an interest;
e. In any probate matters to which Bonds issued on behalf of the Undersigned relate, any and all rights to any inheritance and/or descent of real property which the Undersigned would otherwise possess standing to receive as an heir to the decedent and/or the decedent's estate, all of which the Undersigned expressly assign to Surety as an intercepting heir to the Undersigned;
f. Any and all accounts receivable, marketable securities, rents, proceeds of sale, instruments, chattel paper, letters of credit, documents of title, bills of lading, federal tax refunds, state and local tax refunds, and general intangibles; and
g. Any and all policies of insurance.

The Surety hereby accepts the assignment of the foregoing assets to it. The Undersigned agree that the Surety may add such schedules to this Agreement as it deems advisable, describing more specifically items of security covered by this Assignment. Notwithstanding the foregoing, Undersigned further agree to execute and deliver to the Surety, upon its request, such further or additional instruments as may be necessary or desirable in the Surety's sole and absolute discretion to permit or facilitate either the filing of this Agreement as a Financing Statement and/or Security Agreement, or the filing of separate Financing Statements and/or Security Agreements based upon this Agreement, in such states, counties, and/or other places as the Surety may deem necessary or advisable.

20. This Agreement or a copy shall constitute a Security Agreement to the Surety and also a Financing Statement, both in accordance with the provisions of the Uniform Commercial Code of every jurisdiction wherein such Code is in effect and may be so used by the Surety without in any way abrogating, restricting, or limiting the rights of the Surety under this Agreement or under law or in equity. Undersigned also agree that the failure of the Surety to file this Agreement shall not release or excuse any of the obligations of the Undersigned under this Agreement.
21. The Undersigned hereby irrevocably constitute and appoint the Surety as their true and lawful attorney, hereby giving and granting to the Surety full power and authority to make, execute, endorse, and deliver any agreements for the full protection intended to be given to the Surety hereunder as the Undersigned might or could do.
22. That at any time, and until such time as the liability of the Surety under any and all Bonds is terminated, the Surety shall have the right, as provided by law, to examine and copy the books, records, and accounts of the Undersigned. The Undersigned hereby agree and consent that any bank depository or other person, firm, or corporation when requested by the Surety is hereby authorized and directed by the Undersigned to furnish the Surety with any information requested. Non-compliance with this provision will cause the Surety substantial and irreparable harm to such an extent that money damages alone would be an inadequate remedy. The Undersigned agree that the Surety is entitled to specific performance, injunctive relief, and/or other equitable relief as a result of Undersigned's non-compliance with this provision.
23. That this Agreement is a continuing obligation of the Undersigned, applying to and indemnifying the Surety as to any and all Bonds heretofore or hereafter executed by the Surety until this Agreement shall be full and finally terminated in the manner herein provided. No change in the economic status or condition, marital status or employment of any of the Undersigned shall in any manner abrogate, waive, or alter any provision of this paragraph or of this Agreement. The Undersigned's obligations under this Agreement may only be terminated by sending written notice to the Surety by registered mail addressed to the Bond Department of the Surety at its then-current administrative office. Such notice shall be effective twenty (20) days after Surety has confirmed in writing its receipt of the notice of termination. In no event shall such notice operate to modify, bar, or discharge the Undersigned's as to the Bonds that may have been executed before the effective date of termination.
24. That this Agreement may not be changed or modified orally. No change or modification shall be effective unless made by written endorsement executed to form a part hereof.
25. That if any provision of this Agreement shall be contrary to the laws in which the same may be sought to be enforced, the illegality or unenforceability of any such provision shall not affect the other terms, covenants, and conditions hereof, and the same shall be binding upon the Undersigned with the same force and effect as though the illegal or unenforceable provision were not contained herein.
26. The Undersigned agree that this Agreement will governed exclusively by the laws of the State of Ohio. Further, if there is no active and unresolved litigation on the underlying Bonds, any and all disputes concerning the enforcement of this Agreement will be litigated solely in the state or federal courts located in Hamilton County, Ohio. To the extent there is active and unresolved litigation on the underlying Bonds, Surety reserves the right to enforce any disputes arising under or related to this Agreement in the same jurisdiction and/or as part of the same action as any active and unresolved case. The Undersigned further agree to the personal jurisdiction of such courts for purposes of any such actions or proceedings arising hereunder or related thereto.
27. This agreement may be executed by facsimile. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original but all of which shall constitute one and the same instrument.
28. The Undersigned agree that there have been no oral or other agreements of any kind as a condition precedent or to induce the execution and delivery of this Agreement by any party.
29. In the event any of the parties mentioned in this Agreement fail to execute the same, or in case the execution hereof by any of the parties be defective or invalid for any reason, such failure, defect, or invalidity shall not in any manner affect the validity of this Agreement or the liability of any of the other parties executing the same. It is understood and agreed by the Undersigned that the rights, powers, and remedies given the Surety under this Agreement shall be and are in addition to, and not in lieu of, any and all other rights, powers, and remedies which the Surety may have or acquire against the Undersigned.
30. The Undersigned shall continue to remain bound under the terms of this Agreement even though the Surety may have from time to time heretofore or hereafter, with or without notice to or knowledge of the Undersigned, accepted or released other agreements of indemnity or collateral in connection with the execution or procurement of said Bonds or obtained or recovered other judgments from the Undersigned or others, it being expressly understood and agreed by the Undersigned that any and all other rights which the Surety may have or acquire against the Undersigned and/or others under any such other or additional agreements of indemnity, judgments, or collateral shall be in addition to, and not in lieu of, the rights afforded the Surety under this Agreement. None of the Undersigned shall make any defense to the enforcement of this Agreement based on the execution of other agreements or related to the addition or the release of any of the Undersigned, and each of the Undersigned explicitly confirms its joint and several liability for Bonds issued by the Surety as provided in this Agreement. Each of the Undersigned further waive and subordinate all rights of indemnity, subrogation, and contribution against each other until all obligations to the Surety under this Agreement, at law or in equity, have been satisfied in full.
31. The Undersigned hereby authorize the Surety to obtain credit reports and histories and to confirm bank balances claimed and all other items on any balance sheet, income statement, cash flow statement, and accompanying notes furnished until all liability of the Surety for any suretyship or claim obligations expire. By executing this Agreement, the Undersigned agree that they are bound to Surety with respect to all Bonds executed, provided, or procured or to be executed, provided, or procured by Surety on behalf of any of the Undersigned and that all such Bonds are in the substantial, material, and beneficial interest of the Undersigned and each of them. The Undersigned further affirmatively agree that the signatories of this Agreement have the express power to bind the Undersigned and that the signatories hereto are duly authorized to execute this Agreement on their behalf. The Undersigned further resolve that any and all special and/or regular meetings that may have otherwise been necessary to effect this Agreement be and are hereby waived as the Undersigned unanimously agree that the entry of this Agreement is in their substantial, material, and beneficial interest.

1. **Indemnitor** → RHS Healthcare Solutions, Inc.

Witness/Attest:
By Lisamarie Giglia
Name Lisamarie Giglia
Title Spouse/Individual

By [signature]
Name Santo Giglia
Title Owner

Acknowledgment And Seal

State Of Florida }
County Of Collier }

BETSY SOTO
Notary Public - State of Florida
Commission # HH 305094
My Comm. Expires Aug 25, 2026

On 10/12/22 (Date), before me, Betsy Soto (Notary)

personally appeared Santo Gandolfo Giglia (Name of Signer) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument (an Agreement of Indemnity) and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under **PENALTY OF PERJURY** under the laws of this state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. [signature] (Signature of Notary)

My commission expires on 08/25/2026.

2. **Indemnitor** → RHS Distribution, Inc.

Witness/Attest:
By Lisamarie Giglia
Name Lisa Giglia
Title Spouse/Individual

By [signature]
Name Santo Giglia
Title Owner

Acknowledgment And Seal

State Of Florida }
County Of Collier }

BETSY SOTO
Notary Public - State of Florida
Commission # HH 305094
My Comm. Expires Aug 25, 2026

On 10/12/22 (Date), before me, Betsy Soto (Notary)

personally appeared Santo Gandolfo Giglia (Name of Signer) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument (an Agreement of Indemnity) and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under **PENALTY OF PERJURY** under the laws of this state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. [signature] (Signature of Notary)

My commission expires on 08/25/2026.

3. Indemnitor → RHS National Distribution, Inc.

Witness/Attest:

By _____ By _____

Name Lisamarie Giglia Name Santo Giglia

Title Spouse/owner Title owner

Acknowledgment And Seal

State Of Florida }

County Of Collier }

BETSY SOTO
Notary Public - State of Florida
Commission # HH 305094
My Comm. Expires Aug 25, 2026

On 10/12/22 (Date), before me, Betsy Soto (Notary)

personally appeared Santo Gandolfo Giglia (Name of Signer) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument (an Agreement of Indemnity) and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under **PENALTY OF PERJURY** under the laws of this state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. _____ (Signature of Notary)

My commission expires on 08/25/2026.

4. Indemnitor → Santo Giglia

Witness/Attest:

By _____ By _____

Name Lisamarie Giglia Name Santo Giglia

Title Spouse/individual Title individually

Acknowledgment And Seal

State Of Florida }

County Of Collier }

BETSY SOTO
Notary Public - State of Florida
Commission # HH 305094
My Comm. Expires Aug 25, 2026

On 10/12/22 (Date), before me, Betsy Soto. (Notary)

personally appeared Santo Giglia (Name of Signer) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument (an Agreement of Indemnity) and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under **PENALTY OF PERJURY** under the laws of this state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. _____ (Signature of Notary)

My commission expires on 08/25/2026.

5. Indemnitor → Lisa Giglia

Witness/Attest:

By _____ By _____

Name _____ Name Lisa Giglia

Title _____ Title individually

Acknowledgment And Seal

State Of Florida }

County Of Collier }

BETSY SOTO
Notary Public - State of Florida
Commission # HH 305094
My Comm. Expires Aug 25, 2026

On 10/12/22 (Date), before me, _____ (Notary)

personally appeared Lisa Giglia (Name of Signer) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument (an Agreement of Indemnity) and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under **PENALTY OF PERJURY** under the laws of this state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. _____ (Signature of Notary)

My commission expires on 08/25/2026.

6. Indemnitor →

Witness/Attest:

By _____ By _____

Name _____ Name _____

Title _____ Title _____

Acknowledgment And Seal

State Of _____ }

County Of _____ }

On _____ (Date), before me, _____ (Notary)

personally appeared _____ (Name of Signer) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument (an Agreement of Indemnity) and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under **PENALTY OF PERJURY** under the laws of this state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. _____ (Signature of Notary)

My commission expires on _____.

7. Indemnitor →

Witness/Attest:

By _____ By _____

Name _____ Name _____

Title _____ Title _____

Acknowledgment And Seal

State Of _____ }

County Of _____ }

On _____, before me, _____

(Date) *(Notary)*

personally appeared _____ who proved to me on the basis of

(Name of Signer)

satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument (an Agreement of Indemnity) and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under **PENALTY OF PERJURY** under the laws of this state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. _____

(Signature of Notary)

My commission expires on _____.

8. Indemnitor →

Witness/Attest:

By _____ By _____

Name _____ Name _____

Title _____ Title _____

Acknowledgment And Seal

State Of _____ }

County Of _____ }

On _____, before me, _____

(Date) *(Notary)*

personally appeared _____ who proved to me on the basis of

(Name of Signer)

satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument (an Agreement of Indemnity) and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under **PENALTY OF PERJURY** under the laws of this state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. _____

(Signature of Notary)

My commission expires on _____.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 3/14/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
DAVID J JACOBS COMPANY INC
One Broadcast Plaza, Ste 318
Merrick, NY 11566

CONTACT NAME: Adam K. Jacobs
PHONE (A/C, No, Ext): (516) 295-3600 FAX (A/C, No): (516) 569-1625
E-MAIL ADDRESS: adam@thedavidjacobsagency.com

INSURER(S) AFFORDING COVERAGE | NAIC#
INSURER A: The Hanover Insurance Group
INSURER B: Technology Insrance Company
INSURER C: Great American
INSURER D: ALLMERICA FINANCIAL BENEFIT INS
INSURER E:
INSURER F:

INSURED
RHS Healthcare Solutions Inc Signamedical Inc
Reliable Healthcare Solutions Inc
RHS Distribution Inc JMJ Consulting Grp Inc
8952 Western Way Suites 20, 30 & 40
Jacksonville FL 32256

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			LHY A191929 09	2/9/22	2/9/23	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			LHY A191929 09	2/9/22	2/9/23	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	UMBRELLA LIAB X EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION $			UHY H483930 00	2/9/22	2/9/23	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	TWC3774508	3/7/22	3/7/23	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 100,000 $ 100,000 $ 500,000
A C	Inland Marine Excess			IHY A96272900 XS 3403310	6/22/21 2/9/22	6/22/22 2/9/23	Inland Marine $2,500 Deductible $3,000,000 occ /$3,000,000 aggregate	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is additional insured on a primary and non contributory basis with waiver of subrogation as required by written contract

CERTIFICATE HOLDER
Henry Schein Inc its subsidiaries & affiliates
135 Duryea Road
Melville NY 11747

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 01-07-2015

Employer Identification Number:
47-2711239

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

RHS HEALTHCARE SOLUTIONS INC
8952 WESTERN WAY STE 20
JACKSONVILLE, FL 32256

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-2711239. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120 03/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

(IRS USE ONLY) 575A 01-07-2015 RHSH B 9999999999 SS-4

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes.* If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is RHSH. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575A 01-07-2015 RHSH B 9999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number
( ) -
_____

Best Time to Call
_____

DATE OF THIS NOTICE: 01-07-2015
EMPLOYER IDENTIFICATION NUMBER: 47-2711239
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

RHS HEALTHCARE SOLUTIONS INC
8952 WESTERN WAY STE 20
JACKSONVILLE, FL 32256

2122

Electronic Articles of Incorporation For

RHS HEALTHCARE SOLUTIONS INC.

P15000000506
FILED
January 02, 2015
Sec. Of State
msolomon

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

RHS HEALTHCARE SOLUTIONS INC.

Article II

The principal place of business address:

8952 WESTERN WAY
STE 20
JACKSONVILLE, FL. US 32256

The mailing address of the corporation is:

8952 WESTERN WAY
STE 20
JACKSONVILLE, FL. US 32256

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

200 NPV

Article V

The name and Florida street address of the registered agent is:

PHILLIP M CLAYTON JR.
1197 PERREGRINE CIRCLE
EAST
SAINT JOHNS, FL. 32259

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: PHILLIP M CLAYTON JR.

2123

P15000000506
FILED
January 02, 2015
Sec. Of State
msolomon

Article VI

The name and address of the incorporator is:

SANTO GIGLIA
8952 WESTERN WAY
STE 20
JACKSONVILLE, FL 32256

Electronic Signature of Incorporator: SANTO GIGLIA

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
SANTO GIGLIA
8952 WESTERN WAY, STE 20
JACKSONVILLE, FL. 32256 US

FLORIDA

2022 Florida Annual Resale Certificate for Sales Tax

DR-13
R. 10/21

This Certificate Expires on December 31, 2022

Business Name and Location Address

RHS HEALTHCARE SOLUTIONS INC.
8952 WESTERN WAY STE 20
JACKSONVILLE, FL 32256-0337

Certificate Number

26-8016612615-0

By extending this certificate or the certificate number to a selling dealer to make eligible purchases of taxable property or services exempt from sales tax and discretionary sales surtax, the person or business named above certifies that the taxable property or services purchased or rented will be resold or re-rented for one or more of the following purposes:

- Resale as tangible personal property
- Re-rental as tangible personal property
- Resale of services
- Re-rental as commercial real property
- Incorporation into tangible personal property being repaired
- Re-rental as transient rental property
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing

Your *Florida Annual Resale Certificate for Sales Tax* (Annual Resale Certificate) allows you or your representatives to buy or rent property or services tax exempt when the property or service is resold or re-rented. You **may not** use your Annual Resale Certificate to make tax-exempt purchases or rentals of property or services that will be used by your business or for personal purposes. Florida law provides for criminal and civil penalties for fraudulent use of an Annual Resale Certificate.

As a seller, you must document each tax-exempt sale for resale using one of three methods. You can use a different method each time you make a tax-exempt sale for resale.

1. Obtain a copy (paper or electronic) of your customer's current Annual Resale Certificate.
2. For each sale, obtain a transaction authorization number using your customer's Annual Resale Certificate number.
3. Each calendar year, obtain annual vendor authorization numbers for your regular customers using their Annual Resale Certificate numbers.

Online: Visit **floridarevenue.com/taxes/certificates**

Phone: 877-357-3725 and enter your customer's Annual Resale Certificate number

Mobile App: Available for iPhone, iPad, and Android devices

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler RHS HEALTHCARE SOLUTIONS INC

Pharmacy/Wholesaler License # (if applicable) 47-2711239

Physical Address 8952 WESTERN WAY SUITE 20

City JACKSONVILLE State FL Zip 32256

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 904-538-0944 Website WWW.RHSHEALTHCARE.COM

Licensing Company Email _____

Section 2: Personal Information

First PHILLIP Middle MICHAEL Last CLAYTON

Alias(es, nicknames, name changes, etc.) MIKE

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] PERREGRINE CIRCLE E

City SAINT JOHNS State FL Zip 32259

Telephone [redacted] Email MIKE@RHSHEALTHCARE.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

NOV 15, 22

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
FLORIDA STATE UNIVERSITY		6/95-6/2005	
Address	**City**	**State**	**Zip**
600 W. COLLEGE AVE	TALLAHASSEE	FL	32306
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
TALLAHASEE COMMUNITY COLLEGE		6/88-6/92	
Address	**City**	**State**	**Zip**
444 APPLEYARD DRIVE	TALLAHASSEE	FL	32304
Diploma/Degree obtained, if any			
AA DEGREE			

School Name		From - To (MM/YY – MM/YY)	
NORTH MARION HIGH SCHOOL		6/83-6/86	
Address	**City**	**State**	**Zip**
151 W. HIGHWAY 329	CITRA	FL	32113
Diploma/Degree obtained, if any			
DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/05-PRESENT	[redacted] PERREGRINE CR E	SAINT JOHNS	FL	32259
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
RHS HEALTHCARE SOLUTIONS INC		04/2011- PRESENT	
Business Address	**City**	**State**	**Zip**
8952 WESTERN WAY STE 20	JACKSONVILLE	FL	32256
Phone	**Title**	**Number of Employed Hours**	
904-538-0944	COO	22,880	
Description of Duties			
MAINTAIN COMPLIANCE W/ LOCAL, STATE, FEDERAL AGENCIES/ MANAGE FACILITIES/EMPLOYEES AT DISTRIBUTION CENTER/ DEVELOP, TRAIN, IMPLEMENTATION OF SOP'S/ MAINTAIN ISO9001 COMPLIANCE/ RESPONSIBLE FOR THE P&L FOR COMPANY/ DAY TO DAY OPERATIONS OF DISTIRBUTION/ PURCHASING, MARKETING, AR/AP, PAYROLL...ETC			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
PHYSICIAN'S SALES AND SERVICE			4/2003-7/2008	
Business Address		**City**	**State**	**Zip**
4535 SOUTHPOINT BLVD		JACKSONVILLE	FL	32216
Phone	**Title**		**Number of Employed Hours**	
904-332-3000	SSG PURCHASING SUPERVISOR		6000+	
Description of Duties				
BUYER AND WAREHOUSE MANAGER FOR IV SOLUTIONS. DEXTROSE, SALINE, STERILE WATER, LACTAID RINGERS.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:
NOT APPLICABLE

Original Signature (electronic, copies or stamps not accepted)

11/3/2022
Date

I, PHILLIP CLAYTON, **certify that as the designated representative for**

RHS HEALTHCARE SOLUTIONS INC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PC I am at least 21 years of age;
3. PC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. PC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. PC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

PHILLIP CLAYTON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/3/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

PHILLIP CLAYTON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/3/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of St Johns

I, Mike Clayton, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11.8.22

Date

Subscribed and Sworn to before me this 8 day of November 2022

Notary Public Signature

YANE MONTEJO NOTARY PUBLIC STATE OF FLORIDA
My Comm. Expires March 14, 2023
No. GG 312184

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of MDEG RHS HEALTHCARE SOLUTIONS INC MDEG License # (if applicable) _____

Physical Address 8952 WESTERN WAY SUITE 20

City JACKSONVILLE State FL Zip 32256

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 904-538-0944 Website WWW.RHSHEALTHCARE.COM

Licensing Company Email _____

Section 2: Personal Information

First PHILLIP Middle MICHAEL Last CLAYTON

Alias(es, nicknames, name changes, etc.) MIKE

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]PERREGRINE CR E.

City SAINT JOHNS State FL Zip 32559

Telephon[redacted] Email MIKE@RHSHEALTHCARE.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
FLORIDA STATE UNIVERSITY		6/95-6/2005	
Address	**City**	**State**	**Zip**
600 W. COLLEGE AVE	TALLAHASSEE	FL	32306
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
TALLAHASEE COMMUNITY COLLEGE		6/88-6/92	
Address	**City**	**State**	**Zip**
444 APPLEYARD DRIVE	TALLAHASSEE	FL	32304
Diploma/Degree obtained, if any			
AA DEGREE			

School Name		From - To (MM/YY – MM/YY)	
NORTH MARION HIGH SCHOOL		6/83-6/86	
Address	**City**	**State**	**Zip**
151 W. HIGHWAY 329	CITRA	FL	32113
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/05-PRESENT	[redacted]PERREGRINE CR E.	SAINT JOHNS	FL	32259
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
RHS HEALTHCARE SOLUTIONS INC		04/2011- PRESENT	
Business Address	**City**	**State**	**Zip**
8952 WESTERN WAY STE 20	JACKSONVILLE	FL	32256
Phone	**Title**	**Number of Employed Hours**	
904-538-0944	COO	22,880	
Description of Duties			
MAINTAIN COMPLIANCE W/ LOCAL, STATE, AND FEDERAL AGENCIES/ MANAGE FACILITIES/ EMPLOYEES AT DISTRIBUTION CENTER/ DEVELOP, TRAINING, AND IMPLEMENTATION OF SOP'S/ CREATING & IMPLEMENTING CYCLE COUNTS, TRAINING SCHEDULES, INTERNAL AUDIT SCHEDULES/ PURCHASING/ MARKETING/ AR/ PAYROLL...ETC			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
PHYSICIAN'S SALES AND SERVICE			4/2003-7/2008	
Business Address		**City**	**State**	**Zip**
4535 SOUTHPOINT BLVD		JACKSONVILLE	FL	32216
Phone	**Title**		**Number of Employed Hours**	
904-332-3000	SSG PURCHASING SUPERVISOR		6000+	
Description of Duties				
BUYER AND WARHOUSE MANAGER FOR IV SOLUTIONS. DEXTROSE, SALINE, STERILE WATER AND LACTAID RINGERS				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

NOT APPLICABLE

11/3/2022

Original Signature (electronic, copies or stamps not accepted) — Date

I, PHILLIP CLAYTON, **certify that as the MDEG Administrator for**

RHS HEALTHCARE SOLUTIONS INC,

that I (initial that you have read and meet the following requirements):

1. PC Have a high school diploma or its equivalent;
2. PC Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. PC Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. PC Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

PHILLIP CLAYTON
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/3/2022
Date

Board Use Only	Date Received: 11-15-22

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler RHS HEALTHCARE SOLUTIONS INC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 8952 WESTERN WAY SUITE 20

City JACKSONVILLE State FL Zip 32256

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 904-538-0944 Website WWW.RHSHEALTHCARE.COM

Licensing Company Email _____

Section 2: Personal Information

First SANTO Middle GANDOLFO Last GIGLIA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]ESPLANADE BLVD

City NAPLES State FL Zip 34119

Telephone [redacted] Email SANTO@RHSHEALTHCARE.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ADELPHI UNIVERSITY		1992-1996	
Address	**City**	**State**	**Zip**
1 SOUTH AVE	GARDEN CITY	NY	11530
Diploma/Degree obtained, if any			
BBA			

School Name		From - To (MM/YY – MM/YY)	
HEWLETT HIGH SCHOOL		1988-1992	
Address	**City**	**State**	**Zip**
60 EVERIT AVE	HEWLETT	NY	11557
Diploma/Degree obtained, if any			
GRADUATED			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2020-PRESENT	[redacted]ESPLANADE BLVD	NAPLES	FL	34119
2010-2020	[redacted]BILLIOU ST	STATEN ISLAND	NY	10312

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
RHS HEALTHCARE SOLUTIONS INC			2011-PRESENT
Business Address	**City**	**State**	**Zip**
8952 WESTERN WAY SUITE 20	JACKSONVILLE	FL	32256
Phone	**Title**		
904-538-0944	OWNER/ CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer; or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

NOT APPLICABLE

Original Signature (electronic, copies or stamps not accepted)

11/3/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SANTO GIGLIA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/3/2022

Date

Please have this section completed in the presence of a Notary Public.

State of FL, ss. County of Collier

I, Santo Giglia, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/4/22

Date

Subscribed and Sworn to before me this 4th day of NOV 2022

Notary Public Signature Derene Denson

DERENE DENSON
NOTARY
My Comm. Expires
December 20, 2025
No. HH 209681
PUBLIC
STATE OF FLORIDA
(Seal)

4WW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Linde Gas & Equipment Inc.

Physical Address: 4443 Hwy 50 East

City: Carson City State: NV Zip: 89701

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Name of Designated Representative (DR): Daniel Ford

Licensing Company Email: LG.NA.MedicalLicensing@linde.c DR Email: Daniel.Ford@linde.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/24/22
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cavagna Group via Statale 11/13/ 25011
Address: 25011 Ponte San Marco BS Italy City: State: Zip:

Name: Western/Scott Fetzer Co
Address: 875 Bassett Road City: Westlake State: OH Zip: 44145

Name: Metal Impact South
Address: 796 Sam T Barkley Drive City: New Albany State: MS Zip: 38652

Name: Catalina Cylinders - West (HQ)
Address: 7300 Anaconda Avenue City: Garden Grove State: CA Zip: 92841

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Linde, Inc.
Corporation/Organization Name: Linde Gas & Equipment Inc.
Mailing Address: 10 Riverview Drive
City: Danbury State: CT Zip: 06810
Telephone: 844-431-1337 Email: contactus@linde.com
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Linde Gas & Equipment Inc.

Facility Name

Daniel Ford

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

8/24/22

Date

12.27.22

Board Use Only	Date Received: 10-12-22	Amount: 1000.00 CK 711813

Making Our World More Productive

Corporate Officer List
Linde Gas and Equipment Inc.

Business contact information for all Officers:

Linde Gas and Equipment Inc.
10 Riverview Drive
Danbury, CT 06810
203-837-2000

List of Officers:

President
Benjamin Glazer

Treasurer
Adam G Schmidt

Secretary
Robert I Morrison

Linde Gas & Equipment Inc. FEIN: 94-1693764

Making our world more productive



Corporate Ownership Structure Outline
Linde Gas & Equipment Inc.

Linde plc (Public Corporation)
The Priestley Centre
10 Priestley Road
Surrey Research Park
Guildford. Surrey GU2 7XY
United Kingdom
FEIN: 98-144883

Owns 100% of:
Zamalight Holdco LLC (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 83-2110425
Incorporated in Delaware

Owns 100% of:

Linde. Inc. (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 06-1249050
Incorporated in Delaware

Owns 100% of:

Linde Gas & Equipment Inc. (Not publicly held) DBA: Praxair Distribution
10 Riverview Dr. (Corporate offices)
Danbury. CT 06810 USA
FEIN: 94-1693764
Incorporated in Delaware

Linde. Inc. through Linde Gas & Equipment Inc. owns and operates approximately 170 medical gas manufacturing. warehousing and distribution facilities in the USA. Each of these local facilities operates under the Linde Gas & Equipment Inc. name. Depending upon the specific facility. the facility may operate under the Praxair Distribution DBA name or the Linde Gas North America DBA name.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE GAS & EQUIPMENT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE GAS & EQUIPMENT INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 1969.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

712918 8300

SR# 20222788181

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203734176

Date: 06-22-22

	Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	
+	Carbon Dioxide	25373-004-02	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-004	Carbon Dioxide	CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	11/28/1990	N
+	Carbon Dioxide	25373-004-03	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-004	Carbon Dioxide	CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	11/28/1990	N
+	Carbon Dioxide	25373-004-04	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-004	Carbon Dioxide	CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	11/28/1990	N
+	CARBON DIOXIDE AND OXYGEN MIXTURE, COMPRESSED, OXIDIZING, N.O.S.	25373-011-05	5 L/100L, 95 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-011	Oxygen, Carbon Dioxide	OXYGEN; CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+	CARBON DIOXIDE AND OXYGEN MIXTURE, COMPRESSED, OXIDIZING, N.O.S.	25373-011-06	5 L/100L, 95 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-011	Oxygen, Carbon Dioxide	OXYGEN; CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+	CARBON DIOXIDE AND OXYGEN MIXTURE, COMPRESSED, OXIDIZING, N.O.S.	25373-011-07	5 L/100L, 95 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-011	Oxygen, Carbon Dioxide	OXYGEN; CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+	CARBON DIOXIDE AND OXYGEN MIXTURE, COMPRESSED, OXIDIZING, N.O.S.	25373-011-08	5 L/100L, 95 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-011	Oxygen, Carbon Dioxide	OXYGEN; CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+	CARBON DIOXIDE AND OXYGEN MIXTURE, COMPRESSED, OXIDIZING, N.O.S.	25373-011-09	5 L/100L, 95 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-011	Oxygen, Carbon Dioxide	OXYGEN; CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+	COMPRESSED, N.O.S.	25373-012-02	79 L/100L, 21 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-012	Helium, Oxygen	HELIUM; OXYGEN	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+	COMPRESSED, N.O.S.	25373-012-03	79 L/100L, 21 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-012	Helium, Oxygen	HELIUM; OXYGEN	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+	COMPRESSED, N.O.S.	25373-012-04	79 L/100L, 21 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-012	Helium, Oxygen	HELIUM; OXYGEN	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+	COMPRESSED, N.O.S.	25373-012-05	79 L/100L, 21 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-012	Helium, Oxygen	HELIUM; OXYGEN	HUMAN PRESCRIPTION DRUG	06/24/1998	N



Making our world
more productive

Linde Gas & Equipment Inc. Registered Agent

CSC Services of Nevada, Inc.
2215-B Renaissance Drive
Las Vegas, NV 89119
1-800-327-9800

cscglobal.com

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/20/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: NewYork.Certs@marsh.com Fax: 212-948-0500	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Linde Inc. 10 Riverview Drive Danbury, CT 06810	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Old Republic Insurance Company — 24147 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** NYC-010962292-17 **REVISION NUMBER:** 27

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			MWZY-313507-22	10/01/2022	10/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 5,000,000 $ 5,000,000 $ 10,000 $ 5,000,000 $ 5,000,000 $ 5,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] HIRED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] NON-OWNED AUTOS ONLY			MWTB-313505-22	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 10,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			MWC-313504-22	10/01/2022	10/01/2023	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 5,000,000 $ 5,000,000 $ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

Linde Inc.
10 Riverview Drive
Danbury, CT 06810

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Linde Gas & Equipment Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 4443 Hwy 50 East

City: Carson City State: NV Zip: 89701

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Licensing Company Email: LG.NA.MedicalLicensing@linde.com

Section 2: Personal Information

First: Daniel Middle: R Last: Ford

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Kingsley Ln

City: Carson City State: NV Zip: 89701

Telephone: [redacted] Email: Daniel.Ford@Linde.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Western Nevada College		08/05 - present	
Address	**City**	**State**	**Zip**
2201 W. College Parkway	Carson City	NV	89703
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Carson High School		08/00 - 04/04	
Address	**City**	**State**	**Zip**
1111 N. Saliman Rd	Carson City	NV	89701
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/19 - present	[redacted] Kingsley Ln	Carson City	NV	89701
1/15 - 01/19	[redacted] Champions Dr	Dayton	NV	89403

Daniel Ford

...esignated representative must provide proof that he or she has been employed for at least 6,000 hours in ... (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and ...keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the ...ed.

Business Name			From - To (MM/YY – MM/YY)
A-L Sierra Welding / Linde			01/14 – Present
Business Address	**City**	**State**	**Zip**
4443 Highway 50 East	Carson City	NV	89701
Phone	**Title**	**Number of Employed Hours**	
(775) 882-4848	Sales / driver / Branch manager	16,000 +	

Description of Duties
Front counter sales of all product and gas. Delivery of all gas and product. Help with customer concerns or complaints.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
A-L Sierra Welding / Linde			
Business Address	**City**	**State**	**Zip**
4443 Highway 50 East	Carson City	NV	89701
Phone	**Title**	**Number of Employed Hours**	
(775) 882-4848	Sales / driver / Branch manager	16,000 +	
Description of Duties			
front counter sales of all product and gas. Delivery of all gas and product. Help with customer concerns or complaints.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/24/22
Date

I, Daniel Ford, **certify that as the designated representative for**

Linde Gas & Equipment,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DF I am at least 21 years of age;
3. DF I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DF I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DF I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DF I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DF I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Daniel Ford
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/24/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Ford

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/25/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Carson City

I, Daniel Ford, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/25/22

Date

State of Nevada
Carson City

Subscribed and Sworn to before me this 25th day of August, 2022

Notary Public Signature

LISSETTE GARCIA VELAZQUEZ
NOTARY PUBLIC
STATE OF NEVADA
No. 19-1285-3 My Appt. Exp. Jan. 29, 2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Linde Gas & Equipment Inc. MDEG License # (if applicable) _____

Physical Address 4443 Hwy 50 East

City Carson City State NV Zip 89701

Mailing Address (if different from physical address) 7000 High Grove Blvd.

City Burr Ridge State IL Zip 60527

Telephone 630-320-4129 Website www.linde.com

Licensing Company Email IG.NAMedicalLicensing@linde.com

Section 2: Personal Information

First Daniel Middle R. Last Ford

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Kingsley In

City Carson City State NV Zip 89701

Telephone [redacted] Email Daniel.Ford@Linde.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Western Nevada College		08/05 – present	
Address	**City**	**State**	**Zip**
2201 W College Parkway	Carson City	NV	89703
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Carson High School		08/00 – 06/04	
Address	**City**	**State**	**Zip**
1111 N. Salimman rd	Carson City	NV	89701
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/19 - present	[redacted] Kingsley Ln	Carson City	NV	89701
From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/15 - 07/19	[redacted] Champions Dr	Dayton	NV	89403
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
A-L Sierra Welding / Linde			01/14 – present
Business Address	**City**	**State**	**Zip**
4443 Highway 50 east	Carson City	NV	89701
Phone	**Title**	**Number of Employed Hours**	
(775) 882-4848	Sales / Driver / Branch manager	16,000 +	
Description of Duties			
front counter sales of all product and gas, Delivery of all gas/product. Help with any customer concerns or complaints.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/24/22
Date

I, Daniel Ford, **certify that as the MDEG Administrator for** Linde Gas & Equipment,

that I (initial that you have read and meet the following requirements):

1. DF Have a high school diploma or its equivalent;
2. DF Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. DF Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. DF Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Ford
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/24/22
Date

Board Use Only	Date Received: _____

Employee List

Carson City, Nevada

Daniel Ford

Zachary Todd

Erick Newell

Travis Gregory

Kyle Bohmfalk

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015218799

Application/License No. _____

Linde Gas & Equipment Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is *see attached list of locations (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 5, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 5 day of October, 2022.

APPLICANT/PRINCIPAL
Linde Gas & Equipment Inc.

Authorized Representative
Gerald Hobbs, Executive Director Risk & Insurance

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
Liberty Mutual Insurance Company

Surety Company's Representative

Maureen McNeill, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Bianca Phillips

Witness Cori Wilson

Countersigned by:

NA
Nevada Resident Agent

* This surety bond needs to show:

Linde Gas & Equipment Inc.	1300 Glendale Ave. Sparks, NV 89431
Linde Gas & Equipment Inc.	4260 E. Idaho Street Elko, NV 89801
Linde Gas & Equipment Inc.	4443 Hwy 50 East Carson City, NV 89701

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Maureen McNeill

all of the city of Philadelphia, state of Pennsylvania each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 5th day of October 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Individual Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be the person described in and who executed the foregoing instrument and ____he____ thereupon acknowledged to me that ____he___ executed the same.

_____
Notary Public

Partnership/L.L.C. Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be one of the firm of _____ described in and who executed the foregoing instrument and _____he_____ thereupon acknowledged to me that ___he___ executed the same as and for the act and deed of said firm.

_____
Notary Public

Corporate Acknowledgment

State of Connecticut
County of Fairfield

On the 7th day of October, 2022, before me personally appeared Gerald Hobbs to me known, who being by me duly sworn, did depose and say the ____he____ is the Executive Director-Risk + Insurance of the Linde Gas + Equipment Inc. the corporation described in and which executed the foregoing instrument that _____he_____ knows the seal of said corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the board of directors of said corporation, and that _____he_____ signed his name thereto by like order.

Barbara J. Cahill
Notary Public

Barbara J. Cahill
Notary Public, State of Connecticut
My Commission Expires Feb. 29, 2024

4XX

NEVADA STATE BOARD OF PHAR ACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☒ Nevada ☐ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Linde Gas & Equipment Inc.

Physical Address: 4260 E Idaho St

City: Elko State: NV Zip: 89801

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Name of Designated Representative (DR): Scott Halton

Licensing Company Email: LG.NA.MedicalLicensing@linde.cc DR Email: scott.halton@linde.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☒ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of th s page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposit on Date	State	City	County
Case #		Governing, l censing, Arresting Presid ng Body/Agency/Court		
Reason/Charge				
Plaint ff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cavagna Group
Address: 25011 Ponte San Marco City: BS, Italy State: Zip:
Name: Western/Scott Fetzer Co
Address: 875 Bassett Road City: Westlake State: OH Zip: 44145
Name: Metal Impact South
Address: 795 Sam T Barkley Drive City: New Albany State: MS Zip: 38652
Name: Catalina Cylinders- West (HQ)
Address: 7300 Anaconda Avenue City: Garden Grove State: CA Zip: 92841

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Linde, Inc.
Corporation/Organization Name: Linde Gas & Equipment Inc.
Mailing Address: 10 Riverview Drive
City: Danbury State: CT Zip: 06810
Telephone: 844-445-4633 Email: contactus@linde.com
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✔" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✔	✔		
• **List the top four corporation shareholders and their percent ownership.**	✔			
• **List of all corporation shareholders and their percent ownership.**		✔		
• **List of all partners and their percent ownership.**			✔	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✔	✔	✔	✔
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✔	✔	✔
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✔	✔	✔
• **Copy of DEA certificate if handling controlled substances**	✔	✔	✔	✔
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✔			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✔	✔	✔	✔
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✔	✔	✔	✔
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✔	✔	✔	✔
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✔	✔	✔	✔
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✔	✔	✔
• Copy of a bond in an amount of **$100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✔	✔	✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Linde Gas & Equipment Inc.

Facility Name

Scott Halton

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/20/22

Date

Board Use Only	Date Received: 10-12-22	Amount: 1000.00 CK-711819

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE GAS & EQUIPMENT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE GAS & EQUIPMENT INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 1969.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

712918 8300

SR# 20222788181

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203734176

Date: 06-22-22

Making Our World More Productive

Corporate Officer List
Linde Gas and Equipment Inc.

Business contact information for all Officers:

Linde Gas and Equipment Inc.
10 Riverview Drive
Danbury, CT 06810
203-837-2000

List of Officers:

President
Benjamin Glazer

Treasurer
Adam G Schmidt

Secretary
Robert I Morrison

Linde Gas & Equipment Inc. FEIN: 94-1693764

Making our world more productive



Corporate Ownership Structure Outline
Linde Gas & Equipment Inc.

Linde plc (Public Corporation)
The Priestley Centre
10 Priestley Road
Surrey Research Park
Guildford. Surrey GU2 7XY
United Kingdom
FEIN: 98-144883

Owns 100% of:
Zamalight Holdco LLC (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 83-2110425
Incorporated in Delaware

Owns 100% of:

Linde. Inc. (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 06-1249050
Incorporated in Delaware

Owns 100% of:

Linde Gas & Equipment Inc. (Not publicly held) DBA: Praxair Distribution
10 Riverview Dr. (Corporate offices)
Danbury. CT 06810 USA
FEIN: 94-1693764
Incorporated in Delaware

Linde. Inc. through Linde Gas & Equipment Inc. owns and operates approximately 170 medical gas manufacturing. warehousing and distribution facilities in the USA. Each of these local facilities operates under the Linde Gas & Equipment Inc. name. Depending upon the specific facility. the facility may operate under the Praxair Distribution DBA name or the Linde Gas North America DBA name.



Making our world
more productive

Linde Gas & Equipment Inc. Registered Agent

CSC Services of Nevada, Inc.
2215-B Renaissance Drive
Las Vegas, NV 89119
1-800-327-9800

cscglobal.com

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	
+ Carbon Dioxide	25373-004-02	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-004	Carbon Dioxide	CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	11/28/1990	N
+ Carbon Dioxide	25373-004-03	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-004	Carbon Dioxide	CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	11/28/1990	N
+ Carbon Dioxide	25373-004-04	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-004	Carbon Dioxide	CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	11/28/1990	N
+ CARBON DIOXIDE AND OXYGEN MIXTURE, COMPRESSED, OXIDIZING, N.O.S.	25373-011-05	5 L/100L, 95 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-011	Oxygen, Carbon Dioxide	OXYGEN; CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+ CARBON DIOXIDE AND OXYGEN MIXTURE, COMPRESSED, OXIDIZING, N.O.S.	25373-011-06	5 L/100L, 95 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-011	Oxygen, Carbon Dioxide	OXYGEN; CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+ CARBON DIOXIDE AND OXYGEN MIXTURE, COMPRESSED, OXIDIZING, N.O.S.	25373-011-07	5 L/100L, 95 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-011	Oxygen, Carbon Dioxide	OXYGEN; CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+ CARBON DIOXIDE AND OXYGEN MIXTURE, COMPRESSED, OXIDIZING, N.O.S.	25373-011-08	5 L/100L, 95 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-011	Oxygen, Carbon Dioxide	OXYGEN; CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+ CARBON DIOXIDE AND OXYGEN MIXTURE, COMPRESSED, OXIDIZING, N.O.S.	25373-011-09	5 L/100L, 95 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-011	Oxygen, Carbon Dioxide	OXYGEN; CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+ COMPRESSED, N.O.S.	25373-012-02	79 L/100L, 21 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-012	Helium, Oxygen	HELIUM; OXYGEN	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+ COMPRESSED, N.O.S.	25373-012-03	79 L/100L, 21 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-012	Helium, Oxygen	HELIUM; OXYGEN	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+ COMPRESSED, N.O.S.	25373-012-04	79 L/100L, 21 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-012	Helium, Oxygen	HELIUM; OXYGEN	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+ COMPRESSED, N.O.S.	25373-012-05	79 L/100L, 21 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-012	Helium, Oxygen	HELIUM; OXYGEN	HUMAN PRESCRIPTION DRUG	06/24/1998	N

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/20/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: NewYork.Certs@marsh.com Fax: 212-948-0500	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Linde Inc. 10 Riverview Drive Danbury, CT 06810	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Old Republic Insurance Company — 24147 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** NYC-010962292-17 **REVISION NUMBER:** 27

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			MWZY-313507-22	10/01/2022	10/01/2023	EACH OCCURRENCE	$	5,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	5,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	5,000,000
	[X] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$	5,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY			MWTB-313505-22	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$	10,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$	
	DED [ ] RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			MWC-313504-22	10/01/2022	10/01/2023	X PER STATUTE [ ] OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$	5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	5,000,000
							E.L. DISEASE - POLICY LIMIT	$	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER

Linde Inc.
10 Riverview Drive
Danbury, CT 06810

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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The ACORD name and logo are registered marks of ACORD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler LINDE GAS & EQUIPMENT INC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 4260 E IDAHO ST

City ELKO State NV Zip 89801

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 775-777-3040 Website _____

Licensing Company Email SCOTT.HALTON@LINDE.COM

Section 2: Personal Information

First SCOTT Middle ANDREW Last HALTON

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] MAPLE ST

City ELKO State NV Zip 89801

Telephone [redacted] Email SCOTT.HALTON@LINDE.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
WEBER STATE University		01/95 – 12/95	
Address	**City**	**State**	**Zip**
3848 HARRISON BLVD	OGDEN	UT	84408
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
NORTHERN NEVADA Community College (GREAT BASIN College)		9/92 – 12/94	
Address	**City**	**State**	**Zip**
1500 COLLEGE PARKWAY	ELKO	NV	89801
Diploma/Degree obtained, if any			
AS (ASSOCIATE OF SCIENCE)			

School Name		From - To (MM/YY – MM/YY)	
ELKO HIGH School		9/82 – 06/86	
Address	**City**	**State**	**Zip**
987 COLLEGE AVE.	ELKO	NV	89801
Diploma/Degree obtained, if any			
General Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2/2000 – Present	[redacted] MAPLE ST	ELKO	NV	89801
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
LINDE GAS & EQUIPMENT INC			01/2019 – PRESENT	
Business Address	**City**		**State**	**Zip**
4260 E IDAHO ST	ELKO		NV	89801
Phone	**Title**		**Number of Employed Hours**	
775-777-3040	BRANCH MANAGER		7,760	
Description of Duties				
RUNNING DAY TO DAY OPERATIONS OF STORE. MAKING ORDERS, RECEIVING, ORDERING				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/20/22
Date

I, Scott Andrew Halton, **certify that as the designated representative for**

Linde Gas & Equipment Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SH I am at least 21 years of age;
3. SH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Scott Halton

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/20/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scott Halton

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/20/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Elko

I, Scott Halton, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/30/2022

Date

Subscribed and Sworn to before me this 30 day of September, 2022

Valeria Palomino

Notary Public Signature

VALERIA PALOMINO
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-31-2023
Certificate No: 19-2658-8

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Linde Gas & Equipment Inc MDEG License # (if applicable) _____

Physical Address 4260 E Idaho St

City Elko State NV Zip 89801

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 775-777-3040 Website LindeDirect.com

Licensing Company Email Scott.Halten@linde.com

Section 2: Personal Information

First Scott Middle Andrew Last Halten

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Maple St

City Elko State NV Zip 89801

Telephone [redacted] Email Scott.Halten@linde.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
WEBER STATE University		01/95 – 12/95	
Address	**City**	**State**	**Zip**
3848 Harrison BLVD	OGDEN	UT	84408
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
NORTHERN NEVADA Community College (GREAT BASIN COLLEGE)		09/92 – 12/94	
Address	**City**	**State**	**Zip**
1500 COLLEGE PARKWAY	ELKO	NV	89801
Diploma/Degree obtained, if any			
AS (ASSOCIATES OF SCIENCE)			

School Name		From - To (MM/YY – MM/YY)	
ELKO HIGH SCHOOL		09/82 – 06/86	
Address	**City**	**State**	**Zip**
987 COLLEGE AVE	ELKO	NV	89801
Diploma/Degree obtained, if any			
GENERAL			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2000 – Present	[redacted] MAPLE ST	ELKO	NV	89801
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
LINDE GAS & EQUIPMENT		01/2019 – PRESENT	
Business Address	**City**	**State**	**Zip**
4260 E IDAHO ST	ELKO	NV	89801
Phone	**Title**	**Number of Employed Hours**	
775-777-3040	BRANCH MANAGER	7,760	
Description of Duties			
MANAGE DAY TO DAY OPERATIONS OF BRANCH INCLUDING ORDERS, RECEIVING, AND CUSTOMER SERVICE			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/20/22
Date

I, Scott Halton, **certify that as the MDEG Administrator for**

Linde Gas & Equipment Inc,

that I (initial that you have read and meet the following requirements):

1. SH Have a high school diploma or its equivalent;
2. SH Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SH Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scott Halton
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/20/22
Date

Board Use Only	Date Received: 10-12-22

Employee List

Elko, NV

Jon Carpenter

Sarah Schaff

Tyler Cardoza

Mariona Hedges

Josh Kufeld

Scott Halton

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015216799

Application/License No. _____

Linde Gas & Equipment Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is *see attached list of locations (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 5, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 5 day of October, 2022.

APPLICANT/PRINCIPAL
Linde Gas & Equipment Inc.

Authorized Representative
Gerald Hobbs, Executive Director Risk + Insurance

SURETY COMPANY
Liberty Mutual Insurance Company

Surety Company's Representative
Maureen McNeill, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:
Witness

Witness

SIGNED and SEALED in the presence of:
Witness Bianca Phillips

Witness Cori Wilson

Countersigned by:

NA
Nevada Resident Agent

* This surety bond needs to show:

Linde Gas & Equipment Inc.	1300 Glendale Ave. Sparks, NV 89431
Linde Gas & Equipment Inc.	4260 E. Idaho Street Elko, NV 89801
Linde Gas & Equipment Inc.	4443 Hwy 50 East Carson City, NV 89701

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Maureen McNeill

all of the city of Philadelphia, state of Pennsylvania each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 5th day of October, 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-9240 or email HOSUR@libertymutual.com.

Individual Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be the person described in and who executed the foregoing instrument and ____he____ thereupon acknowledged to me that ____he___ executed the same.

_____
Notary Public

Partnership/L.L.C. Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be one of the firm of _____ described in and who executed the foregoing instrument and _____he_____ thereupon acknowledged to me that ___he___ executed the same as and for the act and deed of said firm.

_____
Notary Public

Corporate Acknowledgment

State of Connecticut
County of Fairfield

On the 7th day of October, 2022, before me personally appeared Gerald Hobbs to me known, who being by me duly sworn, did depose and say the ____he____ is the Executive Director Risk & Insurance of the Linde Gas & Equipment Inc. the corporation described in and which executed the foregoing instrument that _____he_____ knows the seal of said corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the board of directors of said corporation, and that _____he_____ signed his name thereto by like order.

Barbara J. Cahill
Notary Public

Barbara J. Cahill
Notary Public, State of Connecticut
My Commission Expires Feb. 29, 2024

4YY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Linde Gas & Equipment Inc.

Physical Address: 601 W Sunset Rd.

City: Henderson State: NV Zip: 89011

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Name of Designated Representative (DR): Charles Pratto

Licensing Company Email: LG.NA.MedicalLicensing@linde.c DR Email: Charles.Pratto@linde.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cavagna Group via Statale 11/13/ 25011
Address: 25011 Ponte San Marco BS Italy City: State: Zip:

Name: Western/Scott Fetzer Co.
Address: 875 Bassett Road City: Westlake State: OH Zip: 44145

Name: Metal Impact South
Address: 796 Sam T Barkley Drive City: New Albany State: MS Zip: 38652

Name: Catalina Cylinders - West (HQ)
Address: 7300 Anaconda Avenue City: Garden Grove State: CA Zip: 92841

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Linde, Inc.
Corporation/Organization Name: Linde Gas & Equipment Inc.
Mailing Address: 10 Riverview Drive
City: Danbury State: CT Zip: 06810
Telephone: 844-431-1337 Email: contactus@linde.com
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Linde Gas & Equipment Inc.

Facility Name

Charles Pratto

Print Name of Authorized Person Submitting Application

Charles Pratto

Original signature of Authorized Person (copies or stamps not accepted)

08-19-22

Date

Board Use Only	Date Received: 10-12-22	Amount: 1000.00 CK-715013

An official website of the United States government Here's how you know

U.S. FOOD & DRUG ADMINISTRATION

Drug Establishments Current Registration Site

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New Search

Search Results for **linde**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Linde Gas & Equipment Inc.	1000150771	084408371	MANUFACTURE;	601 W Sunset Road, Henderson, Nevada (NV) 89011, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	1000305262	164367906	MANUFACTURE;	1804 Burlington St, Columbia, Missouri (MO) 65202, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	1000306164	079351906	MANUFACTURE;	1824 Southwest Blvd, Tulsa, Oklahoma (OK) 74107, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	1000306424	059209218	MANUFACTURE;	2205 Newton Ave, San Diego, California (CA) 92113, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	1117490	037432010	MANUFACTURE;	1637 Commerce Rd, Richmond, Virginia (VA) 23224-7501, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	1118580	063205512	MANUFACTURE;	8025 Dorsey Run Rd, Jessup, Maryland (MD) 20794, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	1120127	167418326	MANUFACTURE;	400 Memorial Blvd W, Hagerstown, Maryland (MD) 21740, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	1313658	002246916	MANUFACTURE;	4560 Morgan Pl, Liverpool, New York (NY) 13090, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	1419818	027514424	MANUFACTURE;	12000 Roosevelt Rd, Hillside, Illinois (IL) 60162, United States (USA)	12/31/2022
Linde Gas & Equipment Inc.	1454066	054646935	MANUFACTURE;	2100 N 8th St, Pekin, Illinois (IL) 61554, United States (USA)	12/31/2022

Showing 71 to 80 of 155 entries

Previous 1 … 7 8 9 … 16 Next

Data Current through: Wednesday, Aug 17, 2022

Return to Drug Firm Annual Registration Status Home Page

Verified
12/27/22
MJ

Making Our World More Productive

Corporate Officer List
Linde Gas and Equipment Inc.

Business contact information for all Officers:

Linde Gas and Equipment Inc.
10 Riverview Drive
Danbury, CT 06810
203-837-2000

List of Officers:

President
Benjamin Glazer

Treasurer
Adam G Schmidt

Secretary
Robert I Morrison

Linde Gas & Equipment Inc. FEIN: 94-1693764

Making our world more productive

Corporate Ownership Structure Outline
Linde Gas & Equipment Inc.

Linde plc (Public Corporation)
The Priestley Centre
10 Priestley Road
Surrey Research Park
Guildford. Surrey GU2 7XY
United Kingdom
FEIN: 98-144883

Owns 100% of:
Zamalight Holdco LLC (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 83-2110425
Incorporated in Delaware

Owns 100% of:

Linde. Inc. (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 06-1249050
Incorporated in Delaware

Owns 100% of:

Linde Gas & Equipment Inc. (Not publicly held) DBA: Praxair Distribution
10 Riverview Dr. (Corporate offices)
Danbury. CT 06810 USA
FEIN: 94-1693764
Incorporated in Delaware

Linde. Inc. through Linde Gas & Equipment Inc. owns and operates approximately 170 medical gas manufacturing. warehousing and distribution facilities in the USA. Each of these local facilities operates under the Linde Gas & Equipment Inc. name. Depending upon the specific facility. the facility may operate under the Praxair Distribution DBA name or the Linde Gas North America DBA name.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE GAS & EQUIPMENT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE GAS & EQUIPMENT INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 1969.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

712918 8300

SR# 20222788181

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203734176

Date: 06-22-22



Making our world
more productive

Linde Gas & Equipment Inc. Registered Agent

CSC Services of Nevada, Inc.
2215-B Renaissance Drive
Las Vegas, NV 89119
1-800-327-9800

cscglobal.com

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/20/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: NewYork.Certs@marsh.com Fax: 212-948-0500	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Linde Inc. 10 Riverview Drive Danbury, CT 06810	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Old Republic Insurance Company — 24147 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** NYC-010962292-17 **REVISION NUMBER:** 27

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			MWZY-313507-22	10/01/2022	10/01/2023	EACH OCCURRENCE	$	5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	5,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	5,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	5,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY			MWTB-313505-22	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$	10,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			MWC-313504-22	10/01/2022	10/01/2023	X PER STATUTE OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$	5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	5,000,000
							E.L. DISEASE - POLICY LIMIT	$	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

Linde Inc.
10 Riverview Drive
Danbury, CT 06810

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Linde Gas & Equipment Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 601 W. Sunset Rd.

City Henderson State NV Zip 89011

Mailing Address (if different from physical address) 7000 High Grove Blvd.

City Burr Ridge State IL Zip 60527

Telephone 630-320-4129 Website www.linde.com

Licensing Company Email LG.NA.MedicalLicensing@linde.com

Section 2: Personal Information

First charles Middle L Last Pratto

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Parrot Ridge Ct

City Las Vegas State NV Zip 89103

Telephone [redacted] Email charles.pratto@linde.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Gainesvilles High School		1990 - 1994	
Address	**City**	**State**	**Zip**
1900 NW 13th st	Gainesvilles	Fl	32609
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2012 - 2022	[redacted] Bindweed Rd	Las Vegas	NV	89103
2022 - 2022	[redacted] Parrot Ridge RD	Las Vegas	NV	89103

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: PraxAir / Linde			From - To (MM/YY – MM/YY): 01-03-2015- Present	
Business Address: 601 W SUNSET RD	City: HENDERSON		State: NV	Zip: 89011
Phone: 702-630-3758	Title: Lead Filler		Number of Employed Hours: 14,560 +	
Description of Duties: Medical Filler and Lead Filler				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Charles Pratt
Original Signature (electronic, copies or stamps not accepted)

08-19-22
Date

I, Charles Pratto, **certify that as the designated representative for**

Linde Gas & Equipment, INC 601 W Sunset Rd Henderson, NV 89011

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CP I am at least 21 years of age;
3. CP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Charles Pratto

Print Name (First, Last)

Charles Pratto

Original Signature (electronic, copies or stamps not accepted)

08-19-22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles Pratto

Print Name (First, Last)

Charles Pratto — 08-19-22

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Charles Pratto, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Charles Pratto — 08-19-22

Original Signature — **Date**

Subscribed and Sworn to before me this 19 day of August 2022

Notary Public Signature

MELANIE FRANK
Notary Public - State of Nevada
County of Clark
APPT. NO. 13-11095-1
My Appt. Expires May 16, 2025
(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Linde GAS And equipment MDEG License # (if applicable) MWO1164

Physical Address 601 N SUNSET Rd

City HENDERSON State NV Zip 89011

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702 912 9314 Website www.linde.com

Licensing Company Email _____

Section 2: Personal Information

First Charles Middle L Last Pratto

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] PARROT RIDGE CT

City LAS VEGAS NV State NV Zip 89103

Telephone [redacted] Email charles.Pratto@linde.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Gainesvilles High school			From - To (MM/YY – MM/YY): 1990 - 1994
Address: 1900 NW 13TH ST	City: Gainesvilles	State: FL	Zip: 32609
Diploma/Degree obtained, if any: HIGH school			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY): 2012 - 2022	[redacted] Bindweed Rd	City: Las Vegas	State: NV	Zip: 89103
From - To (MM/YY – MM/YY): 2022 2022	PARROT ~~PARROT~~ CP RIDGE RD	City: Las Vegas	State: NV	Zip: 89103
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: PraxAIR / Linde			From - To (MM/YY – MM/YY): 01-03-15 - NOW
Business Address: 601 W Sunset Rd	City: Las Vegas	State: NV	Zip: 89011
Phone: 702 630-3758	Title: Filler Lead		Number of Employed Hours: 14560
Description of Duties:			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Charles Pratt

Original Signature (electronic, copies or stamps not accepted)

08-03-22

Date

I, Charles Pratt, certify that as the MDEG Administrator for Linde GAS AND equipment,

that I (initial that you have read and meet the following requirements):

1. CP Have a high school diploma or its equivalent;
2. CP Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CP Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CP Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles Pratt
Print Name (First, Last)

Charles Pratt
Original Signature (electronic, copies or stamps not accepted)

08-03-22
Date

Board Use Only	Date Received: 10-12-22

Employee List

Henderson, NV

Charles Pratto

Scott Sims

Robert King Jr.

Kevin Mccray

Issac Marquez

Rich Thorton

Chris Dilauro

Will Mose

Nick Abbott

Elias Cortez

Liberty Mutual SURETY

BOND RIDER

To be attached to and form a part of :

Bond No.: **015210479**

Cross Ref Bond No.: _____

Type of Bond: License Bond

Dated effective: September 1, 2020

Executed by: Praxair Distribution, Inc.

_____, as Principal,

And by: Liberty Mutual Insurance Company, as Surety,

In favor of: Nevada State Board of Pharmacy

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to:

Changing: Principal Name and/or Address

From: Praxair Distribution, Inc.

To: Linde Gas & Equipment Inc.
*see attached list of locations

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

The Principal as changed by this Rider is the Principal as if it had been initially named the Principal when the bond was issued. The former Principal is hereby released and has no obligations with respect to the bond.

This rider is effective: October 11, 2021

Signed and Sealed on: September 30, 2022

Principal Name: Linde Gas & Equipment Inc.

By: _____

Surety Name: Liberty Mutual Insurance Company

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

By: _____
Maureen McNeill, Attorney-in-Fact

Agency Name: Marsh USA Inc.

Agency Address: 1717 Arch Street, Ste. 1100, Philadelphia, PA 19103

- This surety bond needs to show:

Linde Gas & Equipment Inc.	1090 Metric Ave Lake Havasu City, AZ 86403
Linde Gas & Equipment Inc.	3918 W. Lincoln Street Phoenix, AZ 85009
Linde Gas & Equipment Inc.	601 W. Sunset Rd. Henderson, NV 89011
Linde Gas & Equipment Inc.	145 Shimersville Rd. Bethlehem, PA 18015
Linde Gas & Equipment Inc.	208 West Main Street Livingston, TN 38570
Linde Gas & Equipment Inc.	6880 South 2300 East Salt Lake City, UT 84121

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No. 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint,

Maureen McNeill

all of the city of Philadelphia, state of Pennsylvania each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: Teresa Pastella

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 30th day of September 2022

By: Renee C. Llewellyn

Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

4ZZ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH MP01360	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Linde Gas & Equipment Inc.

Physical Address: 1300 Glendale Avenue

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Name of Designated Representative (DR): John K. Becker

Licensing Company Email: LG.NA.MedicalLicensing@linde.c DR Email: John.K.Becker@linde.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10-6-22
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cavagna Group via Statale 11/13/ 25011
Address: 25011 Ponte San Marco BS Italy City: _____ State: _____ Zip: _____

Name: Western/Scott Fetzer Co.
Address: 875 Bassett Road City: Westlake State: OH Zip: 44145

Name: Metal Impact South
Address: 796 Sam T Barkley Drive City: New Albany State: MS Zip: 38652

Name: Catalina Cylinders - West (HQ)
Address: 7300 Anaconda Avenue City: Garden Grove State: CA Zip: 92841

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Linde, Inc.
Corporation/Organization Name: Linde Gas & Equipment Inc.
Mailing Address: 10 Riverview Drive
City: Danbury State: CT Zip: 06810
Telephone: 844-431-1337 Email: contactus@linde.com
Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[3]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [3]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form at:** http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Linde Gas & Equipment Inc.

Facility Name

John K. Becker

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10/05/2022

Date

12.27.22 B

Board Use Only	Date Received: 10-17-22	Amount: 1000.00 CK-711818

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through November 16, 2022

You have searched Finished drug products

Search Results: *'Linde Gas & Equipment Inc.'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	
+ Air, Compressed	25373-006-01	21 L/100L	GAS	RESPIRATORY (INHALATION)	NDA205765	Linde Gas & Equipment Inc.	25373-006	Nitrogen, Oxygen	OXYGEN	HUMAN PRESCRIPTION DRUG	11/08/1989	N
+ Air, Compressed	25373-006-02	21 L/100L	GAS	RESPIRATORY (INHALATION)	NDA205765	Linde Gas & Equipment Inc.	25373-006	Nitrogen, Oxygen	OXYGEN	HUMAN PRESCRIPTION DRUG	11/08/1989	N
+ Air, Compressed	25373-006-03	21 L/100L	GAS	RESPIRATORY (INHALATION)	NDA205765	Linde Gas & Equipment Inc.	25373-006	Nitrogen, Oxygen	OXYGEN	HUMAN PRESCRIPTION DRUG	11/08/1989	N
+ Air, Compressed	25373-006-04	21 L/100L	GAS	RESPIRATORY (INHALATION)	NDA205765	Linde Gas & Equipment Inc.	25373-006	Nitrogen, Oxygen	OXYGEN	HUMAN PRESCRIPTION DRUG	11/08/1989	N
+ Air, Compressed	25373-006-07	21 L/100L	GAS	RESPIRATORY (INHALATION)	NDA205765	Linde Gas & Equipment Inc.	25373-006	Nitrogen, Oxygen	OXYGEN	HUMAN PRESCRIPTION DRUG	11/08/2017	N
+ Carbon Dioxide	25373-104-05	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-104	Carbon Dioxide	CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Carbon Dioxide	25373-104-06	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-104	Carbon Dioxide	CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Carbon Dioxide	25373-104-07	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-104	Carbon Dioxide	CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Carbon Dioxide	25373-104-08	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-104	Carbon Dioxide	CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Carbon Dioxide	25373-004-01	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-004	Carbon Dioxide	CARBON DIOXIDE	HUMAN PRESCRIPTION DRUG	11/28/1990	N

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	
+ COMPRESSED, N.O.S.	25373-012-01	79 L/100L, 21 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-012	Helium, Oxygen	HELIUM; OXYGEN	HUMAN PRESCRIPTION DRUG	06/24/1998	N
+ Helium	25373-010-04	99 L/100L	GAS	RESPIRATORY (INHALATION)	NDA206826	Linde Gas & Equipment Inc.	25373-010	Helium	HELIUM	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Helium	25373-010-05	99 L/100L	GAS	RESPIRATORY (INHALATION)	NDA206826	Linde Gas & Equipment Inc.	25373-010	Helium	HELIUM	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Helium	25373-010-06	99 L/100L	GAS	RESPIRATORY (INHALATION)	NDA206826	Linde Gas & Equipment Inc.	25373-010	Helium	HELIUM	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Helium	25373-010-07	99 L/100L	GAS	RESPIRATORY (INHALATION)	NDA206826	Linde Gas & Equipment Inc.	25373-010	Helium	HELIUM	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Helium	25373-010-08	99 L/100L	GAS	RESPIRATORY (INHALATION)	NDA206826	Linde Gas & Equipment Inc.	25373-010	Helium	HELIUM	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Helium	25373-010-09	99 L/100L	GAS	RESPIRATORY (INHALATION)	NDA206826	Linde Gas & Equipment Inc.	25373-010	Helium	HELIUM	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Nitrogen	25373-002-01	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-002	Nitrogen	NITROGEN	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Nitrogen	25373-002-02	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-002	Nitrogen	NITROGEN	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Nitrogen	25373-002-03	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-002	Nitrogen	NITROGEN	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Nitrogen	25373-002-04	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-002	Nitrogen	NITROGEN	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Nitrous Oxide	25373-103-05	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-103	Nitrous Oxide	NITROUS OXIDE	HUMAN PRESCRIPTION DRUG	06/16/1986	N
+ Nitrous Oxide	25373-103-06	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-103	Nitrous Oxide	NITROUS OXIDE	HUMAN PRESCRIPTION DRUG	06/16/1986	N
+ Nitrous Oxide	25373-103-07	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-103	Nitrous Oxide	NITROUS OXIDE	HUMAN PRESCRIPTION DRUG	06/16/1986	N

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	
+ Nitrous Oxide	25373-103-08	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-103	Nitrous Oxide	NITROUS OXIDE	HUMAN PRESCRIPTION DRUG	06/16/2016	N
+ Nitrous Oxide	25373-003-01	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-003	Nitrous Oxide	NITROUS OXIDE	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Nitrous Oxide	25373-003-02	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-003	Nitrous Oxide	NITROUS OXIDE	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Nitrous Oxide	25373-003-04	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-003	Nitrous Oxide	NITROUS OXIDE	HUMAN PRESCRIPTION DRUG	11/27/1990	N
+ Nitrous Oxide	25373-003-05	99 L/100L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-003	Nitrous Oxide	NITROUS OXIDE	HUMAN PRESCRIPTION DRUG	11/09/2017	N
+ Nitrous Oxide Sedara	25373-703-01	990 mL/L	GAS	RESPIRATORY (INHALATION)		Linde Gas & Equipment Inc.	25373-703	Nitrous Oxide	NITROUS OXIDE	HUMAN PRESCRIPTION DRUG	06/18/2012	N

Showing 1 to 42 of 42 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services



Making our world
more productive

Linde Gas & Equipment Inc. Registered Agent

CSC Services of Nevada, Inc.
2215-B Renaissance Drive
Las Vegas, NV 89119
1-800-327-9800

cscglobal.com

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE GAS & EQUIPMENT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE GAS & EQUIPMENT INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 1969.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

712918 8300

SR# 20222788181

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203734176

Date: 06-22-22

Making Our World More Productive

Corporate Officer List
Linde Gas and Equipment Inc.

Business contact information for all Officers:

Linde Gas and Equipment Inc.
10 Riverview Drive
Danbury, CT 06810
203-837-2000

List of Officers:

President
Benjamin Glazer

Treasurer
Adam G Schmidt

Secretary
Robert I Morrison

Linde Gas & Equipment Inc. FEIN: 94-1693764

Making our world more productive



Corporate Ownership Structure Outline
Linde Gas & Equipment Inc.

Linde plc (Public Corporation)
The Priestley Centre
10 Priestley Road
Surrey Research Park
Guildford. Surrey GU2 7XY
United Kingdom
FEIN: 98-144883

Owns 100% of:
Zamalight Holdco LLC (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 83-2110425
Incorporated in Delaware

Owns 100% of:

Linde. Inc. (Not publicly held)
10 Riverview Dr.
Danbury. CT 06810
USA FEIN: 06-1249050
Incorporated in Delaware

Owns 100% of:

Linde Gas & Equipment Inc. (Not publicly held) DBA: Praxair Distribution
10 Riverview Dr. (Corporate offices)
Danbury. CT 06810 USA
FEIN: 94-1693764
Incorporated in Delaware

Linde. Inc. through Linde Gas & Equipment Inc. owns and operates approximately 170 medical gas manufacturing. warehousing and distribution facilities in the USA. Each of these local facilities operates under the Linde Gas & Equipment Inc. name. Depending upon the specific facility. the facility may operate under the Praxair Distribution DBA name or the Linde Gas North America DBA name.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/20/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA, Inc.
1166 Avenue of the Americas
New York, NY 10036
Attn: NewYork.Certs@marsh.com Fax: 212-948-0500

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Old Republic Insurance Company	24147
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Linde Inc.
10 Riverview Drive
Danbury, CT 06810

COVERAGES **CERTIFICATE NUMBER:** NYC-010962292-17 **REVISION NUMBER:** 27

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			MWZY-313507-22	10/01/2022	10/01/2023	EACH OCCURRENCE	$	5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	5,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	5,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	5,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY			MWTB-313505-22	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$	10,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		MWC-313504-22	10/01/2022	10/01/2023	X PER STATUTE OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)						E.L. EACH ACCIDENT	$	5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	5,000,000
							E.L. DISEASE - POLICY LIMIT	$	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER
Linde Inc.
10 Riverview Drive
Danbury, CT 06810

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Marsh USA Inc.

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Sparks, NV

Employee List

Phil Sage

Scott Campbell

William Hague

Mar Scott

Edwin Salsa

Scott Domes

Patrick Kelley

Richard Gamwell

Ryan Bates

John Becker

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Linde Gas & Equipment Inc.

Physical Address: 1300 Glendale Ave.

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Licensing Company Email: LG.NA.MedicalLicensing@linde.com

Section 2: Personal Information

First: John Middle: K. Last: Becker

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] GLENDALE AVE

City: SPARKS State: NV. Zip: 89431

Telephone: [redacted] Email: JOHN.K.BECKER@LINDE.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	Y	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: 11/78 to: 11/82

Military Occupation/Specialty: ENGINEMAN

Branch: ☐ Army/Reserves ☒ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials: JKB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
JOHN F. KENNEDY		09/74 - 06-78	
Address	City	State	Zip
39999 BLACOW RD	FREMONT	CA	94538
Diploma/Degree obtained, if any			
DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/14 -	[redacted] TINNIN RD	MANTECA	CA	95337
08/86 09/14	[redacted] FOSTER ST	FREMONT	CA	94538
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JAB

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: LINDE GAS & EQUIPMENT			From - To (MM/YY – MM/YY): 11/16	
Business Address: 2219 N. WILSON WAY	City: STOCKTON		State: CA	Zip: 95205
Phone: 209.948.8981	Title: MANAGER		Number of Employed Hours: 10,000	
Description of Duties: STORE & DISTRIBUTION				

Business Name: ~~LINDE~~ AIR LIQUIDE			From - To (MM/YY – MM/YY): 07/03 - 10/16	
Business Address: 700 DECOTO RD	City: UNION CITY		State: CA	Zip: 94587
Phone	Title: FILLER LEAD		Number of Employed Hours	
Description of Duties: FILL & RECIEVE MEDICAL PRODUCTS OXYGEN & NITROGEN				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials: [signature] 4

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/6/22
Date

Applicant's initials

I, JOHN KEVIN BECKER, **certify that as the designated representative for** LINDE GAS & EQUIPMENT INC.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

John Becker

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/6/22

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Becker

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/6/22

Date

SEE ATTACHED FOR NOTORIAL SEAL

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of SAN JOAQUIN

I, JOHN K. BECKER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10-6-22

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

Applicant's initials

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }

COUNTY OF SAN JOAQUIN }

Subscribed and sworn to (or affirmed) before me on this 6th day of October, 2022
Date *Month* *Year*

by John K Becker
Name of Signers

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: _____
Signature of Notary Public

A. I. ORTIZ
COMM # 2336817
San Joaquin County
California - Notary Public
Comm. Expires Dec. 4, 2024
NXC1

Seal
Place Notary Seal Above

---------- **OPTIONAL** ----------

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

The UPS Store® Electronic Waiver for Notary Services

STORE	DATE	NOTARY WAIVER ID
3508	Thu 6 Oct 2022	00007AB2BDBB

REFERENCE
00003AE734CC

FIRST AND LAST NAME	TELEPHONE
John Becker	(209) 489-0783

E-MAIL ADDRESS
John.k.becker@linde.com

Agreement to Arbitrate Claims

You and We agree that any controversy or claim, whether at law or equity, arising out of or related to the provision of services by this The UPS Store® center shall be resolved in its entirety by individual (not class-wide nor collective) binding arbitration, regardless of the date of accrual of such dispute, except for claims that may be filed in courts of limited jurisdiction such as small claims, justice of the peace, magistrate court, and similar courts with monetary limits of $30,000 or less on their jurisdictions over civil disputes. You and We agree that this agreement to arbitrate claims also applies to any controversy or claim involving The UPS Store, Inc. or any of its affiliated entities.

Arbitration is the submission of a dispute to a neutral arbitrator, instead of a judge or jury, for a final and binding decision, known as an "award." Arbitration provides for more limited discovery than in court, and is subject to limited review by courts. Each party has an opportunity to present evidence to the arbitrator in writing or through witnesses. An arbitrator can only award the same damages and relief that a court can award under the law and must honor the terms and conditions in the Terms.

Institutional Arbitration

The arbitration shall be conducted by the American Arbitration Association (AAA) in accordance with its Commercial Arbitration Rules or, provided that you are an individual consumer and are using this The UPS Store center's services for personal (not business) use, the Consumer Arbitration Rules (the "Rules"), and judgment on the award may be entered in any court of competent jurisdiction. The Rules, including instructions for how to initiate arbitration, are available at http://www.adr.org.

Any arbitration under this Agreement will take place on an individual basis; class, mass, consolidated or combined actions or arbitrations or proceeding as a private attorney general are not permitted. You and We are each waiving the right to trial by jury. You and We are further giving up the ability to participate in a class, mass, consolidated or combined action or arbitration.

Place of Arbitration/Number of Arbitrators/Costs of Arbitration/Governing Law/Survival

Any arbitration will take place in the county where this The UPS Store® center is located and will be determined by a single arbitrator.

Any filing fee or administrative fee required of Claimant by the AAA Rules shall be paid by You to the extent such fee does not exceed the amount of the fee required to commence a similar action in a court that otherwise would have jurisdiction. For all non-frivolous complaints, We will pay the amount of such fee in excess of that amount. The arbitrator will allocate the administrative costs and arbitral fees consistent with the applicable rules of the American Arbitration Association. Reasonable attorney's fees and expenses will be allocated or awarded only to the extent such allocation or award is available under applicable law.

All issues are for the arbitrator to decide, except that issues relating to the scope, application, and enforceability of the arbitration provision are for a court to decide. The Federal Arbitration Act governs the interpretation and enforcement of this provision. This agreement to arbitrate shall survive termination of the Terms.

Severability

Notwithstanding anything to the contrary in the AAA Rules, if any part of this arbitration provision is deemed invalid or ineffective for any reason, this shall not affect the validity or enforceability of the remainder of this arbitration provision, and the arbitrator shall have the authority to amend any provisions deemed invalid or ineffective to make the same valid and enforceable.

Desk Arbitration

For all disputes concerning an amount less than fifteen thousand dollars ($15,000.00), the parties shall submit their arguments and evidence to the arbitrator in writing and the arbitrator shall make an award based only on the documents; no hearing will be held unless the arbitrator in his or her discretion, and upon request of a party, decides it is a necessity to require an in-person hearing. Notwithstanding this provision, the parties may agree to proceed with desk arbitration at any time.

Access to Small Claims Courts

All parties shall retain the right to seek adjudication in a state court of limited jurisdiction, such as small claims, justice of the peace, magistrate court, and similar courts with monetary limits of less than $30,000 on their jurisdiction over civil disputes, for individual disputes within the scope of such court's jurisdiction.

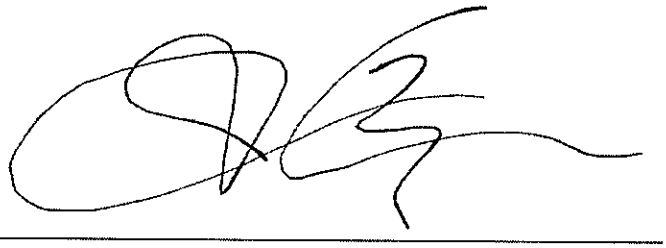
Acknowledgements

You and We acknowledge and agree that:

- WE ARE WAIVING THE RIGHT TO HAVE A TRIAL BY JURY TO RESOLVE ANY DISPUTE BETWEEN OR AMONG US, THE UPS STORE, INC., ITS AFFILIATES OR RELATED THIRD PARTIES;
- WE ARE WAIVING THE RIGHT TO HAVE A COURT, OTHER THAN A STATE COURT OF LIMITED JURISDICTION AS DEFINED ABOVE, RESOLVE ANY SUCH DISPUTE;
- WE ARE WAIVING THE RIGHT TO HAVE A COURT REVIEW ANY DECISION OR AWARD OF AN ARBITRATOR, WHETHER INTERIM OR FINAL, EXCEPT FOR APPEALS BASED ON THOSE GROUNDS FOR VACATUR EXPRESSLY SET FORTH IN SECTION 10 OF THE FEDERAL ARBITRATION ACT.
- YOU AND WE AGREE THAT WE ARE WAIVING THE RIGHT TO SERVE AS A REPRESENTATIVE, AS A PRIVATE ATTORNEY GENERAL, OR IN ANY OTHER REPRESENTATIVE CAPACITY, JOIN AS A CLASS MEMBER, AND/OR TO PARTICIPATE AS A MEMBER OF A CLASS OF CLAIMANTS IN ANY CLASS, MASS, CONSOLIDATED OR COMBINED ACTION OR ARBITRATION.

Award

The arbitrator may award money or equitable relief in favor of only the individual party seeking relief and only to the extent necessary to provide relief warranted by that party's individual claim. Similarly, an arbitration award and any judgment confirming it apply only to that specific case; it cannot be used in any other case except to enforce the award itself. To reduce the time and expense of the arbitration, the arbitrator will not provide a statement of reasons for his or her award unless a brief explanation of the reasons is requested by one of the parties. Unless the parties agree otherwise, the arbitrator may not consolidate more than one person's claims, and may not otherwise preside over any form of a representative, private attorney general or class proceeding.



Thu 6 Oct 2022

SIGNATURE **DATE**

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: John K. Becker MDEG License # (if applicable): _____

Physical Address: 1300 Glendale Ave.

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): 7000 High Grove Blvd.

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4129 Website: www.linde.com

Licensing Company Email: LG.NA.MedicalLicensing@linde.com

Section 2: Personal Information

First: John Middle: K. Last: Becker

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] GLENDALE AVE.

City: SPARKS State: NV. Zip: 89431

Telephone: [redacted] Email: JOHN.K.BECKER@LINDE.COM

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
JOHN F. KENNEDY HIGH SCHOOL		09/74 – 06/78	
Address	**City**	**State**	**Zip**
39999 BLACOW RD	FREMONT	CA	94538
Diploma/Degree obtained, if any			
DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/14 –	[redacted] TINNIN RD	MANTECA	CA	95337
08/86 – 09/14	[redacted] FOSTER ST	FREMONT	CA	94538
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Linde Gas & Equipment Inc.			From - To (MM/YY – MM/YY):
Business Address: 1300 Glendale Ave.	City: Sparks	State: NV	Zip: 89431
Phone: 209-489-0783	Title: Facility Manager	Number of Employed Hours:	
Description of Duties: MANAGER			

Business Name: LINDE GAS & EQUIPMENT INC			From - To (MM/YY – MM/YY): 11/16 –
Business Address: 2219 N. WILSON WAY	City: STOCKTON	State: CA	Zip: 95205
Phone: 209-948-8984	Title: MANAGER	Number of Employed Hours: 10,000	
Description of Duties: MANAGER			

Business Name: AIR LIQUIDE			From - To (MM/YY – MM/YY): 07/03 – 10/16
Business Address: 700 DECOTO RD	City: UNION CITY	State: CA	Zip: 94587
Phone:	Title:	Number of Employed Hours:	
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:	Number of Employed Hours:	
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:	Number of Employed Hours:	
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/6/22
Date

I, John Kevin Becker, **certify that as the MDEG Administrator for** Linde Gas & Equipment Inc., **that I (initial that you have read and meet the following requirements):**

1. JB Have a high school diploma or its equivalent;
2. JB Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Becker
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/16/22
Date

Board Use Only	Date Received: 10-17-22

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015218799

Application/License No. _____

Linde Gas & Equipment Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
*see attached list of locations, as
Address of Applicant/Principal
PRINCIPAL, and Liberty Mutual Insurance Company, a
Surety Company
corporation organized under the laws of the state of Massachusetts
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
175 Berkeley Street Boston, MA 02116 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 5, 2022.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 5 day of October, 2022.

APPLICANT/PRINCIPAL
Linde Gas & Equipment Inc.

Authorized Representative
Gerald Hobbs, Executive Director Risk + Insurance

SURETY COMPANY
Liberty Mutual Insurance Company

Surety Company's Representative
Maureen McNeill, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:
Witness
Witness

SIGNED and SEALED in the presence of:
Witness Bianca Phillips
Witness Cori Wilson

Countersigned by:
NA
Nevada Resident Agent

* This surety bond needs to show:

Linde Gas & Equipment Inc.	1300 Glendale Ave. Sparks, NV 89431
Linde Gas & Equipment Inc.	4260 E. Idaho Street Elko, NV 89801
Linde Gas & Equipment Inc.	4443 Hwy 50 East Carson City, NV 89701

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204866

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint,

Maureen McNeill

all of the city of Philadelphia, state of Pennsylvania each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1125044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 5th day of October 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Individual Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be the person described in and who executed the foregoing instrument and ____he____ thereupon acknowledged to me that ____he___ executed the same.

_____
Notary Public

Partnership/L.L.C. Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be one of the firm of _____ described in and who executed the foregoing instrument and _____he_____ thereupon acknowledged to me that ___he___ executed the same as and for the act and deed of said firm.

_____
Notary Public

Corporate Acknowledgment

State of Connecticut
County of Fairfield

On the 7th day of October, 2022, before me personally appeared Gerald Hobbs to me known, who being by me duly sworn, did depose and say the ____he____ is the Executive Director Risk + Insurance of the Linde Gas + Equipment Inc. the corporation described in and which executed the foregoing instrument that _____he_____ knows the seal of said corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the board of directors of said corporation, and that _____he_____ signed his name thereto by like order.

Barbara J. Cahill
Notary Public

Barbara J. Cahill
Notary Public, State of Connecticut
My Commission Expires Feb. 29, 2024

4AAA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-State	■ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☐ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: FREMONT PUBLIC HEALTH CENTER PHARMACY

Physical Address: 2830 E FREMONT ST

City: LAS VEGAS State: NV Zip: 89014

Mailing Address (if different from physical address): PO BOX 3902

City: LAS VEGAS State: NV Zip: 89127

Telephone: 702.759.1845 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702.759.1440 Contact Email: BLEAK@SNHD.ORG

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): TODD BLEAK ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 11505 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: TODD BLEAK	NV Pharmacist Registration #: 11505
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEVADA

Parent Company (if any): LOCAL GOVERNMENT

Corporation/Organization Name: SOUTHERN NEVADA HEALTH DISTRICT

Mailing Address: PO BOX 3902

City: LAS VEGAS State: NV Zip: 89127

Telephone: 702.759.1136 Email: BLEAK@SNHD.ORG

Contact Person Name: TODD BLEAK

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the MANAGING PHARMACIST (title) for FREMONT PUBLIC HEALTH CENTER PHARM (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

TODD BLEAK

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

09/19/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, TODD BLEAK hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the MANAGING PHARMACIST (title) for FREMONT PUBLIC HEALTH CENTER PHARM (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 19th day of September, 2022

Notary Public

RONIQUE TATUM-PENEGAR
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 18-3926-1
MY APPT. EXPIRES OCTOBER 05, 2022

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: TODD BLEAK Pharmacist Registration #: 11505

Pharmacy Name: FREMONT PUBLIC HEALTH CENTER PHARMACY

Initial each statement below to indicate you have read and agree with the following:

TB — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

TB — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

TB — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

TB — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

TB — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
PUBLICLY AVAILABLE FINE	NV	11/25/2008	08-049-RPH-S

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

09/19/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List <u>all</u> Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the <u>top four</u> stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List <u>all stockholders</u> who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/ **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

FERMIN LEGUEN, DISTRICT HEALTH OFFICER

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

9/19/22
Date

Board Use Only	Date Received: _____	Amount: 500.00 CC ✓

2777 Paradise RD #204
Las Vegas, Nevada 89109

September 19, 2022

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: NV Board of Pharmacy Case # 08-049-RPH-S

As part of audit of continuing education records for renewal period 11/01/2005-10/31/2007, I could only produce 8 hours of continuing education certificates. Additional continuing education documentation was lost on a damaged computer and could not be recovered. I failed to request copies of the additional certificates. I accepted responsibility and completed the corrective action requirements by the Board.

Respectfully,

Todd Bleak
(License #11505)

Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

January 7, 2009

Todd R. Bleak
[redacted] Las Vegas Boulevard South [redacted]
Las Vegas, NV 89101

RE: Case No. 08-049-RPH-S

Dear Mr. Bleak:

This letter is to inform you that the Board of Pharmacy is in receipt of your continuing education examination. You passed the examination with 97.5 points out of a possible 100.

We have also received your check in the amount of $1,000.00 in payment of your fine in the above referenced case. I am also in receipt of 82 CE's. 22 CE hours will fulfill your obligation for continuing education for the 2005-2007 renewal period. The remainder will qualify as completion of the required 60 CE's for the 2007-2009 renewal period. As a reminder you will be audited again for the renewal period ending October 31, 2009. When you get your letter, please contact me and I will submit the CE's for you acknowledging your compliance.

If you have any questions, please feel free to contact me.

Sincerely,

Jeri L. Walter
Board Coordinator

jlw

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000054591071
Process Date: 01/02/2009
Page: 1 of 3

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number 5500000054591071

This report is maintained in: [ ] **The National Practitioner Data Bank**

[X] **The Healthcare Integrity and Protection Data Bank**

The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: NEVADA STATE BOARD OF PHARMACY
Address: 431 WEST PLUMB LANE
City, State, ZIP: RENO, NV 89509
Entity Internal Report Reference (e.g., claim number): NV011061
Name or Office: JERI L. WALTER
Title or Department: BOARD COORDINATOR
Telephone: (775)850-1440
Type of Report: INITIAL REPORT

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: BLEAK, TODD RICHARD
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name:
Work Address:
City, State, ZIP:
Country:
Organization Type:
Other, as Specified:
Home Address: [redacted] LAS VEGAS BLVD S [redacted]
City, State, ZIP: LAS VEGAS, NV 89101
Country:
Deceased: NO
Date of Death:
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): [redacted]
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):

CONFIDENTIAL DOCUMENT – FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

Professional School(s) & Year(s) of Graduation: UOA 1992

Occupation/Field of Licensure (Code): PHARMACIST (050)
State License Number, State of Licensure: 11505, NV
Other, as Specified:
Specialty:

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:
Country:

Nature of Relationship(s):

Other, as Specified:

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE

Name of Agency or Program that Took the Adverse Action Specified in This Report: NEVADA STATE BOARD OF PHARMACY

Adverse Action Classification Code(s): PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173)

Other, as Specified:

Date Action Was Taken: 11/25/2008

Date Action Became Effective: 11/25/2008

Total Amount of Monetary Penalty, Assessment and/or Restitution: $1,000.00

Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: NO

Description of Act(s) or Omission(s) or Other Reasons for Action Taken: PHARMACIST INDICATED ON NEVADA LICENSE RENEWAL APPLICATION THAT HE HAD COMPLETED THE REQUIRED 30 HOURS OF CONTINUING EDUCATION. HE WAS ONLY ABLE TO PROVIDE CERTIFICATES FOR 8 HOURS OF CE DURING A RANDOM AUDIT. BOARD ORDERED HIM TO PAY A FINE OF $1,000.00, COMPLETE THE 22 HOURS OF CE FOR RENEWAL PERIOD 11/1/2005 THROUGH 10/31/2007 AND COMPLETE 60 HOURS OF CE FOR RENEWAL PERIOD 11/1/2007 THROUGH 10/31/2009. PHARMACIST MUST ALSO TAKE AND PASS THE WRITTEN LAW EXAM PROVIDED BY BOARD STAFF.

CONFIDENTIAL DOCUMENT – FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

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Basis for Action: FAILURE TO COMPLY WITH CONTINUING EDUCATION OR COMPETENCY REQUIREMENTS (A2)

Other, as Specified:

☐ Subject identified in Section B has appealed the reported adverse action.

Date of Appeal:

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

☐ If box is checked, this report has been disputed by the subject identified in Section B.

☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 01/02/2009

Date of Most Recent Change: 01/02/2009

END OF REPORT

CONFIDENTIAL DOCUMENT – FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000054591071
Process Date: 01/02/2009
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To: BLEAK, TODD RICHARD
[redacted] LAS VEGAS BLVD S [redacted]
LAS VEGAS, NV 89101

From: **The Healthcare Integrity and Protection Data Bank**
Re: **Notification of a Report in the Data Bank(s)**

This notice is to inform you that the enclosed report of an action taken against you was recently submitted to the Healthcare Integrity and Protection Data Bank (HIPDB).

What is the HIPDB? Section 1128E of the Social Security Act as added by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, established the HIPDB. Section 1128E mandates that information on certain final adverse actions (e.g., licensure, civil judgment and criminal convictions related to health care, exclusions from Federal or State health care programs and certain other adjudicated actions and decisions) taken against health care practitioners, providers and suppliers be reported to the HIPDB. Federal and State government agencies and health plans are authorized to query the HIPDB.

Confidentiality.

All information in the HIPDB is considered confidential and is disclosed only to legally authorized queriers for specified uses. Disclosure or use of confidential information for other purposes is a violation of Federal law. Health care practitioners, providers and suppliers may query the Data Bank about themselves (self-query) and may share their self-query results with anyone they choose. Information in the Data Bank is NOT available to the public.

What does the report mean to you?

The enclosed report summarizes an action taken against you. The HIPDB may contain more than one report on a particular incident, if two or more actions were taken that related to that one incident, e.g., an adverse licensure action and an exclusion from the Medicare and Medicaid programs. A report in the Data Bank does not necessarily reflect adversely on your professional competence or conduct. Those entities authorized to access the HIPDB use the information in conjunction with information from other sources, including you, when granting clinical privileges or making employment, affiliation or licensure decisions. This report is being sent to you so that you can check its accuracy. This is important because the Data Bank is a clearinghouse for reports, which are maintained exactly as submitted.

>> **If the report is accurate,** you need not respond to this mailing. The report will be available to authorized queriers exactly as submitted.
>> **If the mailing address in this report is incorrect,** you may update your mailing address as maintained by the Data Banks using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov. Future correspondence from the Data Banks will be mailed to you at the address specified. Please be advised that this does not change your address as reflected in the report. Only the entity that originally submitted the report can modify or correct information provided in the report.
>> **You may add a statement** expressing your view of the events described in the report using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000054591071
Process Date: 01/02/2009
Page: 2 of 2

>> **You may dispute the report** using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov You may NOT dispute the reported action itself or the appropriateness of any finding or judgment.
>> **You may submit both** a statement and dispute the report.
>> **You must certify** that you are the subject of the report in the Certification section of the Subject Statement and Dispute screen if you submit a statement, dispute the report or both.

Do not send this form directly to the Secretary of the U.S. Department of Health and Human Services. To avoid lengthy processing delays, send the form to: NPDB-HIPDB, P.O. Box 10832, Chantilly, VA 20153-0832.

If you submit a Subject Statement or place the report in disputed status using the Report Response Service, you will be prompted to print a copy for your records. When the Data Banks process a statement and/or dispute, notification of the statement and/or disputed status is sent to all queriers who received the report. If the entity that submitted the report to the Data Bank submits a change or correction to the report, a copy of the revised report will be sent to you and to any queriers who received a previous version of the report.

If a reporting entity subsequently corrects or changes a report that contains a Subject Statement, the original statement will be maintained in the modified report until the Subject elects to remove it or replace it with a new statement.

Additional Information.

The U.S. Department of Health and Human Services, Health Resources and Service Administration, Division of Practitioner Data Banks operates the HIPDB under regulations codified at 45 CFR Part 61. Information describing the operation of the Data Bank, including reporting requirements, disclosure authority, dispute procedures, authorizing legislation, implementing regulations, etc., is accessible on the World Wide Web at http://www.npdb-hipdb.hrsa.gov. For assistance, contact the NPDB-HIPDB Customer Service Center by e-mail at npdb-hipdb@sra.com or by phone at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on Federal holidays.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

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DCN: 5500000054591071
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Page: 1 of 1

REPORT RESPONSE SERVICE LOGIN INSTRUCTIONS

To access the on-line Report Response Service, go to http://www.npdb-hipdb.hrsa.gov and click Respond to a Report. The Welcome to the Report Response Service screen displays. Click the Respond to a Report icon on this page to proceed to the Report Response Log In screen.

As the subject of a report, you are assigned a unique Report Password. This Report Password applies to all reports on file with the Data Bank(s) for which you are the subject.

If you have more than one report for which you wish to dispute report information (add, modify, or remove a Subject Statement, initiate or withdraw a dispute or request for Secretarial Review, or modify your address as maintained by the Data Bank(s)), you must enter one Report Number in the appropriate field on the Report Response Login screen, along with your Report Password. Once you have completed your transaction for that report, return to the Report Response Login screen and enter the next Report Number for which you wish to dispute report information. Use the same Report Password for all Report Numbers.

Report Number: Found on the first page of the report, which follows the Notification of a Report in the Data Bank(s) sent to inform you of a report submitted to the Data Bank(s), or in your self-query results.

Report Password: [redacted]

NOTE: Enter the Report Password exactly as it appears here. The Report Password is case-sensitive. File this information in a secure place for future access to the on-line Report Response Service.

CONFIDENTIAL DOCUMENT – FOR AUTHORIZED USE ONLY

4BBB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located? ■ Nevada ☐ Out-of-State

[a]Is the business also a wholesaler? (NRS 639.016) ☐ Yes ■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: All Desert Respiratory

MDEG Physical Address: 5000 W Oakey Blvd #D4

City: Las Vegas State: NV Zip: 89146

Mailing Address (if different from physical address): 42247 12th Street west #115

City: Lancaster State: Ca Zip: 93534

Telephone: 661 974-8009 Website: _____

Email: hdresp@aol.com

Name of MDEG Administrator (NAC 639.694): Christian Breeher

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
■ Patients by prescriptions	■ Medical Gases**
☐ Pharmacies[a]	■ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	■ Parenteral and Enteral Equipment**
☐ Clinics[a]	■ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
■ Other business entities (specify)[a]: Hospice companies	☐ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: Paul Trcopan
	Telephone: 702 350-3896

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9 to 5	☐ Tue: 9 to 5	■ Wed: 9 to 5	■ Thurs: 9 to 5	■ Fri: 9 to 5
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
PTAN 6575500001

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: NONE Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): _____

Corporation/Organization Name: All Desert Respiratory

Mailing Address: 42247 12th st west #115

City: Lancaster State: Ca Zip: 93534

Telephone: 6619748009 Email: hdresp@aol.com

Contact Person Name: Randall Wolfe

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of all Officers and Directors.	✓	✓ *		
• List of all general and limited partner names and their percent ownership (NAC 639.6942).			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓ *	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓ *	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓ *	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓ *	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/ I Submitted, Already, Christian Breeched	✓	✓ *	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RANDALL WOLFE

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

8/1/22

Date

Board Use Only	Date Received: ~~8-8-22~~ 8.22.22	Amount: 500.00 CC ✓ processed 12.5.22 $

List of Officers

Randall A. Wolfe Chief executive Officer 45% owner

Ryan DiDomizio Chief Operations Officer 40% owner

Dora Wolfe Chief Financial officer 15% owner

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALL DESERT RESPIRATORY**, as a FOREIGN CORPORATION (80) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/09/2019, and is in good standing in this state.

I further certify that the above FOREIGN CORPORATION (80) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/05/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202212053206136
You may verify this certificate online at http://www.nvsos.gov

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

All Desert Respiratory
DBA: High Desert Respiratory
42247 12th Street West, Suite#115
Lancaster, CA 93534

LICENSE NUMBER: 54964
EXPIRATION DATE: 11/5/2023

The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 10/17/2022

OSP 07 102308

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/18/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Shirley Babb	
ISU Stephen B. Marvin Insurance Agency CA License #0523636 P O Box 4370 Lancaster CA 93539	PHONE (A/C, No, Ext): (661) 942-1101	FAX (A/C, No): (661) 948-0233
	E-MAIL ADDRESS: shirley@marvinins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Employers Mutual Casualty Co	21415
	INSURER B : Starnet Insurance Co	40045
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED
All Desert Respiratory, Inc., DBA: High Desert Respiratory
42247 12th Street West, Unit #115
Lancaster CA 93534

COVERAGES **CERTIFICATE NUMBER:** 22-23 GL/WC **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	Y		6X23830	08/10/2022	08/10/2023	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
							CyberSolutions	$ 50,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		BNUWC0143311	03/01/2022	03/01/2023	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Premises leased at 5000 West Oakey Blvd Suite D-4 Las Vegas, Nevada 89146.
Certificate holder is included as additional insured/lessor with respect to the general liability per attached endorsement. A written contract or agreement is required for the additional insured to be valid.
DISCLAIMER: THIS CERTIFICATE OF INSURANCE REPRESENTS COVERAGE CURRENTLY IN EFFECT AND MAY OR MAY NOT BE IN COMPLIANCE WITH ANY WRITTEN CONTRACT.

CERTIFICATE HOLDER

5000 W Oakey LLC
5000 W. Oakey Blvd., Ste. A3-1
Las Vegas NV 89146

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Henry Marvin

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California Secretary of State
Electronic Filing

FILED
Secretary of State
State of California

Corporation - Statement of Information

Entity Name: ALL DESERT RESPIRATORY

Entity (File) Number: C3370719
File Date: 02/14/2022
Entity Type: Corporation
Jurisdiction: CALIFORNIA
Document ID: H232587

Detailed Filing Information

1. Entity Name: ALL DESERT RESPIRATORY

2. Business Addresses:
   a. Street Address of Principal Office in California:
   42247 12th street west #115
   Lancaster, California 93534
   United States of America

   b. Mailing Address:
   42247 12th street west #115
   Lancaster, California 93534
   United States of America

   c. Street Address of Principal Executive Office:
   42247 12th street west #115
   Lancaster, California 93534
   United States of America

3. Officers:
   a. Chief Executive Officer:
   Randall Alan Wolfe
   20950 Oak Glen Ave
   Tehachapi, California 93561
   United States of America

   b. Secretary:
   Ryan Michael DiDomizio
   43928 Moccasin Place
   Lancaster, California 93536
   United States of America

Document ID: H232587

California Secretary of State
Electronic Filing

Officers (cont'd):

c. Chief Financial Officer: Dora Joann Wolfe
20950 Oak Glen Ave
Tehachapi, California 93561
United States of America

4. Director: Randall Alan Wolfe
20950 Oak Glen Ave
Tehachapi, California 93534
United States of America

Number of Vacancies on the Board of Directors: 0

5. Agent for Service of Process: Doreen Lincoln
1441 Huntington Drive Suite 244
South Pasadena, California 91030
United States of America

6. Type of Business: Healthcare

No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.

By signing this document, I certify that the information is true and correct and that I am authorized by California law to sign.

Electronic Signature: Randall Alan Wolfe

Use bizfile.sos.ca.gov for online filings, searches, business records, and resources.

Document ID: H232587

CERTIFICATE of ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

All Desert Respiratory
d/b/a dba High Desert Respiratory
LAS VEGAS, NEVADA

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

DMEPOS

Home/Durable Medical Equipment Services

FROM *January 14, 2021* THROUGH *January 13, 2024*

PRESIDENT & CHIEF EXECUTIVE OFFICER

CHAIRMAN OF THE BOARD OF COMMISSIONERS

ACCREDITATION COMMISSION FOR HEALTH CARE
ACHC

CERTIFICATE *of* ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

All Desert Respiratory
d/b/a High Desert Respiratory
LAKE HAVASU CITY, ARIZONA

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

DMEPOS

Home/Durable Medical Equipment Services

FROM *January 14, 2021* THROUGH *January 13, 2024*

PRESIDENT & CHIEF EXECUTIVE OFFICER

CHAIRMAN OF THE BOARD OF COMMISSIONERS

ACCREDITATION COMMISSION FOR HEALTH CARE
ACHC

CERTIFICATE *of* ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

All Desert Respiratory
d/b/a dba High Desert Respiratory
LANCASTER, CALIFORNIA

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

DMEPOS

Home/Durable Medical Equipment Services

FROM *January 14, 2021* THROUGH *January 13, 2024*

PRESIDENT & CHIEF EXECUTIVE OFFICER

CHAIRMAN OF THE BOARD OF COMMISSIONERS

ACCREDITATION COMMISSION FOR HEALTH CARE
ACHC

Jessette Phaynarikone

From: Randy Wolfe <rwolfe@hdresp.com>
Sent: Tuesday, August 23, 2022 11:59 AM
To: Jessette Phaynarikone
Subject: RE: MDEG Application - All Desert Respiratory - Las Vegas, NV

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

This location is a "NEW" location but we have had a license to perform from out of state. I hold a License for respiratory care but I do not practice in any other place but All Desert Respiratory. Christian Breeher is located in Nevada. He moved from California to nevada to run this Location. I will have to order a certificate of good standing and get that over to you. Thanks Randy

---

From: "Jessette Phaynarikone" <jphaynarikone@pharmacy.nv.gov>
Sent: 8/23/22 10:12 AM
To: "hdrespdr1@gmail.com" <hdrespdr1@gmail.com>
Cc: "rwolfe@hdresp.com" <rwolfe@hdresp.com>, "hdresp@aol.com" <hdresp@aol.com>
Subject: MDEG Application - All Desert Respiratory - Las Vegas, NV

Good morning,

We are in receipt of your application for All Desert Respiratory – Las Vegas, NV. Please be advised that we are missing the below documentation –

- Is the application for Location Change or New?
- We need Certificate of Good Standing from the Secretary of State's Office (the one you sent is not the correct one, that is just an entity)

- MDEG Application page 3, section 4 – **Randall Wolfe** – are you currently practicing? Please refer below.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ALL DESERT RESPIRATORY MDEG License # (if applicable) _____

Physical Address 5000 W. OAKEY BLVD #104

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) 42247 12th St. West #115

City Lancaster State CA Zip 93534

Telephone 661 974-8009 Website _____

Licensing Company Email HDRESP@AOL.com

Section 2: Personal Information

First Christian Middle Robert Last Breeher

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Carrie Hill's Ave.

City North Las Vegas State NV Zip 89031

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: University of phoenix			From - To (MM/YY – MM/YY): 2008-2009	
Address: 1202 W. Ave J ~~Lancaster~~	City: ~~CA~~ Lancaster		State: CA	Zip: 93534
Diploma/Degree obtained, if any: Business Management.				
School Name: A.V. College.			From - To (MM/YY – MM/YY): 2004-2006	
Address: 30411 W. Ave K	City: Lancaster		State: CA	Zip: 93536
Diploma/Degree obtained, if any:				
School Name: Birmingham High School.			From - To (MM/YY – MM/YY): 88 / 92	
Address: 17000 Haynes St	City: Van Nuys		State: CA	Zip: 91406
Diploma/Degree obtained, if any: High school Diploma				
School Name:			From - To (MM/YY – MM/YY):	
Address:	City:		State:	Zip:
Diploma/Degree obtained, if any:				
School Name:			From - To (MM/YY – MM/YY	
Address:	City:		State:	Zip:
Diploma/Degree obtained, if any:				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
5220 10-11-21	[redacted] Carrie Hills Ave	North Las Vegas	NV	89031
1-6-10 3-1-20	[redacted] Hurl St.	Moyave	CA	93560
3-7-06 1-6-10	[redacted] W. Avon CA.	Lancaster	CA	93536
2-4-1995 3-7-06	[redacted] Estates Ln	Palmdale	CA	93551
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: High Desert Respiratory			From - To (MM/YY – MM/YY): 5-16-20 = 10-11-22
Business Address: 5000 W. Oakey suite D-4	City: Las Vegas	State: N.V.	Zip: 89146
Phone: (661) 886-5988	Title: manager	Number of Employed Hours: 40+ weekly	
Description of Duties: Take phone calls, make orders, make sure all stops are done, ~~Inventory~~, set up patients, pull equipment, Vehicle maintence.			

Business Name: High Desert Respitory			From - To (MM/YY – MM/YY): 1-4-17 - 5-16-20
Business Address: 42247 12th St W. #115	City: Lancaster	State: CA	Zip: 93534
Phone: (661) 974-8004	Title: Driver / Technician	Number of Employed Hours: 40+ weekly min.	
Description of Duties: Set up patients, Inventory, Clean equipment, stock equipment, fix equipment?			

Business Name: Verio	exempted Licensure		From - To (MM/YY – MM/YY): 2-9-15 / 1-4-17
Business Address: 9400 Lurline Ave #B.	City: Chatsworth ~~Granada Hills~~	State: CA.	Zip: 91311
Phone: (323) 810-6975	Title: Supervisor.	Number of Employed Hours: 40+ weekly	
Description of Duties: make sure drivers got everything done, dispatch stops, had exempted liscence there as well.			

Business Name: A.V. Respitory Care	exempted Licensure.		From - To (MM/YY – MM/YY): 1-2004 - 2-9-15
Business Address: 1601 W. Ave J suite D-6	City: Lancaster	State: CA	Zip: 93534
Phone: (661) 949-7878	Title: Operation manager	Number of Employed Hours: 40+ weekly	
Description of Duties: would go to 3 different offices, make sure all offices where running smoothly, watch over office staff, supervisors, and drivers, hire and fire.			

Business Name: A.V. Pulmonary Care	exempted Liscence		From - To (MM/YY – MM/YY): 4-7-93 1-21-04
Business Address: 3200 W. Ave J	City: Lancaster	State: CA	Zip: 93534
Phone: (661) 942-9995	Title: driver supervisor	Number of Employed Hours: 40+ weekly	
Description of Duties: Supervise drivers duties from dispatch stops, patient complaints, Inventory, make sure everything is done.			

Continue on next page if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I, Christian Robert Breeden, **certify that as the MDEG Administrator for** High Desert Pharmacy, **that I (initial that you have read and meet the following requirements):**

1. CB Have a high school diploma or its equivalent;
2. CB Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christian, Breeden
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-11-22
Date

Board Use Only	Date Received: 10-19-22

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: All Desert Respiratory

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 5000 west Oakey blvd #D4

City: Las Vegas State: NV Zip: 89146

Mailing Address (if different from physical address): 42247 12th st west #115

City: Lancaster State: Ca Zip: 93534

Telephone: 702 350-3896 Website:

Licensing Company Email: hdresp@aol.com

Section 2: Personal Information

First: Randall Middle: Alan Last: Wolfe

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Oak Glen ave

City: Tehachapi State: Ca Zip: 93561

Telephone: [redacted] Email: rwolfe@hdresp.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Concord Career colege		08/91-05/92	
Address	City	State	Zip
12412 Victory Blvd	NorthHollywood	Ca	91606
Diploma/Degree obtained, if any			
Respiratory care practitioner license			

School Name		From - To (MM/YY – MM/YY)	
Antelope Valley Community college		8/90-5/91	
Address	City	State	Zip
3041 West Ave K	Lancaster	Ca	93536
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Quartz Hill High School		9/1996- 7/1990	
Address	City	State	Zip
6040 west ave L	Quartz Hill	Ca	93536
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2019-present	[redacted]Oak Glen Ave	Tehachapi	Ca	93561
7/2017-11/2019	[redacted]60th street west	Quartz Hill	Ca	93536
3/2002-7/2017	[redacted]West ave K-8	Quartz Hill	Ca	93536
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
All Desert Respiratory			1/2006-present	
Business Address		**City**	**State**	**Zip**
42247 12th street west #115		Lancaster	Ca	93534
Phone	**Title**			
661-974-8009	CEO			
Description of Duties				
in charge of every aspect of the business, billing,hiring,licenses etc.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section B: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

7/29/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Randall Wolfe

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date 7/29/2022

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Randall Wolfe, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date 8/4/2022

BREAUNA R. GIBBS
COMM. #2378343
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Comm. Expires OCT. 13, 2025

Subscribed and Sworn to before me this 04 day of August.

Notary Public Signature

BREAUNA R. GIBBS
COMM. #23[illegible]343
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Comm. Expires OCT. 13, 2025

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: All Desert Respiratory

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 5000 West Oakey Blvd D#4

City: Las Vegas State: Nv Zip: 89146

Mailing Address (if different from physical address): 42247 12th St West #115

City: Lancaster State: CA Zip: 93534

Telephone: 702-350-3896 Website:

Licensing Company Email: hdresp@aol.com

Section 2: Personal Information

First: Ryan Middle: Michael Last: Di Domizio

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Moccasin Pl

City: Lancaster State: CA Zip: 93536

Telephone: [redacted] Email: hdresp77@gmail.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Antelope Valley College		09/99 - 06/01	
Address	**City**	**State**	**Zip**
3041 W Ave K	Lancaster	CA	93536
Diploma/Degree obtained, if any			
Fire Science			

School Name		From - To (MM/YY – MM/YY)	
Lancaster High School		09/95 - 06/99	
Address	**City**	**State**	**Zip**
44701 32nd St W	Lancaster	CA	93536
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2012 - current	[redacted]Moccasin Pl	Lancaster	CA	93536
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
All Desert Respiratory			01/06 - Current	
Business Address		**City**	**State**	**Zip**
42247 12th St W #115		Lancaster	CA	93534
Phone	**Title**			
661-974-8009	Chief Operating Officer			
Description of Duties				
Over see daily operations and inventory control.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan DiDomizio

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-5-2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Ryan DiDomizio, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8-5-2022

Date

Subscribed and Sworn to before me this 05 day of August 2022.

ZAINAB JADOON
Notary Public - California
Los Angeles County
Commission # 2340471
My Comm. Expires Dec 18, 2024

Notary Public Signature

(Seal)

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }

COUNTY OF Los Angeles }

Subscribed and sworn to (or affirmed) before me on this 05 (Date) day of August (Month), 2022 (Year)

by Ryan DiDomizio

Name of Signers

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Signature of Notary Public

ZAINAB JADOON
Notary Public - California
Los Angeles County
Commission.#.2340471
My Comm. Expires Dec 18, 2024

Seal
Place Notary Seal Above

---------- **OPTIONAL** ----------

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Personal History

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: All Desert Respiratory

Physical Address: 5000 west Oakey blvd #D4

City: LasVegas State: NV Zip: 89146

Mailing Address (if different from physical address): 42247 12th st west #115

City: Lancaster State: Ca Zip: 93534

Telephone: 702 350-3896 Website:

Licensing Company Email: hdresp@aol.com

Section 2: Personal Information

First: Dora Middle: Joann Last: Wolfe

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Oak Glen ave

City: Tehachapi State: Ca Zip: 93561

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials DW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Quartz Hill High School		09/89 - 06/92	
Address	**City**	**State**	**Zip**
6040 west ave L	quartz hill	ca	93536
Diploma/Degree obtained, if any			
diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2019- present	[redacted] Oak Glen ave	Tehachapi	Ca	93561
7/2017-11/2019	[redacted] 60th st west	Quartz Hill	Ca	93536
3/2002-7/2017	[redacted] west ave K8	Quartz Hill	Ca	93536

Applicant's initials DW

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: High Desert Respiratory				From - To (MM/YY – MM/YY): 01/06 - present
Business Address: 42247 12th St West		City: Lancaster	State: ca	Zip: 93534
Phone: 6619748009	Title: cfo			
Description of Duties: accounts payable				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials DW

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials DW

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials DW

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dora Wolfe

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/01/2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Dora Wolfe, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8-4-22

Date

Subscribed and Sworn to before me this 04 day of August.

Breauna R Gibbs

Notary Public Signature

BREAUNA R. GIBBS
COMM. #2378343
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Comm. Expires OCT. 13, 2025

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

(Seal)

Applicant's initials DW

4CCC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☒ Nevada	☐ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: DIAMOND DME, INC

MDEG Physical Address: 7495 W AZURE DR STE 110

City: LAS VEGAS State: NV Zip: 89130

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-490-9718 Website: WWW.DIAMONDDME.COM

Email: NATHANHIGHAM@GMAIL.COM

Name of MDEG Administrator (NAC 639.694): NATHAN PAUL HIGHAM

Entities the MDEG will Serve:	Type of MDEG products that will be sold (check all applicable):
☒ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☒ Assistive Equipment
☐ Wholesalers[a]	☒ Diabetic Supplies
☐ Other business entities (specify)[a]:	☒ Orthotics and Prosthetics
	☐ Others:
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
▣ Mon: 9am - 5pm	▣ Tue: 9am - 5pm	▣ Wed: 9am - 5pm	▣ Thurs: 9am - 5pm	▣ Fri: 9am - 5pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: NA Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEVADA

Parent Company (if any): _____

Corporation/Organization Name: DIAMOND DME, INC

Mailing Address: 7495 W AZURE DR STE 110

City: LAS VEGAS State: NV Zip: 89130

Telephone: 702-490-9718 Email: NATHANHIGHAM@GMAIL.COM

Contact Person Name: NATHAN HIGHAM

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓ *		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

NATHAN PAUL HIGHAM

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

8/26/2022

Date

Board Use Only	Date Received: 8-29-22	Amount: 500.00 CK-2636

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/26/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Jeffrey A Groom	
Quality Insurance 1750 S Rainbow Blvd Ste 23 Las Vegas, NV 89146	PHONE (A/C, No, Ext): 702-360-0600	FAX (A/C, No): 702-839-0255
	E-MAIL ADDRESS: Quality_Insurance@earthlink.net	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Progressive	
INSURED Diamond DME, Inc. 7495 W Azure Dr Ste 110 Las Vegas, NV 89130-4433	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUM**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			523454975	08/26/2022	08/26/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ $ 2,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? Y / N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLI MIT	 $ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Centennial Suites
7495 W Azure Dr
Las Vegas, NV 89149

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

Clear All

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	E25696402022-7
Secretary of State	Filing Number
State Of Nevada	20222569639
	Filed On
	08/25/2022 10:14:14 AM
	Number of Pages
	2

Formation - Profit Corporation

☑ NRS 78 - Articles of Incorporation Profit Corporation ☐ NRS 80 - Foreign Corporation ☐ NRS 89 - Articles of Incorporation Professional Corporation

☐ 78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

Articles of Formation of _____ **a close corporation (NRS 78A)**

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)

Diamond DME, Inc.

2. Registered Agent for Service of Process: (Check only one box)

☐ Commercial Registered Agent (name only below) ☐ Noncommercial Registered Agent (name and address below) ☑ Office or position with Entity (title and address below)

President
Name of Registered Agent **OR** Title of Office or Position with Entity

7495 W Azure Dr Ste 110 | Las Vegas | Nevada | 89130
Street Address | City | Zip Code

Mailing Address (If different from street address) | City | Nevada | Zip Code

2a. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X Nathan P Higham — 08/25/2022
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

3. Governing Board: (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)

This corporation is a close corporation operating with a board of directors ☐ Yes **OR** ☑ No

4. Names and Addresses of the Board of Directors/ Trustees or Stockholders

(NRS 78: Board of Directors/ Trustees is required.

NRS 78a: Required if the Close Corporation is governed by a board of directors.

NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)

1) Nathan P Higham
Name

7495 W Azure Dr Ste 110 | Las Vegas | NV | 89130
Address | City | State | Zip Code

5. Jurisdiction of Incorporation: (NRS 80 only)

5a. Jurisdiction of incorporation:

5b. I declare this entity is in good standing in the jurisdiction of its incorporation. ☐

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Formation - profit Corporation

Continued, Page 2

6. Benefit Corporation:
(For NRS 78, NRS 78A, and NRS 89, optional. See Instructions.)

By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.

Yes ☐

7. Purpose/Profession to be practiced:
(Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See Instructions.)

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under Nevada law.

8. Authorized Shares:
(Number of shares corporation is authorized to issue)

Number of common shares with Par value: 0 Par value: $ 0

Number of preferred shares with Par value: 0 Par value: $ 0

Number of shares with no par value: 0

If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.

9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80.
Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/ Incorporator must be a licensed professional.

I declare, to the best of my knowledge under penalty of perjury, that the inform[illegible]or contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Terry D Deever			United States
Name			Country
340 Rosewood Ave Ste C	Camarillo	CA	93010
Address	City	State	Zip/Postal Code

X Terry D Deever (attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Diamond DME, Inc.

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☑ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

Filed in the Office of Barbara K. Cegavske Secretary of State State Of Nevada	Business Number E25696402022-7 Filing Number 20222569641 Filed On 08/25/2022 10:14:14 AM Number of Pages 2

☐ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association

☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT:

Name	Country
Nathan P Higham	USA

Address	City	State	Zip/Postal Code
7495 W Azure Dr Ste 110	Las Vegas	NV	89130

CORPORATION, INDICATE THE SECRETARY:

Name	Country
Nathan P Higham	USA

Address	City	State	Zip/Postal Code
7495 W Azure Dr Ste 110	Las Vegas	NV	89130

CORPORATION, INDICATE THE TREASURER:

Name	Country
Nathan P Higham	USA

Address	City	State	Zip/Postal Code
7495 W Azure Dr Ste 110	Las Vegas	NV	89130

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X Terry D Deever
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Incorporator
Title

08/25/2022
Date

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Terry Deever
340 Rosewood Ave Ste C
Camarillo, CA 93010, USA

Work Order #: W2022082600908
August 26, 2022
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 615932

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20222572542	8/26/2022 11:27:56 AM	Approved	1	$50.00	$50.00
Total							$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6615384689376668103285	Success	$50.00
Total			$50.00

Credit Balance: $0.00

Terry Deever
340 Rosewood Ave Ste C
Camarillo, CA 93010, USA

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Diamond DME, Inc.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/25/2022, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) has its formation docu[illegible] and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/26/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202208262955067
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Diamond DME, Inc.

Nevada Business Identification # NV20222552026
Expiration Date: 08/31/2023

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/25/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202208252951654
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler DIAMOND DME, INC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 7495 W AZURE DR STE 110

City LAS VEGAS State NV Zip 89130

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-490-9718 Website WWW.DIAMONDDME.COM

Licensing Company Email NATHANHIGHAM@GMAIL.COM

Section 2: Personal Information

First NATHAN Middle PAUL Last HIGHAM

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] RED TURTLE ST

City LAS VEGAS State NV Zip 89131

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
WESTERN STATES UNIVERSITY		08/05-12/05	
Address	**City**	**State**	**Zip**
8000 NE TILLAMOOK ST	PORTLAND	OR	97213
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
WASHINGTON STATE UNIVERSITY-VANCOUVER		08/04-05/05	
Address	**City**	**State**	**Zip**
14204 NE SALMON CREEK AVE	VANCOUVER	WA	98686
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
CLARK COLLEGE		08/04-05/05	
Address	**City**	**State**	**Zip**
1933 FORT VANCOUVER WAY	VANCOUVER	WA	98663
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
CENTRALIA COLLEGE		08/03-05/04	
Address	**City**	**State**	**Zip**
600 CENTRALIA COLLEGE BLVD	CENTRALIA	WA	98531
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
UTAH TECH UNIVERSITY		08/99-05/00, 01/03-05/03	
Address	**City**	**State**	**Zip**
225 S UNIVERSITY AVE	ST GEORGE	UT	84770
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/22-CURRENT	[redacted]RED TURTLE ST	LAS VEGAS	NV	89131
07/19-03/22	[redacted]BANDITS BLUFF AVE	LAS VEGAS	NV	89143
08/13-07/19	[redacted]HOLLOW WHARF DR	LAS VEGAS	NV	89128
02/12/-08/13	[redacted]VALDOSTA AVE	LAS VEGAS	NV	89129
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
PRO COMFORT MEDICAL CO			01/11-CURRENT
Business Address	**City**	**State**	**Zip**
106 S JONES BLVD	LAS VEGAS	NV	89107
Phone	**Title**		
702-629-6818	PRESIDENT		
Description of Duties			
FITTING OF PATIENTS FOR ORTHOPEDIC PRODUCTS AND MANAGEMENT OF DME FACILITY			

Business Name			From - To (MM/YY – MM/YY)
NATHAN HIGHAM AGENCY			02/17-07/22
Business Address	**City**	**State**	**Zip**
106 S JONES BLVD	LAS VEGAS	NV	89107
Phone	**Title**		
702-602-6283	INSURANCE AGENT		
Description of Duties			
INSURANCE AGENT			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8. Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/26/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nathan Higham

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/26/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Nathan Higham, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/26/2022

Date

Subscribed and Sworn to before me this 26 day of August, 2022.

Notary Public Signature

Evette Garrido
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 22-4647-01
My Appt. Expires: May 12, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG DIAMOND DME, INC. MDEG License # (if applicable)

Physical Address 7495.W AZURE DR STE 110

City LAS VEGAS State NV Zip 89130

Mailing Address (if different from physical address)

City State Zip

Telephone 702-490-9718 Website WWW.DIAMONDDME.COM

Licensing Company Email NATHANHIGHAM@GMAIL.COM

Section 2: Personal Information

First NATHAN Middle PAUL Last HIGHAM

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] RED TURTLE ST

City LAS VEGAS State NV Zip 89131

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
WESTERN STATES UNIVERSITY		08/05-12/05	
Address	City	State	Zip
8000 NE TILLAMOOK ST	PORTLAND	OR	97213
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
WASHINGTON STATE UNIVERSITY-VANCOUVER		08/04-05/05	
Address	City	State	Zip
14204 NE Salmon Creek Ave	VANCOUVER	WA	98686
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
CLARK COLLEGE		08/04-05/05	
Address	City	State	Zip
1933 FORT VANCOUVER WAY	VANCOUVER	WA	98663
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
CENTRALIA COLLEGE		08/03-05/04	
Address	City	State	Zip
600 CENTRALIA COLLEGE BLVD	CENTRALIA	WA	98531
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
UTAH TECH UNIVERSITY		08/99 05/00, 01/03-05/03	
Address	City	State	Zip
225 S UNIVERSITY AVE	ST GEORGE	UT	84770
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/22-CURRENT	[redacted] RED TURTLE ST	LAS VEGAS	NV	89131
07/19-03/22	[redacted] BANDITS BLUFF AVE	LAS VEGAS	NV	89143
08/13-07/19	[redacted] HOLLOW WHARF DR	LAS VEGAS	NV	89128
02/12-08/13	[redacted] VALDOSTA AVE	LAS VEGAS	NV	89129
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
PRO COMFORT MEDICAL			01/11-CURRENT
Business Address	**City**	**State**	**Zip**
106 S JONES BLVD	LAS VEGAS	NV	89107
Phone	**Title**	**Number of Employed Hours**	
702-629-6818	PRESIDENT	25000	
Description of Duties			
FITTING PATIENTS FOR ORTHOPEDIC PRODUCTS AND MANAGEMENT OF DME FACILITY			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

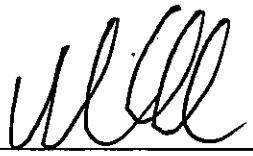
Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

8/26/2022

Date

I, NATHAN HIGHAM, **certify that as the MDEG Administrator for**

DIAMOND DME, INC.,

that I (initial that you have read and meet the following requirements):

1. NH Have a high school diploma or its equivalent;
2. NH Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. NH Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. NH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nathan Higham

Print Name (First, Last)

NH

Original Signature (electronic, copies or stamps not accepted)

8/26/2022

Date

Board Use Only	Date Received: 8-29-22

4DDD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-State	☐ Ownership Change*	☐ Hospital (# beds _____)	■ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	■ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: ARX, Accurate Rx Specialty Pharmacy Corp.

Physical Address: 85-48 118th Street

City: Kew Gardens State: NY Zip: 11415

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 718-441-5474 Toll Free # (NAC 639.708, NRS 639.23286): 844-440-6337

Fax: 800-420-6138 Contact Email: arxspecialtypharm@gmail.com

Website: arxspecialtypharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Marcelene Figueroa ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20374 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Marcelene Figueroa	NV Pharmacist Registration #: 20374
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): N/A

Corporation Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Date of SEC Registration: N/A | SEC Registration Number: N/A | Stock Exchange Symbol: N/A

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any):

Corporation/Organization Name: ARX, Accurate RX Specialty Pharmacy Corp.

Mailing Address: 84-48 118th Street

City: Kew Gardens State: NY Zip: 11415

Telephone: 718-441-5474 Email: arxspecialtypharm@gmail.com

Contact Person Name: Samantha Koegel

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: N/A

Business Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for ARX, Accurate Rx Specialty Pharmacy Corp. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Murray Friedman

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12/5/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Murray Friedman hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for ARX, Accurate RX Specialty Pharmacy Corp. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 5 day of December 20 22

Notary Public

MARTIN E. WEISMAN
Notary Public, State of New York
Reg. No. 01WE4660287
Qualified in Nassau County
Commission Expires February 28, 20 26

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change, NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

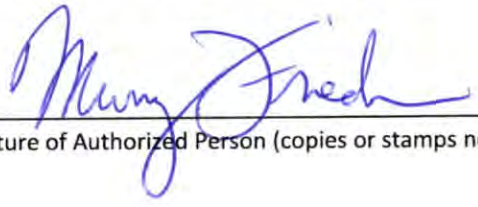
Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List <u>all</u> Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the <u>top four</u> stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List <u>all stockholders</u> who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Murray Friedman

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

12/5/22

Date

Board Use Only	Date Received: 12-8-22	Amount: 500.00 CC ✓

List of Officers and Directors:

Murray Friedman
750 Broadway
Woodmere NY 11598
(516) 305-1919

List of stockholders and percentage owned:

Murray Friedman
100% percentage owned

List all stockholders who own 10% or more:

Murray Friedman
100% percentage owned

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	ARX, ACCURATE RX SPECIALTY PHARMACY, CORP.
DOS ID Number:	4579159
Entity Type:	FOREIGN BUSINESS CORPORATION
Entity Status:	AUTHORIZED
Date of Initial Filing with DOS:	05/19/2014
Statement Status:	CURRENT
Statement Due Date:	05/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on May 03, 2022 at 02:19 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100001503378 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

NYSED.gov

OP LOGO

Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

11/17/2022

Type : PHARMACY
Legal Name : ARX, ACCURATE RX SPECIALTY PHARMACY, CORP.
Trade Name : IDEAL PHARMACY
Street Address :
85-48 118TH STREET
KEW GARDENS, NY 11415-0000

Registration No : 032822
Date First Registered : 07/30/14
Registration Begins : 07/01/20
Registered through : 06/30/23
Supervisor : 056064 ABDURAKHMANOV YAKOV
Establishment Status : ACTIVE
Successor : NONE

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP glossary for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may search to see if there has been recent disciplinary action against this registered establishment.

Seal of the State Education Department

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2020-23

SUPERVISING PHARMACIST
YAKOV ABDURAKHMANOV

THIS IS TO CERTIFY

ARX, ACCURATE RX SPECIALTY PHARMACY, CORP.
85-48 118TH STREET
KEW GARDENS, NY 11415

is duly recorded as a

REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF JULY, 2020.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF JUNE, 2023.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
032822

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

2377

ARX, ACCURATE RX SPECIALTY PHARMACY, COR
85-48 118TH ST
KEW GARDENS, NY 11415-2908

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA4760410	06-30-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY-COLLECTOR	05-06-2020

ARX, ACCURATE RX SPECIALTY PHARMACY, COR
DBA: IDEAL PHARMACY
85-48 118TH ST
KEW GARDENS, NY 11415-2908

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA4760410	06-30-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY-COLLECTOR	05-06-2020

ARX, ACCURATE RX SPECIALTY PHARMACY, COR
DBA: IDEAL PHARMACY
85-48 118TH ST
KEW GARDENS, NY 11415-2908

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

ARX, ACCURATE RX SPECIALTY PHARMACY CORP.

Nevada Business Identification # NV20131664473
Expiration Date: 11/30/2023

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/13/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202209132997799
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: ARX, Accurate RX Specialty Pharmacy Corp

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 85-48 118th Street

City: Kew Gardens State: NY Zip: 11415

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 718-441-5474 Website: arxspecialtypharmacy.com

Licensing Company Email: arxspecialtypharm@gmail.com

Section 2: Personal Information

First: Marcelene Middle: Last: Figueroa

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted]Evergreen PL

City: Cheektowaga State: NY Zip: 14225

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University at Buffalo School of Pharmacy and Pharmaceutical Sciences		08/13-01/17	
Address	**City**	**State**	**Zip**
160 Hayes Rd	Buffalo	NY	14215
Diploma/Degree obtained, if any			
Pharmacist Graduate			

School Name		From - To (MM/YY – MM/YY)	
University at Buffalo, SUNY		07/10-01/13	
Address	**City**	**State**	**Zip**
1 Capen Blvd	Buffalo	NY	14260
Diploma/Degree obtained, if any			
Undergrad			

School Name		From - To (MM/YY – MM/YY)	
Spackenkill High School		08/06-06/10	
Address	**City**	**State**	**Zip**
112 Spakenkill Rd	Poughkeepsie	NY	12603
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/19-Present	[redacted] Evergreen PL	Cheektowaga	NY	14225
01/17-01/19	[redacted] Emerson Dr Apt 16	Buffalo	NY	14226
01/16-01/17	[redacted] Oriole Dr	Poughkeepsie	NY	14225
01/14-01/16	[redacted] Belmont Ave Apt E	Buffalo	NY	14223
01/13-01/14	[redacted] Millersport Hwy Apt 4	Buffalo	NY	14226
01/2012-01/13	[redacted] Oriole Dr	Poughkeepsie	NY	14225

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
ARX, Accurate Rx Specialty Pharmacy Corp			11/22-Present	
Business Address		**City**	**State**	**Zip**
85-48 118th Stret		Kew Gardens	NY	11415
Phone	**Title**		**Number of Employed Hours**	
718-441-5474	Pharmacist in Charge (NV)		60 Hours	
Description of Duties				
Representation of NV Pharmacist in Charge, Staff Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
Rite Aid Pharmacy			07/21-Present	
Business Address		**City**	**State**	**Zip**
291 W Ferry St		Buffalo	NY	14213
Phone	**Title**		**Number of Employed Hours**	
845-473-4820	Staff Pharmacist		3500 Hours	
Description of Duties				
Staff Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
CVS Pharmacy			02/21-05/21	
Business Address		**City**	**State**	**Zip**
2626 Delaware Ave		Buffalo	NY	1416
Phone	**Title**		**Number of Employed Hours**	
716-824-1721	Covid Immunization Pharmacist		540 Hours	
Description of Duties				
Covid Immunization Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
Athenex Pharma Solutions, LLC			03/18-02-21	
Business Address		**City**	**State**	**Zip**
1001 Main Street Suite 600		Buffalo	NY	14203
Phone	**Title**		**Number of Employed Hours**	
1-855-273-0154	Compounding Pharmacist		6240 Hours	
Description of Duties				
Compounding Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
PharMerica Long Term Care Pharmacy			07/18-12/19	
Business Address		**City**	**State**	**Zip**
2355 Union Rd		Cheektowaga	NY	14227
Phone	**Title**		**Number of Employed Hours**	
716-631-2433	Staff Pharmacist		2500 Hours	
Description of Duties				
Staff Pharmacist				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Rite Aid			8/17-02/18	
Business Address		**City**	**State**	**Zip**
709 Main Street		Poughkeepsie	NY	12601
Phone	**Title**		**Number of Employed Hours**	
845-473-4820	Staff Pharmacist		2050 Hours	
Description of Duties				
Staff Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date 11/29/2022

I, Marcelene Figueroa, **certify that as the designated representative for**

ARX, Accurate RX Specialty Pharmacy Corp.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MF I am at least 21 years of age;
3. MF I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MF I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MF I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MF I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MF I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Marcelene Figueroa

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

11/29/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Marcelene Figueroa

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/29/22

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Erie

I, Marcelene Figueroa, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/29/22

Date

Subscribed and Sworn to before me this 29 day of November.

Notary Public Signature

HEATHER N WOLOSZYN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01WO6439576
Qualified in Erie County
Commission Expires August 29, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ARX, Accurate RX Specialty Pharmacy Corp

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 85-48 118th Street

City Kew Gardens State NY Zip 11415

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 718-441-5474 Website arxspecialtypharmacy.com

Licensing Company Email arxspecialtypharm@gmail.com

Section 2: Personal Information

First Murray Middle _____ Last Friedman

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Broadway

City Woodmere State NY Zip 11598

Telephone [redacted] Email arxspecialtypharm@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Columbia U School of Dental + Oral Surg		From - To (MM/YY – MM/YY): 9/1982 - 6/1986	
Address: 622 W 168 St	City: NY	State: NY	Zip: 10027
Diploma/Degree obtained, if any: Doctor of Dental Surgery			
School Name: Yeshiva University College		From - To (MM/YY – MM/YY): 9/78 - 6/82	
Address: 500 West 185th St	City: NY	State: NY	Zip: 10033
Diploma/Degree obtained, if any: BS Biology, Chemistry			
School Name: Yeshiva University ~~College~~ High School		From - To (MM/YY – MM/YY): 9/74 - 6/78	
Address: 254 Amsterdam Ave	City: NY	State: NY	Zip: 10033
Diploma/Degree obtained, if any: High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/2012 - 11/2022	[redacted] Broadway	Woodmere	NY	11598
9/97 - 8/2012	[redacted] Central Ave	Lawrence	NY	11559
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: ARX Accurate Rx Specialty Pharmacy | From - To (MM/YY – MM/YY): 11/13 - 12/2022
Business Address: 85-45 118th St | City: Kew Gardens | State: NY | Zip: 11415
Phone: (718)441-5474 | Title: CEO
Description of Duties: CEO

Business Name: New Visions Group | From - To (MM/YY – MM/YY): 1998 - Present
Business Address: 750 Broadway | City: Woodmere | State: NY | Zip: 11598
Phone: 516 305 1919 | Title: President
Description of Duties: Real Estate Holding Company

Business Name: The Eileen & Murray Friedman Foundation | From - To (MM/YY – MM/YY): 2018 - Present
Business Address: 750 Broadway | City: Woodmere | State: NY | Zip: 11598
Phone: 516 305 1919 | Title: Trustee
Description of Duties: Charitable Trust 501c3

Business Name | From - To (MM/YY – MM/YY)
Business Address | City | State | Zip
Phone | Title
Description of Duties

Business Name | From - To (MM/YY – MM/YY)
Business Address | City | State | Zip
Phone | Title
Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

12/5/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Murray Friedman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Nassau

I, Murray Friedman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

x

Original Signature

12/5/22

Date

Subscribed and Sworn to before me this 5 day of December 2022

Notary Public Signature

MARTIN E. WEISMAN
Notary Public, State of New York
Reg. No. 01WE4660287
Qualified in Nassau County
Commission Expires February 28, 2026 (Seal)

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Natalie Rafailov	Pharmacist	Y
2	Arash Ebrahim	Pharmacist	Y
3	Yakov Abdurakhmanov	Pharmacist	Y
4	James Keegan	Pharmacist	Y
5	Ana Dixon	Pharmacy Technician	NA
6	Lawrence Charles	Pharmacy Technician	NA
7	Michael Keegan	Pharmacy Technician	NA
8	Somatha Koegel	Chief Operating Officer	NA
9	Stacy Powell	Billing Technician	NA
10	Yurily Ilyayev	Stock Manager	NA

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.

Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
NY State	ARX, Accurate RX Specialty Pharmacy Corp	Pharmacy/032822	6/30/2023
DEA Department of Justice	ARX, Accurate RX Specialty Pharmacy Corp	DEA/FA4760410	6/30/2023

Inspector Notes: List states in which Non-Resident licenses are held; AL, AK, AZ, CT, DE, FL, GA, IL, IN, KS, MS, MO, NH, NJ, PA, RI, SD, TN, TX, VT, WY. NOTE: Massachusetts doesn't require a nonresident pharmacy license of pharmacies dispensing Rx's into the State. Due to the Covid-19 pandemic, the pharmacy has not dispensed Rx's into many of the States from whom it has a non-resident pharmacy license from over the past 6 months; Data for dispensed Rx's was provided to Contractor and appears on the accompanying State Chart listing Dispensed Rx's. This pharmacy is not engaged in the "distribution" of Rx's.

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Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description
Commonly Dispensed Formula Stickers	Stickers used by the sale force in the field as a promotion program to prescribers

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail	X	Telepharmacy	
Open to the Public	X	Central Fill/Processing/Shared Services	
Closed Door		Specialty Pharmacy	
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	X
HMO/PBM only		Nonsterile Hazardous Drug Compounding	X
Internet Pharmacy (New Rx)		Sterile Compounding	
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	1900	Total Pharmacists:	7 (4 full time)
Nonsterile Compounding Room size:	400	Number of Compounding Pharmacists	3
Nonsterile Compounding powder hoods number:	3	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	72	Total Student Interns:	0
Nonsterile HD Compounding BSC/CACI hoods number:	1	Total Technicians:	8
Sterile Compounding Ante Room size:	na	Number of Compounding Technicians	3
Sterile Compounding Clean/Buffer Room size:	na	Of technicians, how many are certified?	0
Sterile Compounding Number LAFW hoods/areas:	na	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:	na	Total Other Licensed Personnel:	1
Sterile Compounding Number CAI/CACI hoods:	na	Total Other Unlicensed Personnel:	0
Negative Pressure Sterile HD Room size:	na	Ratio #tech:#RPh present at time of inspection:	1 RPh to 1 Tech
Sterile HD Compounding Number of BSC hoods:	na	Total Pharmacist Hours Per Week:	220
Sterile HD Compounding Number of CACI hoods:	na	Total Technician Hours Per Week:	280
Volume Dispensed		**Volume Distributed**	
Total Prescriptions Dispensed/day:	100-120	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	2%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	40%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	22%	% Hazardous Drugs (HD) Orders	0%

Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month): Note: if not available, request information be sent to VPP and note that information was requested in grid.			
State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK			
AL			
AR			
AZ			
CA			
CO			
CT	1	0	month (past 6 month average)
DC			
DE			
FL	2	0	month (past 6 month average)
GA			
HI			
IA			
ID			
IL			
IN			
KS			
KY			
LA			
MA	1	0	month (past 6 month average)
MD			
ME			
MI			
MN			
MO			
MS			
MT			

Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month): Note: if not available, request information be sent to VPP and note that information was requested in grid.			
State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC	1	0	month (past 6 month average)
ND			
NE			
NH			
NJ	20	0	month (past 6 month average)
NM			
NV			
NY	1622	0	month (past 6 month average)
OH			
OK			
OR			
PA	1	0	month (past 6 month average)
RI			
SC			
SD			
TN			
TX	3	0	month (past 6 month average)
UT			
VA			
VT			
WA			
WI			
WV			
WY			
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: ARX, Accurate Rx Specialty Pharmacy Corp dba ARX, Accurate Rx Specialty Pharmacy; Apothetech Pharmacy; Ideal Pharmacy
e-Profile ID: 1279182
Inspection Date: 09/15/2020 - 09/16/2020

		Finding	Notes
General Pharmacy			
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40 hours minimum
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	Yes	Ideal Pharmacy is a retail pharmacy the company acquired years ago, and the name has been retained on signage because of its prior reputation. The name Apothetech Pharmacy also appears on external signage. Both signages were on public display. Owner stated that they would be consolidate. NOTE: Post NABP onsite visit a Google search performed and communication with the NABP Contractor made. The front store entrance indicates "ARX, Accurate Rx Specialty Pharmacy, DBA Apothetech Pharmacy". Second, a Google Search revealed a listing for both Ideal Pharmacy and Apothetech Pharmacy were each lists the same physical address and phone number that matches that for ARX, Accurate Rx Specialty Pharmacy (8548 118th Street, Kew Gardens, NY; (718) 441-5474). The email address for Ideal Pharmacy is info@arxspecialtypharmacy.com and the email address for Apothetech Pharmacy is arx.ideal.ny@gmail.com (this one is the same email address for ARX, Accurate Rx Specialty Pharmacy). Additional Google information for Apothetech Pharmacy specifically makes reference that it is owned and operated by ARX, Accurate Rx Specialty Pharmacy Corp, with the authorized person being Yakov Abdurakhmanov, PharmD who is the Pharmacist-in-Charge. The active license of Apothetech is 03822 (Community/Retail Pharmacy with the licensed issued by New York). Other information about the range of professional serves being offered/rendered was also listed.
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	Yes	See above comment, there are websites and email addresses found as a result of a Google Search for Ideal Pharmacy has an Email of info@arxspecialtypharmacy.com and uses the website of https://arxspecialtypharmacy.com), and for Apothetech Pharmacy it has an email of arx.idel.ny@gmail.com. No separate website could be found for Apothtech Pharmacy, but there was a reference to Apothetech Pharmacy dba Ideal Pharmacy.
4.01	Does the pharmacy hold .pharmacy verification?	Yes	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	

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e-Profile ID: 1279182
Inspection Date: 09/15/2020 - 09/16/2020

		Finding	Notes
8.00	Are photographs allowed during the inspection (no PHI)?	Yes	No photographs taken by the NABP Contractor.
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Somatha Koegel, COO; Josh Alter, Compliance Manager; Yakov Abdurakhmanov, PIC; Murray Friedman, Owner
	Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	1% in NY; 0% out of state
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	Not part of the pharmacy's business model.
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	Not part of the pharmacy's business model.
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	Not part of the pharmacy's business model.
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	Not part of the pharmacy's business model.
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	Yes	
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	7/18/2018; After the nonsterile Hazardous Drug (HD) lab was built. There are no set schedules for the frequency of pharmacy inspections set by the NY BOP.

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e-Profile ID: 1279182
Inspection Date: 09/15/2020 - 09/16/2020

		Finding	Notes
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	Yes	NY requires Controlled Drug Substances (CDS) prescription records kept onsite for 5 years. During the inspection, records sought were within 5 years but kept off-site 2 blocks away; Non-licensed personnel were observed compounding which the pharmacy denied because the software PK1 does not allow such an activity done by a non-licensed personnel. NABP Surveyor's NOTE: Apparently NY requires that all records be readily accessible for 5 years, and during the current NABP Survey, requests for CDS records made and pharmacy personnel went to the off-site storage location and retrieved the documents on the same day. Same thing happened during the last NY inspection which did not result in a citation at the time because records were readily accessible. Additionally, NY requires only a Pharmacist to compound (nonsterile or sterile products), and technicians can only perform supportive duties.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	Pharmacy was referred to NABP for a VPP Survey by NABP's Compounding Pharmacy Accreditation.
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	No	
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	

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e-Profile ID: 1279182
Inspection Date: 09/15/2020 - 09/16/2020

		Finding	Notes
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	No	Legend and compound RX's kept onsite for 6 months, CDS prescriptions kept onsite for 5 years, then moved to an off-site location, 2 blocks away, a paid storage facility. NABP Surveyor Note: NY requires that records be readily accessible for up to 5 years, the pharmacy is compliant. Legend script hardcopies are occasionally being mailed from other States, or they are printed to comply with certain States' rules for prescriptions. PIC stated that this is all HIPAA compliant. NY State mandated electronic prescriptions since March 2016, so all prescriptions are being transmitted electronically and kept electronically. No hardcopies are required per NY State, yet the pharmacy keeps hardcopy prescriptions it receives from other States that it is licensed by presently.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	No	Legend and compound RX's kept onsite for 6 months, CDS prescriptions kept onsite for 5 years, then moved to an off-site location, 2 blocks away, a paid storage facility. NABP Surveyor Note: NY requires that records be readily accessible for up to 5 year, the pharmacy is compliant. Legend script hardcopies are occasionally being mailed from other States, or they are printed to comply with certain States' rules for prescriptions. PIC stated that this is all HIPAA compliant. NY State mandated electronic prescriptions since March 2016, so all prescriptions are being transmitted electronically and kept electronically. No hardcopies are required per NY State, yet the pharmacy keeps hardcopy prescriptions it receives from other States that it is licensed by presently.
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	E-scribed prescriptions kept electronically.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	On-site data servers, and there is "Cloud" server too. All records are backed up daily and maintained electronically.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	Yes	PIC stated that off-site records are stored in a HIPAA compliant manner.
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	Both Compliance Manager Josh Alter and the PIC subscribe to State BOP's newsletters, and they update the pharmacy's P&P's accordingly.

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e-Profile ID: 1279182
Inspection Date: 09/15/2020 - 09/16/2020

		Finding	Notes
	Personnel If any part of a question is no, enter "No" and explain the observation.		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Electronically maintained.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	COO checks monthly at NY Office of the Professions
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no potient services that require additional troining/certification. If yes, list certifications and if current?*	Yes	MTM-MTMoutcomes (there is no expiration date once obtaining this particular certification status).
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mork N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	N/A	NY does not require a specific Technician-to-Pharmacist ratio. Appears this pharmacy tries to keep a 1:1 ratio based on the number of personnel present at the pharmacy.
	Facility and Security If any part of a question is no, enter "No" and explain the observation.		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	There is only one entrance and one exit; both are equipped with alarms.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	Yes	CII safe
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Personnel live close by will come pack drugs and secure them.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	There is no on-site drug destruction occurring. Stericycle takes care of HD API waste, damaged drugs, and returned medications.

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Facility Name: ARX, Accurate Rx Specialty Pharmacy Corp dba ARX, Accurate Rx Specialty Pharmacy; Apothetech Pharmacy; Ideal Pharmacy
e-Profile ID: 127918Z
Inspection Date: 09/15/2020 - 09/16/2020

		Finding	Notes
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	PharmaLinkis the reverse distributor (company's HQ is located in Largo, FL).
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	Stericycle; comes twice a year.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	Pharmacy's traditional dispensing area has an area which can be used for patient counseling.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	69F
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Pharmacy uses a separate NEST sensor/gauge to set the range with retroactive min/max. The temperature is controlled by a NEST Sensor and App that will relay data and alerts to a smartphone. Manual recorded temperature data also occurs once daily with records kept in hardcopy format.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	No	No 24/7 monitoring and no set Min/Max temperature range. Manually recorded temperature reading obtained once daily and kept in hardcopy format. NEST is used only to monitor room temperature but not for monitoring Refrigerator temperature so the pharmacy uses a traditional thermometer.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	No	One refrigerator on-site; temperature reading during NABP Survey was observed to be 49F. NEST is used only to monitor room temperature but not for monitoring Refrigerator temperature so the pharmacy uses a traditional thermometer.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	Used to store ice packs only; Freezer stores no Rx drugs.

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e-Profile ID: 1279182
Inspection Date: 09/15/2020 - 09/16/2020

		Finding	Notes
42.01	Is the temperature in the freezer within the USP range (between –25° to –10°C or –13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	Used to store ice packs only; Freezer stores no Rx drugs.
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	No	Need to specify details in the pharmacy's P&P's.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	No	No specific detailed written plan; No back-up generator.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	Yes	2 Kirby Lesters KL1 pill counters; one Mazerustar Revolutionary Mixer
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	Yes	
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	COO stated that all vendors have been vetted to have VAWD accreditation; checks initially and at the expiration dates of each Vendor's accreditation status.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	Kinray Inc; Anda Generics; Parmed Pharmaceuticals; Rivercity Pharma; CityMD; JamesRx. NABP Contractor NOTE: Pharmacy personnel denied using the drug wholesalers named in the VPP Application submitted to NABP which were: Thrifty White; McKesson Corporation; Keysource Inc; Sigvaris Group; Medi (perhaps Medispan, not stated definitively); and Anda). Additionally, following a Google search, CityMD is a chain of Urgent Care Walk-In Medical Clinics, and no information was found for JamesRx (if this the correct entity's name as given by pharmacy personnel). PIC insisted that the pharmacy uses drug wholesalers. NABP Contractor compared the list of drug wholesalers provided with the VPP application against the alternate list of company names given by pharmacy personnel with the PIC and the Owner, and both said the list provided was an error. Upon further inquiry, information previous provided was erroneous in that reference to CityMD should be the drug wholesaler CityMedRx, and reference to JamesRx should be the drug wholesaler Jams Wholesale Distribution LLC which was confirmed by a Google search.

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General Pharmacy Inspection

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Facility Name: ARX, Accurate Rx Specialty Pharmacy Corp dba ARX, Accurate Rx Specialty Pharmacy; Apothetech Pharmacy; Ideal Pharmacy
e-Profile ID: 1279182
Inspection Date: 09/15/2020 - 09/16/2020

		Finding	Notes
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	No	
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	Yes	All vendors are required to have the updated VAWD accreditation and this gets verified again at the expiration dates.
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	No	No additional steps other than the expectation that all vendors are required to have the updated VAWD accreditation and this gets verified again at the expiration dates.
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	No	No additional steps other than the expectation that all vendors are required to have the updated VAWD accreditation and this gets verified again at the expiration dates.
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	Pharmacy personnel checks prescribers' NPI numbers for 1st fill of ny prescription drug. Will contact prescribers directly with questions.
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	N/A	No qualified incidents to date; process was reviewed and recordkeeping template was reviewed by the NABP Contractor.
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	Personnel stated that they will log into wholesale websites to obtain 3T records.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	No	Utilize CSOS instead.
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	Yes	PIC places orders using CSOS.

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		Finding	Notes
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	Yes	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	Not part of the pharmacy's business model.
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Perpetual inventory kept electronically in the PK compounding software system.
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	N/A	There have been no qualified incidents.
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	Yes	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	Yes	Reconciliation occurs once a month.
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	Every two years; Most recent one was done 5/7/2019.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	Yes	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	No	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	

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		Finding	Notes
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Monthly check; including OTC products.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	NABP Contractor reviewed randomly selected drugs.
60.02	How often is active-stock examined for drugs past the expiration date?		Monthly.
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	
Prescription Processing	**If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Pharmacy technicians enter the data, including every time information gets changed.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	There no dispensing of Rx veterinary medications (also includes no compounding of nonsterile animal medications).
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, foxed, verbal, and electronic prescriptions.*	Yes	

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65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Verifying directly with the prescribers from NPI sources.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	Prescription leads are generated by field Sales Reps (who are W-2 employees). Also End-of-Day reporting reviewed to ensure that prescription medications are not prescribed by practitioners who may not be within the territories of assigned field Sales Reps, and no prescribed or dispensed drug is based on online medical consultations without there being a pre-existing prescriber-patient/client relationship.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both for non-controlled substances and controlled substances.
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Pharmacist checks after data entry which is performed by Technicians; This is PV1 (pharmacist verification step 1).
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	During the PV1 process.
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	Pharmacy personnel stated that they have a checklist which includes patient complete drug profile information collection.
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	Manually report according to each state regulations.

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		Finding	Notes
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Only Pharmacists can override; DUR overrides are documented in the patient notes in the pharmacy's prescription processing software system
67.07	Is the DUR process performed electronically by the computer system? *Identify integrated drug database used.*	Yes	Medispan from PK compounding software system.
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	N/A	Not manually done.
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	There no dispensing of Rx veterinary medications (also includes no compounding of nonsterile animal medications).
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	During PV1 and billing/claim submission process by Pharmacists; Also documented on the patient's script, and in patient notes on computer system, as well as on Log sheet for compounded nonsterile products.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Labeling is compliant to NY state regulation per NY BOP inspection report dated 7/18/2018.
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	PK compounding software system.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	Not part of the pharmacy's business model.

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		Finding	Notes
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	Not part of the pharmacy's business model.
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	Not part of the pharmacy's business model.
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all <u>new</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	
75.01	Is an "offer" to counsel made for all <u>new</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	Counseling is done for all new Rx's at the time of intake and processing leading up to and at the PV1 step of verification by a pharmacist.
76.00	Does the pharmacist provide counseling for all <u>refilled</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	No	Prescription leads are generated by field Sales Reps (who are W-2 employees). Also End-of-Day reporting reviewed to ensure that prescription medications are not prescribed by practitioners who may not be within the territories of assigned field Sales Reps

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		Finding	Notes
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	Offer to counsel is provided for all refill Rx's at the time of intake and processing leading up to and at the PV1 step of verification by a pharmacist.
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	No	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	Yes	Offer to counsel is provided for all refill Rx's at the time of intake and processing leading up to and at the PV1 step of verification by a pharmacist.
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, phormacist calls patients directly, etc? Describe how.*	Yes	Patient information sheet along with 800 toll-free numbers for patient's to call to speak with a pharmacist are provided
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for potients to coll, pharmocist calls patients directly, etc? Describe how.*	Yes	Patient information sheet along with 800 toll-free numbers for patient's to call to speak with a pharmacist are provided
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	For legend drugs, PPIs are inserted. For compounded medications that are delivered/mailed the package includes instructions such as proper use, directions, side effects, precaution, as well as an "offer to counsel" by providing patient's a toll-free number to call to speak with a pharmacist.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	For legend drugs, pharmacy includes MedGuides in the delivered/mailed packages.
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	No	Currently not part of the pharmacy's business model.
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	Recorded directly in PK software system in the patient notes section f the patient's profile.
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	After-hour calls from patients will be transferred to the PIC.
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	Not part of the pharmacy's business model.
86.01	Does the take-back program include controlled substances?	N/A	
86.01	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	

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		Finding	Notes
Quality Assurance/Quality Improvement Program	**If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	COO oversees the CQI program.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Electronically via medicationsafety.org.
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Electronically
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	

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88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	No	Pharmacy stated that there had been no qualified QREs; the template and the documented process were reviewed by the NABP Contractor.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	N/A	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	No	Weekly meeting.
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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Facility Name: ARX, Accurate Rx Specialty Pharmacy Corp dba ARX, Accurate Rx Specialty Pharmacy; Apothetech Pharmacy; Ideal Pharmacy
e-Profile ID: 1279182
Inspection Date: 09/15/2020 - 09/16/2020

		Finding	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	N/A	Pharmacy stated that there had been no qualified QREs; the template and the documented process were reviewed by the NABP Contractor.
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	N/A	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	N/A	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	Quarterly.
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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		Finding	Notes
General Operations and Information			
1.00	Does the pharmacy **dispense** nonsterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	Yes	
1.02	Do the compounded prescriptions produce a significant difference from a commercially available drug that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner?	Yes	
1.03	Are nonsterile compounded prescriptions picked up at the pharmacy?	Yes	
1.04	Are nonsterile compounded prescriptions delivered to patients in their homes or residential facilities?	Yes	
1.05	Are nonsterile compounded prescriptions mailed to patients in their homes or residential facilities?	Yes	
1.06	Are nonsterile compounded prescriptions delivered to the practitioner for administration to the patient in the office, clinic, or facility?	Yes	One prescriber for one patient in NY; Delivery of the patient's nonsterile compounded medication to the practitioner will be requested by the patient.
1.07	Are nonsterile compounded prescriptions mailed to the practitioner for administration to the patient in the office, clinic, or facility?	No	
2.00	Does the pharmacy **distribute** nonsterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	No	Not part of the pharmacy's business model.
2.01	Does the pharmacy distribute nonsterile compounded preparations to practitioners for office use?	N/A	
2.02	Does the pharmacy distribute nonsterile compounded preparations to hospitals, clinics, or surgery centers?	N/A	
2.03	Does the pharmacy have a sales force that promotes compounded preparations? *List compounds promoted.*	Yes	Sales force utilizes a brochure for marketing which covers a wide range of nonsterile compounds from dermatological drugs to suppositories.
2.04	Does the pharmacy distribute non-patient specific compounded preparations for promotional purposes? *List compounds provided.*	No	
2.05	If yes, does the sales force hand-deliver these compounds? *List compounds provided.*	No	
2.06	If yes, are any of these controlled substances? *List compounds provided.*	No	

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3.00	Does the pharmacy provide nonsterile compounded preparations to other pharmacies for dispensing?	No	Not part of the pharmacy's business model.
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations? *Provide List.*	N/A	
4.00	Does the pharmacy compound oral preparations (tablets, capsules, liquids, lozenges, etc.)? *Provide List.*	Yes	capsules; liquids
5.00	Does the pharmacy compound topicals (gels, creams, ointments, inserts, suppositories, patches, sprays including nasal sprays, etc.)? *Provide List.*	Yes	creams, gels, ointments
6.00	Does the pharmacy compound vitamin or nutritional supplements? *Provide List.*	No	
7.00	Does the pharmacy sell any compounds over-the-counter? *Provide list.*	No	
8.00	Does the pharmacy compound investigational drugs? *Provide List.*	No	
9.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate volume or percent compounded currently.*	No	0%; PIC stated that they have not done so during Covid either.
9.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	N/A	
9.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	N/A	
10.00	Does the pharmacy perform compounding identified as **simple?** *Indicate percentage of simple compounding.* 1. Making a preparation that has a USP compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate beyond-use dates (BUD)s. 2. Reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer. *Examples include Captopril Oral Solution, Indomethacin Topical precautions. Gel, and Potassium Bromide Oral Solution (Veterinary).*	Yes	1%

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		Finding	Notes
11.00	Does the pharmacy perform compounding identified as **moderate**? *Indicate percentage of moderate compounding.* 1. Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units. 2. Making a preparation for which stability data for that specific formula is not available. *Examples include Morphine Sulfate Suppositories, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known.*	Yes	30%
12.00	Does the pharmacy perform compounding identified as **complex**? *Indicate percentage of complex compounding.* Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. *Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.*	Yes	69%
13.00	Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of compounding with hazardous drugs.* NIOSH list of hazardous drugs including chemotherapy, hormones, etc.	Yes	22%
13.01	Is the pharmacy aware of the more stringent requirements of the proposed USP Chapter <800>?	Yes	
14.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	
15.00	Does the pharmacy compound using any **controlled substances**? *Indicate percentage of controlled substance nonsterile compounding.*	Yes	1%; Pain cream formulation does not contain Ketamine any longer, mainly Testosterone now.
16.00	**APIs:** Does the pharmacy make any nonsterile compounded preparations using bulk powder **Active** Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *Indicate the source of APIs.*	Yes	PCCA; Humco; Medisca Inc; Letco Medical LLC; and Fagron

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		Finding	Notes
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified.*	Yes	Verification that the API manufacturer/repackager is an FDA-registered facility is performed by checking the FDA website and database for Current Registered Drug Establishments.
16.03	Does the pharmacy use active ingredients that are not from an FDA-registered facility? *If so, indicate sources.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding? *If not, explain.*	Yes	
17.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	No	PIC stated that all compounds adhere to BUDs within USP 795 standards; as such no requirement to perform internal testing.
18.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed.*	No	PIC stated that all compounds are assigned BUDs within USP 795 standards; as such no requirement to perform external testing.
19.00	Does the pharmacy use scales/balances for nonsterile compounding?	Yes	
19.01	If so, what type of scale/balanced is used? *List manufacturer and model number*		Ohaus EX423N, Ohaus EX4202N, and Ohaus SPX422
19.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency*	Yes	Daily automatic calibration, as well as weekly manual calibration.
19.03	Describe the pharmacist checks for the measurement of each ingredient		Pharmacist verifies measurement of each ingredient after calculation
20.00	**Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include nonsterile compounding measures? **Note: If the facility indicates "yes", please ask each question below to verify.**	Yes	
20.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
20.02	Does the pharmacy continuous quality improvement program include personnel testing and verification?	No	Personal testing - YES; Verification - NO.
20.03	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	No	It is not documented within the annual quality improvement program.

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		Finding	Notes
20.04	Does the pharmacy continuous quality improvement program include end product testing (such as: pH, weight, potency, particulates, consistency, etc.)?	No	It is not specified within the CQI program.
20.05	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding nonsterile compounded products?	Yes	
20.06	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	
20.07	Does the recall system include communication with both the patient and the physician/prescriber regarding the affected nonsterile compounded preparation?	Yes	
20.08	Are QREs involving nonsterile compounded preparations or are recalled by the pharmacy reported to the Board of Pharmacy?	Yes	

Component Selection and Use

		Finding	Notes
	Total Non-Compliant (Includes Unknowns)	0	
21.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
21.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before using to compound.	Compliant	
21.02	USP- or NF-grade substances used, if available	Compliant	

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21.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	N/A	Pharmacy doesn't use any alternatives sources for components used in nonsterile compounding if compendia quality components are not available.
21.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels.*	Compliant	
21.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding	N/A	Pharmacy is not involved in the nonsterile compounding of products intended for use in animals.
21.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	
21.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned does not exceed three (3) years for ingredients used for non-sterile compounding and does not exceed one (1) year for ingredients used for sterile compounding. *Note: purity and quality testing may be performed to extend.*	N/A	APIs have an expiration date assigned by the manufacturer or supplier.
21.08	All APIs and components received without an expiration date are labeled with the date they were received.	N/A	All APIs and components received have an expiration date and are labeled with the date they were received.
21.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	N/A	Not part of the pharmacy's nonsterile compounding practice activities.
21.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	
22.00	Where water is an ingredient, purified or distilled water is used.	Compliant	Distilled water from a filtration system.
23.00	Ingredients used for dietary or nutritional supplements meet USP, Food Chemicals Codex (FCC), or NF standards, or the pharmacy has alternate means to determine if the ingredients meet food-grade quality.	N/A	Pharmacy not engaged in any nonsterile compounding of dietary or nutritional supplements.

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24.00	Pharmacy confirms that there are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Compliant	
25.00	When manufactured products are used for compounding, all the other excipients in the product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Compliant	
26.00	For **animal compounding:** The compounding meets the same standards as compounding for human patients.	N/A	Pharmacy is not engaged in any nonsterile compounding of medications intended for animals.
26.01	The pharmacist is knowledgeable or has references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	N/A	Pharmacy is not engaged in nonsterile compounding of medications for animals.
26.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	Pharmacy is not engaged in nonsterile compounding of medications for animals.
26.03	The pharmacist familiar with, or has a reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	Pharmacy is not engaged in nonsterile compounding of medications for animals.
26.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	Pharmacy is not engaged in nonsterile compounding of medications for animals.
26.05	The pharmacist is familiar with, or has a reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	Pharmacy is not engaged in nonsterile compounding of medications for animals.
Beyond Use Dating (BUD)			
	Total Non-Compliant (Includes Unknowns)	0	
27.00	BUDs are assigned from the day of preparation.	Compliant	
28.00	BUDs are assigned based on dispensing in tight, light-resistant containers/overpacks.	Compliant	
29.00	Extended BUDs are supported by testing data. *View documentation used, preparation must exactly match formulation upon which data was obtained.*	N/A	No nonsterile compounded medications have extended BUDs beyond what is recommended in USP 795.

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29.01	Extended BUDs are assigned and the facility has performed its own stability testing. *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc.*	N/A	No nonsterile compounded medications have extended BUDs beyond what is recommended in USP 795.
30.00	BUDs for nonaqueous formulations are not later than the remaining time until the earliest expiration date of any API and not later than six (6) months.	Compliant	Pharmacist is aware of USP 795 revision with AW concept introduction. AW concept of introducing USP 1112 water activity into assigning all nonsterile compounds a BUD.
31.00	BUDs for water-containing oral formulations are not later than 14 days when stored at controlled cold temperatures (refrigerated).	Compliant	
32.00	BUDs for water-containing topical/dermal and mucosal liquid and semisolid formulations not later than 30 days.	Compliant	
Environment			
	Total Non-Compliant (Includes Unknowns)	0	
33.00	The non-sterile compounding area is a controlled environment and separate from the general pharmacy.	Compliant	
34.00	There sufficient space available for the type and amount of compounding performed and the space is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations.	Compliant	
35.00	Only one preparation compounded at a time.	Compliant	
36.00	Procedures are implemented to prevent cross-contamination, especially when compounding with drugs such as hazardous drugs and known allergens like penicillin that require special precautions.	Compliant	
37.00	The compounding area is well lit.	Compliant	
38.00	The pharmacy performs **hazardous** non-sterile compounding in a ventilated cabinet such as a BSC, CAI, or CACI. *Note: CAI may not be used for hazardous drugs that may volatilize.(NIOSH requirement referenced in USP<795>. Note that proposed USP Chapter <800> will change hazardous drug compounding requirements.)*	Compliant	

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38.01	Ventilated cabinets (BSC, CAI, CACI) used for hazardous compounding are certified or tested periodically.	Compliant	
38.02	If the hoods or isolators are not located in a closed, controlled room environment, there is documentation from the manufacturer and site testing to verify proper functioning of equipment under dynamic conditions for the safety of personnel.	N/A	
39.00	Appropriate protective attire (gowns, gloves, masks, etc.) is available.	Compliant	
39.01	If hazardous drugs are used, appropriate protective attire is available (gowns, gloves, hair and shoe covers, eye and face protection, etc.).	Compliant	
40.00	There is a sink in the compounding area with hot and cold potable water, soap or detergent, and air-driers or single-use towels.	Compliant	
41.00	There is adequate space to wash equipment and utensils including access to water for rinsing. *(Purified water is **recommended** - not required)*	Compliant	
42.00	The temperature of the compounding area is controlled by a thermostat and an air conditioning system is in place.	Compliant	
43.00	**Temperature** in the compounding area is maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	
43.01	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	
43.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
43.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas) and maintained within 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	
43.04	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	

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		Finding	Notes
43.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.00	**Humidity** in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally **recommended** range is 35-60%.	Compliant	
44.01	Humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
44.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.03	Humidity monitoring is also performed in **drug storage areas** (if separate from the compounding areas) to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%.	Compliant	
44.04	Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
44.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
45.00	The bulk component storage area is adequately arranged and maintained in a clean and sanitary condition.	Compliant	
46.00	All components, equipment, and containers are stored off the floor, and handled and stored to prevent contamination.	Compliant	
47.00	All components and packaging containers and closures are properly rotated to use oldest first.	Compliant	
48.00	Hazardous drugs are appropriately identified and marked, received, handled and stored by appropriately trained personnel. (OSHA regulations and NIOSH Alerts)	Compliant	
49.00	Trash is disposed of in a safe, sanitary, and timely manner.	Compliant	
49.01	Hazardous waste is disposed of in a safe, sanitary, and timely manner.	Compliant	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nonsterile Compounding Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: ARX, Accurate Rx Specialty Pharmacy Corp dba ARX, Accurate Rx Specialty Pharmacy; Apothetech Pharmacy; Ideal Pharmacy

e-Profile ID: 1279182

Inspection Date: 09/15/2020 - 09/16/2020

		Finding	Notes
Training - *Verify records of all compounding personnel (up to 10).*			
	Total Non-Compliant (Includes Unknowns)	3	
50.00	Have all personnel of reproductive capability who handle or compound hazardous drugs or chemicals confirmed in writing that they understand the risks of handling hazardous drugs? Teratogenicity, carcinogenicity, reproductive issues.	Compliant	
51.00	There is documentation that all personnel that perform compounding are appropriately trained including policies and procedures, documentation, hazardous drug handling, and compounding technique and not allowed to compound or supervise compounding until training is successfully completed.	Non-Compliant	Pharmacy does not have training protocols with regards to hazardous drugs (HD) handling protocols.
52.00	There is documentation that the training process for the preparation of compounds includes demonstration of the compounding procedure first, followed by the trainee performing the procedure under supervision successfully before being allowed to perform compounding.	Compliant	
53.00	There is documentation that training includes the operation of any equipment that may be used when preparing compounded products. *Documentation includes operation and troubleshooting.*	Non-Compliant	Training does not incorporate all equipment that is typically used in the compounding process
54.00	There is documentation available showing employees performing non-sterile compounding are evaluated at least annually.	Compliant	
54.01	If performing hazardous nonsterile compounding, there is documentation available showing employees are evaluated at least annually.	Non-Compliant	HD compounding observation, garbing, and didactic portion need to be incorporated into the annual training
55.00	If the pharmacy uses relief personnel from outside agencies to perform non-sterile compounding there is documentation that training is verified.	N/A	Pharmacy does not utilize any relief personnel from outside agencies when it comes to nonsterile compounding.

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e-Profile ID: 1279182
Inspection Date: 09/15/2020 - 09/16/2020

		Finding	Notes
Compounding Equipment			
	Total Non-Compliant (Includes Unknowns)	0	
56.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (including capsule machines, autoclaves, ovens, etc.) are periodically inspected and calibrated.*	Compliant	
57.00	Scales, balances, or other types of equipment used for measurement shall be routinely inspected, calibrated as necessary (per manufacturer instructions), and checked to ensure proper performance. *Describe procedure used.*	Compliant	Daily automatic calibration prior to dispensing; And weekly manual calibration.
58.00	Powder hoods used for nonsterile compounding are certified or tested periodically to ensure proper function.	Compliant	
58.01	Hood filters are checked regularly and replaced when necessary.	Compliant	
59.00	All equipment is cleaned promptly after each use. *Equipment and utensils washed using potable water with a soap or detergent, and rinsed. **Recommended** rinsed with purified water.*	Compliant	
60.00	The pharmacy uses separate equipment and utensils to compound allergenic, cytotoxic, or hazardous products, or has detailed procedures for meticulous cleaning of equipment and utensils immediately after use to prevent cross-contamination or exposure.	Compliant	
Documentation			
	Total Non-Compliant (Includes Unknowns)	0	
61.00	The pharmacy creates a master formulation record the first time before compounding a new preparation	Compliant	
61.01	Every formulation is evaluated for incompatibilities and the potential for being ineffective or toxic.	Compliant	
61.02	The **master formulation record** includes:		
61.03	Official or assigned name, strength, and dosage form	Compliant	
61.04	All necessary calculations	Compliant	
61.05	Description of all ingredients and their quantities	Compliant	

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Inspection Date: 09/15/2020 - 09/16/2020

		Finding	Notes
61.06	Compatibility and stability information including references (when available)	Compliant	
61.07	Equipment used for the preparation	Compliant	
61.08	Mixing instructions (order of mixing, temperatures, duration of mixing, and other pertinent factors)	Compliant	
61.09	Container used and packaging requirements	Compliant	
61.10	Assigned BUD information	Compliant	
61.11	Labeling information including the name of and quantity or concentration of each active ingredient	Compliant	
61.12	Description of the finished preparation	Compliant	
61.13	Storage requirements	Compliant	
61.14	Quality control procedures and expected results (e.g. dose measurement of capsule in the dose calibrator).	Compliant	
62.00	The pharmacy creates a compounding record for each compound prepared	Compliant	
62.01	The **compounding record** includes:		
62.02	Official or assigned name, strength and dosage of the preparation	Compliant	
62.03	Master Formulation Record reference	Compliant	
62.04	Sources, lot numbers, and expiration dates of all components	Compliant	
62.05	Total quantity or number of dosage units compounded	Compliant	
62.06	Person compounding the preparation	Compliant	
62.07	Person performing the quality control procedures	Compliant	
62.08	Person who approved the preparation	Compliant	
62.09	Date of compounding	Compliant	
62.10	Assigned internal identification number or prescription number	Compliant	
62.11	Description of the final preparation	Compliant	

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Inspection Date: 09/15/2020 - 09/16/2020

		Finding	Notes
62.12	Assigned BUD	Compliant	
62.13	Duplicate label	Compliant	
62.14	Results of quality control procedures (weight range of filled capsules, pH of aqueous liquids, etc.)?	Compliant	
62.15	Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver including investigation and recall, if appropriate	Compliant	
	Compounding Procedures		
	Total Non-Compliant (Includes Unknowns)	**0**	
63.00	The Master Formulation Record and the Compounding Record has been reviewed by the compounder to ensure it is error free.	Compliant	
64.00	Compounding personnel ascertain that ingredients for compounded preparations are of the correct identity and appropriate quality including a unit-by-unit inspection of the components.	Compliant	
65.00	The containers and closures selected meet USP standards (from container supplier).	Compliant	
66.00	Container selection determined by physical and chemical properties of the preparation.	Compliant	
67.00	Compounding personnel maintain good hand hygiene and wear clean and appropriate clothing for the compounding being performed.	Compliant	
68.00	Personnel don appropriate protective garb when performing compounding.	Compliant	
68.01	If hazardous compounding, personnel don appropriate protective garb when compounding.	Compliant	
69.00	Routine compounding procedures for batch preparation completed and verified according to written procedures. Including: *Calculations correct, weighing and measuring performed correctly, order of mixing correct, compounding techniques performed correctly*	N/A	Pharmacy not engaged in the BATCH preparation of any nonsterile compounds.
70.00	Procedures for in-process checks followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is performed to ensure proper measurement, reconstitution and component usage.* ***Recommended:*** *compounding accuracy checked by a person other than the compounder.*	Compliant	
71.00	There are no deviations from the master formulation record, unless they are approved and deemed appropriate by a pharmacist and a new master formulation record is created.	Compliant	

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Inspection Date: 09/15/2020 - 09/16/2020

		Finding	Notes
72.00	There is a procedure for cleaning which is followed. *After each preparation, daily tasks, monthly tasks, etc.*	Compliant	
73.00	Personnel are appropriately garbed for protection when cleaning.	Compliant	
74.00	Compounding employees are using appropriate techniques. *Inspector to observe compounding procedures, documentation, appropriate garb, cleanliness of compounding area and equipment. Compounding MUST be observed, if compounding is not being performed at the time of survey, mark as "Non-Compliant".*	Compliant	Nonsterile compounding was simulated for the NABP Contractor.
74.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "Denial of Authorization" form. List individual who signs the Denial of Authorization*		Not Applicable. NABP Contractor did observe nonsterile compounding.
Finished Preparation Release Checks and Tests			
	Total Non-Compliant (Includes Unknowns)	0	
75.00	The finished preparation is observed to appear as expected in the master formulation record and documented.	Compliant	
76.00	As appropriate, the final completed preparation assessed for quality control and is documented, such as weight, mixing, clarity, odor, color, consistency, pH, and strength.	Compliant	
77.00	There are established written processes that describe test or examinations conducted on the compounded preparation (degree of weight variation in capsules, for example) to ensure uniformity and integrity.	Compliant	
78.00	Preparations with extended BUDs that are not supported by testing data are sampled and tested for physical, chemical, and microbiological characteristics.	N/A	No nonsterile compounded medications have extended BUDs beyond what is recommended in USP 795.
78.01	If any failed tests or discrepancies are observed, there is an investigation and appropriate corrective actions taken before dispensing to patient	N/A	There have been no events where an investigation into a failed nonsterile compound was necessary.
78.02	If products being tested are dispensed or distributed before the test results are obtained, there is a recall procedure if the test results indicate an issue.	N/A	There have been no events where a nonsterile compound had to be recalled.

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		Finding	Notes
79.00	There are appropriate quality control procedures to monitor the output and to verify the performance of compounding processes and equipment that may be responsible for causing variability in the final compounded preparations. *Review validation of equipment and personnel performance documentation.*	Compliant	
80.00	Labels on immediate patient-specific containers include identifiers for the persons preparing the compound and performing the final verification, BUD, an indication that this is a compounded preparation, special requirements for storage, and appropriate packaging and labeling of hazardous materials.	Compliant	
80.01	Labeling contains generic name and quantity or concentration of each active ingredient.	Compliant	
80.02	Labeling contains assigned BUD.	Compliant	
80.03	Labeling contains storage and handling information.	Compliant	
80.04	If hazardous, labeling contains storage and handling information.	Compliant	
80.05	Labeling contains prescription or control number, whichever is applicable.	Compliant	
81.00	Batch preparations (in anticipation of prescriptions) are of an appropriate volume and batch products in stock are all within their BUD (not outdated).	N/A	Pharmacy not engaged in the BATCH preparation of any nonsterile compounds.
82.00	Labels on batch preparations include the name and quantity of all contents, date and time of preparation (or internal code/lot number indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	N/A	Pharmacy not engaged in the BATCH preparation of any nonsterile compounds.
83.00	Preparations are stored and secured properly prior to dispensing based upon conditions upon which BUD was assigned.	Compliant	
84.00	Preparations are examined immediately after preparation **AND** again immediately prior to dispensing for any signs of instability.	Compliant	

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Inspection Date: 09/15/2020 - 09/16/2020

		Finding	Notes
Patient Counseling and Communication			
	Total Non-Compliant (Includes Unknowns)	**0**	
85.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of products such as fentanyl, hormones and chemotherapy medications?	Compliant	
86.00	Are the required printed drug information materials (drug information sheets, Patient Package Inserts, MedGuides, etc.) provided for the compounded products?	Compliant	
87.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
88.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated compounded product are notified of the potential risk.	Compliant	

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Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review

EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement

QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the Internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

4EEE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-State	■ Ownership Change*	☐ Hospital (# beds _____)	■ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	■ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH PH03745		■ Other: Veterinary Only.

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Covetrus North America, LLC

Physical Address: 4802 North Sam Houston Pkwy. W., Ste. 100

City: Houston State: TX Zip: 77086

Mailing Address (if different from physical address): Same as Physical Address.

City: _____ State: _____ Zip: _____

Telephone: 877-838-7979 Toll Free # (NAC 639.708, NRS 639.23286): 877-838-7979

Fax: 800-270-8040 Contact Email: CGPM-RxLicensing@covetrus.com

Website: www.covetrus.com

Nevada Business License # (if applicable) NV20051127174

Supervising/Managing Pharmacist Name (NRS 639.220): Arreiva Benson ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21141 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Arreiva Benson	NV Pharmacist Registration #: 21141
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): W.A. Butler Company

Corporation/Organization Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North

City: Dublin State: OH Zip: 43017

Telephone: 855-724-3461 Email: CGPM-RXLicesing@covetrus.com

Contact Person Name: Matthew Malenfant

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist In Charge (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Arreiva Benson

Print Name of Authorized Person

Arreiva Benson

Original signature of Authorized Person (copies or stamps not accepted)

9/9/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Arreiva Benson hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Arreiva Benson
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 12 day of Sept, 2022

Notary Public

GIDGETTE FOSTER
Notary ID #11134168
My Commission Expires
June 23, 2026

Section 1(c) Managing Pharmacist Acknowledgement, Professional/Personal History - REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Arreiva Benson Pharmacist Registration #: 21141

Pharmacy Name: Covetrus North America, LLC

Initial each statement below to indicate you have read and agree with the following:

AB I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

AB I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

AB I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

AB I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

AB I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Arreiva Benson
Original signature of Managing Pharmacist (copies or stamps not accepted)

9/9/22
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ **must be** completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection from** the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Arreiva Benson

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Arreiva Benson

Original signature of Authorized Person (copies or stamps not accepted)

9/9/22

Date

Board Use Only	Date Received: 9-19-22	Amount: 500.00 CC

covetrus

Please note, this Pharmacy has never been disciplined by any state or federal regulatory agency. However, the owner, Covetrus North America, LLC, has been disciplined as described below. We are disclosing the actions listed out of an abundance of caution.

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabethtown, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

[redacted]

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	Administrative Complaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Covetrus North America, LLC

Pharmacy/Wholesaler License # (if applicable): PH03745

Physical Address: 4802 North Sam Houston Pkwy. W., Ste. 100

City: Houston State: TX Zip: 77086

Mailing Address (if different from physical address): Same as Physical Address.

City: State: Zip:

Telephone: 877-838-7979 Website: www.covetrus.com

Licensing Company Email: CGPM-RxLicensing@covetrus.com

Section 2: Personal Information

First: Arreiva Middle: Last: Benson

Alias(es, nicknames, name changes, etc.): Papillion

Date of Birth: [redacted] SSN or ITIN: Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] North Sam Houston Pkwy. W., Ste. [redacted]

City: Houston State: TX Zip: 77086

Telephone: [redacted] Email: arreiva.papillion@covetrus.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Jack Welch Management Institute (Strayer University)			06/19-07/21	
Address	**City**		**State**	**Zip**
online				
Diploma/Degree obtained, if any				
MBA				

School Name			From - To (MM/YY – MM/YY)	
Texas Southern University College of Pharmacy & Health Sciences			08/04-05/08	
Address	**City**		**State**	**Zip**
3100 Cleburne St	Houston		TX	77004
Diploma/Degree obtained, if any				
PharmD				

School Name			From - To (MM/YY – MM/YY)	
Texas Southern University			01/01-05/04	
Address	**City**		**State**	**Zip**
3100 Cleburne St	Houston		TX	77004
Diploma/Degree obtained, if any				
B.S. Biology				

School Name			From - To (MM/YY – MM/YY)	
University of Houston			08/99-01/01	
Address	**City**		**State**	**Zip**
4800 Calhoun Rd	Houston		TX	77004
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/20-current	[redacted]Fannin Station South	Houston	TX	77045
07/17-10/20	[redacted]W Dallas Street APT 319	Houston	TX	77019
2006-2017	[redacted]Rayford Road	Spring	TX	77386
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			07/2017-current
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
over 10 years		TX	Spring	Montgomery
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Insurance Company		
Reason/Charge				
Lawsuit filed against insurance company that failed to provide funds to repair home after significant damages				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Plaintiff		Lawsuit		
Name of Business/Industry/Entity				
Insurance Company				

Provide explanation below:
Lawsuit filed against insurance company that failed to provide funds to repair home after significant damages

Amanda Benson
Original Signature (electronic, copies or stamps not accepted)

8/31/22
Date

I, Arreiva Benson, **certify that as the designated representative for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. x I am at least 21 years of age;
3. x I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. x I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. x I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. x I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. x I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Arreiva Benson

Print Name (First, Last)

Arreiva Benson

Original Signature (electronic, copies or stamps not accepted)

8/30/22

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 10. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Annelle Benson
Original Signature (electronic, copies or stamps not accepted)

8/31/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Arreiva Benson

Print Name (First, Last)

Arreiva Benson

Original Signature (electronic, copies or stamps not accepted)

8/30/22

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of Harris

I, ARREIVA BENSON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Arreiva Benson

Original Signature

8/31/22

Date

Subscribed and Sworn to before me this 31 day of Aug.

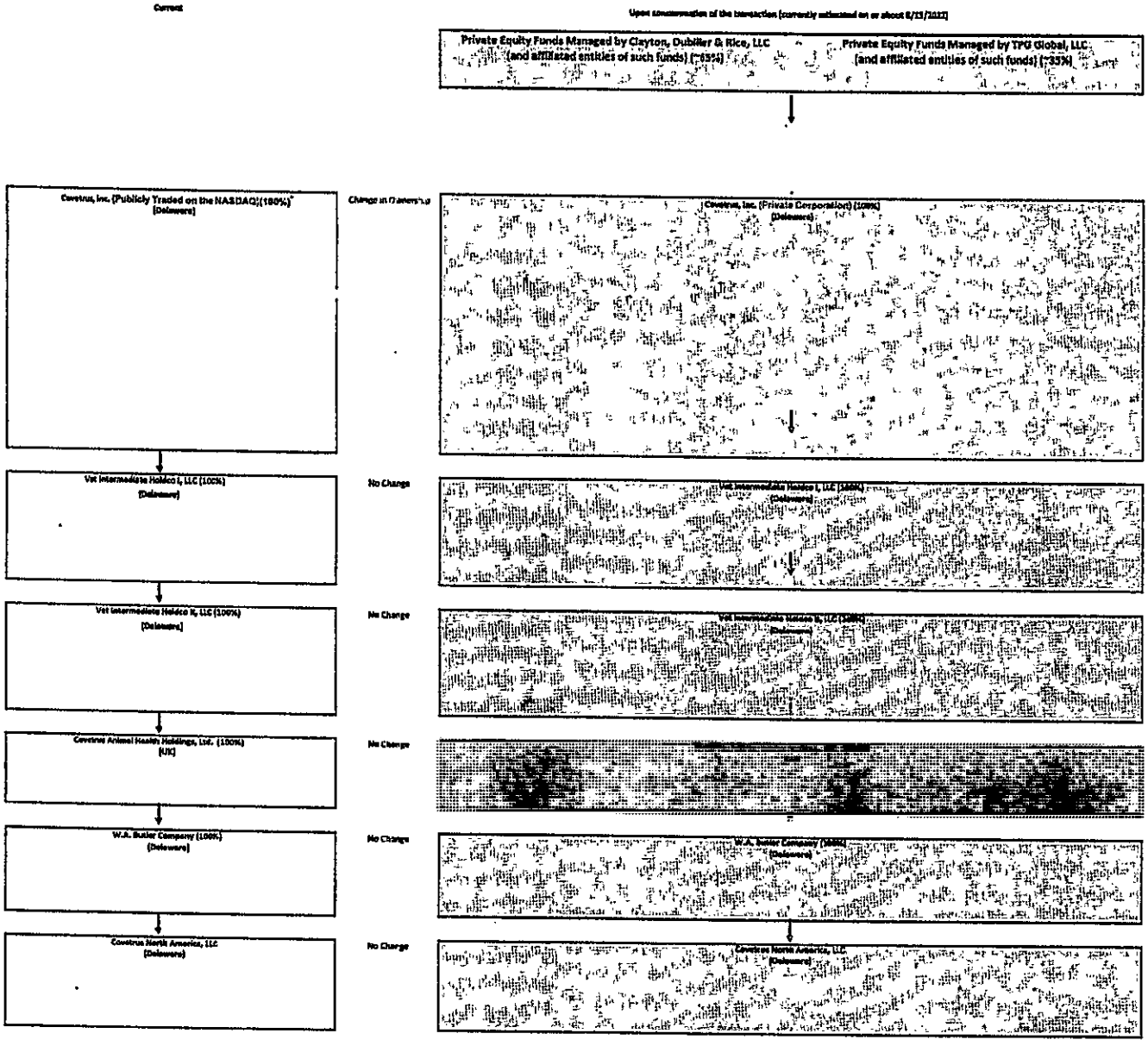
Gidgett Foster

Notary Public Signature

GIDGETTE FOSTER
Notary ID #11134168
My Commission Expires
June 23, 2026

(Seal)

Covetrus North America, LLC Business Organizational Structure



* Currently, private equity funds managed by Clayton, Dubilier & Rice, LLC (and affiliated entities of such funds) own approximately 24.2% of the outstanding shares of Covetrus, Inc.'s common stock and will continue as indirect owners of Covetrus, Inc. following the consummation of the transaction.

** Note that in preparation of the consummation of the transaction, a number of holding company entities are expected to be formed as direct or indirect parent entities of Corgi Bidco, Inc. (and which are not shown on this organizational structure chart).
***FEIN of all entities listed will remain the same.

covetrus

Covetrus North America, LLC
List of Officers

Victor Thomas Forte IV
Title: President
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

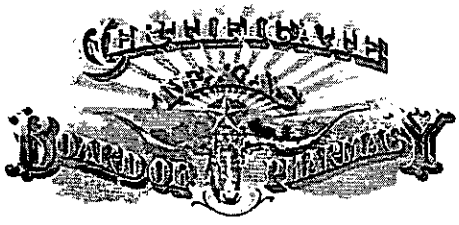
Lee Wise
Title: CFO & Treasurer
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Tamika Simmons
Title: Secretary
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Philip Mario Lombardi
Title: VP of Operations & Logistics
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE ST STE 3-500
AUSTIN TX 78701

COVETRUS NORTH AMERICA LLC
4802 N SAM HOUSTON PKWY W STE 10(
HOUSTON TX 77086



This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **34247** Expiration Date: **4/30/2024**

Balances: **46**

COVETRUS NORTH AMERICA LLC
4802 N SAM HOUSTON PKWY W STE 100
HOUSTON TX 77086

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 34247

COVETRUS NORTH AMERICA LLC

License Information

License Status Active
License # 34247
Expiration Date 04/30/2024
Date License Issued 04/14/2022

Address

4802 N SAM HOUSTON PKWY W STE 100
HOUSTON, TX 77086
County HARRIS
Phone (877) 838-7979

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Multi
# of Hospital beds

Employment Information

Pharmacist in Charge
RICHARDSON, RONALD ALAN

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No
Translating services (Listed Below If Available)	
Spanish	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	Yes
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	Yes
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	Yes
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20223386933

Authentication: 204271148

Date: 08-29-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC1392389	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4,5	RETAIL PHARMACY	04-20-2022

COVETRUS NORTH AMERICA, LLC
4802 N SAM HOUSTON PKWY W STE 100
HOUSTON, TX 770861539

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC1392389	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4,5	RETAIL PHARMACY	04-20-2022

COVETRUS NORTH AMERICA, LLC
4802 N SAM HOUSTON PKWY W STE 100
HOUSTON, TX 770861539

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

503b Outsourcing Facility No

Other Services No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
AGYEMANG, KWAME JOE	66514	04/23/2020	05/31/2024	Staff	Active
ASARE, KINGSFORD BEDIAKO	51267	04/20/2012	11/30/2023	Relief	Active
AVALOS, CRISTINA	64820	07/11/2019	04/30/2023	Staff	Active
BENSON, ARREIVA LACHONE	46556	08/14/2008	06/30/2024	Staff	Active
BURTON, JARRHETT	59628	10/06/2016	11/30/2022	Staff	Active
CHEN, PHILLIP	59632	10/06/2016	08/31/2024	Staff	Active
CHUKWURAH, KIMBERLYN UCHECHI	54385	01/17/2014	09/30/2023	Staff	Active
CLEGGETT, HILLARY	66477	03/19/2020	09/30/2023	Staff	Active
COUVILLON, EVA MARIE	40752	07/02/2002	09/30/2022	Staff	Active
CROOKS, CYNTHIA EBERHARDT	32612	07/25/1991	05/31/2024	Staff	Active
DINO, JOSE ABRAHAM	41066	08/30/2002	04/30/2024	Staff	Active
DO, MINH	61657	09/28/2017	07/31/2023	Relief	Active
DO, CHRISTOPHER	66103	11/14/2019	10/31/2023	Relief	Active
EDWARDS, DAAIYAH AESHA	63367	08/23/2018	01/31/2023	Staff	Active
ERNSTES, JOSEPH PAUL	22837	10/13/1977	10/31/2023	Staff	Active
FOSTER-ALEXANDER, TORI NICOLE	50521	08/22/2011	11/30/2022	Staff	Active
GUIDRY-WILLIAMS, KIMBERLY M.	29893	07/22/1987	04/30/2023	Staff	Active
JACKSON, BRYAN LEONARD	61719	10/05/2017	05/31/2023	Staff	Active
KELLY, MARIO JOHN	44692	09/08/2006	04/30/2024	Staff	Active
KNOWLES-JONES, KAREN ESTHER	32173	10/29/1990	10/31/2023	Staff	Active
LAWAL, TOLANI	65924	10/10/2019	08/31/2023	Staff	Active
MAKHDOUM, MARYAM	65171	08/01/2019	05/31/2023	Staff	Active
MELO, JONATHAN	64830	07/11/2019	04/30/2023	Staff	Active
NGUYEN, THIEN-AN HUU	60861	07/21/2017	02/28/2023	Staff	Active
NOROOZI, ADINEH	63333	08/23/2018	04/30/2024	Staff	Active
ODINIGWE, EMMANUEL	57572	10/01/2015	03/31/2024	Staff	Active
OKONKWO, OBINNA NWACHUKWU	59221	08/18/2016	03/31/2024	Staff	Active
OMOYELE, OLADAPO ALVIN	66110	11/21/2019	01/31/2024	Staff	Active
POWELL, MICHAEL LA KEITH	50557	08/26/2011	09/30/2024	Staff	Active
RAIA, MARY	27261	08/08/1983	08/31/2023	Staff	Active
RICHARDSON, RONALD ALAN	29408	08/27/1986	11/30/2022	PIC	Active
RICKETTS-WILSON, SUSAN VICTORIA	32726	08/08/2009	06/30/2023	Staff	Active
SALSMAN, LAUREN BUSSEY	55034	07/17/2014	03/31/2024	Staff	Active
TATAVARTHI, HARITHA	49279	08/27/2010	04/30/2024	Staff	Active
THOMPSON, CONROY	66060	11/14/2019	04/30/2024	Staff	Active

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Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
ADAMS, SHEY	325418	08/09/2021	08/31/2023	Staff	Active
BARRAZA, BRENDA	316987	01/26/2021	02/29/2024	Staff	Active
CALDWELL, ARLA KAY	131666	12/13/2005	03/31/2024	Staff	Active
CASTILLO, ETHAN MATTHEW	116802	08/10/2004	05/31/2024	Staff	Active
CERVANTES, TIFFANY YULIANA	278431	12/29/2017	08/31/2023	Staff	Active
CHASE, MELISSA MEADOWS	109593	05/21/2004	02/28/2023	Staff	Active
COLLINS, IREALLE VICTORIA	141025	09/15/2008	04/30/2024	Staff	Active
COOK, GRACE LEANN	309129	07/03/2020	01/31/2024	Staff	Active
DELEON, DEMI ALYSSA	250165	11/23/2015	09/30/2023	Staff	Active

DUENAS, EDITH	212075	09/17/2012	10/31/2022	Staff	Active
EVANS, DELRISHA LANETT	155159	06/18/2008	03/31/2024	Staff	Active
FOSTER, GIDGETTE	121334	07/07/2004	09/30/2023	Staff	Active
FRANKLIN, LAUREN TERESE	228887	03/19/2014	03/31/2023	Staff	Active
GALLARDO, AZALEA	306145	03/02/2020	07/31/2024	Staff	Active
GARZA, SOFIA	102372	03/30/2004	04/30/2023	Staff	Active
GLOVER, TAMYRA BEARD	204182	12/21/2011	12/31/2023	Staff	Active
GOLLADAY , MACKENZIE ANN	233446	08/06/2014	06/30/2023	Staff	Active
GONZALEZ, BRENDA	217225	03/11/2013	10/31/2022	Staff	Active
HALLER, BENNETT CHARLES	262062	10/13/2016	10/31/2022	Staff	Active
HOOKS, VASTY A	263222	11/09/2016	08/31/2024	Staff	Active
HOUSE, CRYSTAL DEANN	152227	01/28/2010	10/31/2023	Staff	Active
HOUSTON, MARGARET	134436	10/26/2006	01/31/2024	Staff	Active
KING, MARSHA LANET	102018	05/20/2004	08/31/2023	Staff	Active
KOPECKY, NATALIE ELISE	312807	10/08/2020	05/31/2023	Staff	Active
LARIOS, LISA ANN	177845	05/19/2010	03/31/2024	Staff	Active
LOPEZ, LESLIE MARIE	324611	07/20/2021	07/31/2023	Staff	Active
LOPEZ, LINDA MARISOL	276990	11/14/2017	10/31/2022	Staff	Active
MCCALL, LADEDRA DENISE	305948	02/25/2020	12/31/2023	Staff	Active
MORALES, SILVIA	231398	06/04/2014	07/31/2024	Staff	Active
NANTEGE, PRISCILLA	231303	06/04/2014	07/31/2023	Staff	Active
NEELY, BRITTANY	269196	04/17/2017	05/31/2023	Staff	Active
NGUYEN, DAN THY THUY	284351	06/12/2018	04/30/2024	Staff	Active
NGUYEN, LIEN THI TUONG	131717	11/30/2005	12/31/2023	Staff	Active
NGUYEN, LISA	211464	08/28/2012	06/30/2023	Staff	Active
PEREZ, MARIA ELIZABETH	105671	04/16/2004	06/30/2024	Staff	Active
PEREZ, SUZANNA JASMIN	101859	05/28/2004	10/31/2022	Staff	Active
PERRY-EASTER, JENNIFER N	154557	08/04/2008	11/30/2022	Staff	Active
PHILLIPS, AMBER D	145311	02/27/2008	08/31/2023	Staff	Active
PINEDA GARCIA, MYNOR A	237304	11/21/2014	11/30/2022	Staff	Active
ROBERTS , TIANA LANAE	306129	03/02/2020	04/30/2023	Staff	Active
RODRIGUES, TREYLISA AMBER	298209	07/15/2019	03/31/2023	Staff	Active
RODRIGUEZ-SUAREZ, SYLICIA A	275189	10/03/2017	04/30/2023	Staff	Active
SANTOS, ANA E	188324	04/25/2011	10/31/2023	Staff	Active
SLUDER, JORDAN MARIE	276967	11/14/2017	12/31/2022	Staff	Active
TAMEZ, SELENA	243872	06/09/2015	12/31/2022	Staff	Active
WALKER, DI'NESHA	308371	06/01/2020	06/30/2024	Staff	Active
WHITE, SAMANTHA NICOLE	213038	10/16/2012	06/30/2023	Staff	Active
WILLIAMS, TIFFANY MARIE	232152	07/07/2014	12/31/2022	Staff	Active
ZAFRA-MELANCON, KYLAN ZAHRYAN	287715	09/11/2018	06/30/2023	Staff	Active

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Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
COVETRUS NORTH AMERICA LLC	OWNER	,			
WELDON, KENNETH PAUL	OFFICER	,			
LOMBARDI, PHILLIP MARIO	OFFICER	,			
WISE, LEE JACKSON	OFFICER	,			

FORTE IV, VICTOR THOMAS	OFFICER	,				

Page 1 of 1 20 View 1 - 5 of 5

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

Attached is the most recent inspection for the pharmacy. Please note, the pharmacy is in the process of applying for a NABP VPP Inspection under the name of Covetrus North America, LLC.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Pharmacy e-Profile ID:	1305449		Inspection Information
Legal Business Name:	Veterinary Pharmacies of America LLC	Virtual Survey Date:	11/9/2020
Doing Business As (DBA):	Covetrus TX	Start Time: 24-hour format (13:00)	15:15
Address:	4802 N Sam Houston Pkwy W, STE 100	End Time: 24-hour format (13:00)	16:40
City:	Houston	Onsite Survey Date:	11/10/2020
State:	TX	Start Time: 24-hour format (13:00)	11:15
Zip Code:	77086	End Time: 24-hour format (13:00)	16:10
Telephone number:	(877) 838-7979	Inspector Name:	Dhafer Almaklani
Toll free number:	(877) 838-7979	Inspection Performed by (NABP, State, etc):	NABP
Fax number:	(877) 329-7979	Observer Name/Affiliation (if applicable):	Keya Henry/TSBOP
Website:	www.covetrus.com	Observer Name/Affiliation (if applicable):	NA

Pharmacy Hours of Operation	Check if 24/7 ☐		
	Open Start Time: (24-hour format)	Open End Time: (24-hour format)	Closed (X)
Sunday			X
Monday	8:00	17:00	
Tuesday	8:00	17:00	
Wednesday	8:00	17:00	
Thursday	8:00	17:00	
Friday	8:00	17:00	
Saturday			X

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist in Charge	Arreiva LaChone Benson-Papillion	arreiva.papillion@covetrus.com	239213
Nonsterile Compounding Supervisor	Ronald Richardson	rondald.richardson@covetrus.com	553956
Sterile Compounding Supervisor			
Hazardous Compounding Supervisor	Ronald Richardson	rondald.richardson@covetrus.com	553956

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Arreiva LaChone Benson-Papillion	PIC	Y
2	Ronald Richardson	Pharmacist, Compounding Manager	Y
3	Kimberly Chukwurah	Pharmacist, Call Center Supervisor	Y
4	Bryan Jackson	Pharmacist	Y
5	Conroy Thompson	Pharmacist	Y
6	Lauren Franklin	Pharmacy Tech, Compliance Coordinator	Y
7	Amber Phillips	Pharmacy Tech, Data Entry Team Lead	Y
8	Lydia Batchelor	Pharmacy Tech, Compounding Supervisor	Y
9	Brenda Gonzalez	Pharmacy Tech, Lead Tech	Y
10	Alana Martini-Ponce	Pharmacy Tech, Compounding	Y

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present. SEE ATTACHMENT "LIST OF EMPLOYEES": Including the 10 individuals noted above, the general breakdown of all employees at this facility is as follows: 22 Pharmacists; 9 Relief Pharmacists; 3 Part-Time Relief Pharmacists; 40 Pharmacy Tech (Compounding or Commercial); 7 Pharmacy Techs (Call Center); 5 Pharmacy Techs Trainees; 22 Ancillary Employees (e.g. Warehouse Associates, Inventory, Operations Mgr, Office Mgr, Associate Chemist, Process Chemist, and IT Operations to name a few).

Business Licensure Information for State of Residence and Federal
(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
Texas State Board of Pharmacy	Veterinary Pharmacies of America LLC	Pharmacy/31317	3/31/2021
U.S. Dept of Justice - Drug Enforcement Agency (DEA)	Veterinary Pharmacies of America LLC	DEA/FV6752439	08/31/2023

Veterinary Pharmacies of America is a closed door, veterinary pharmacy that is licensed in all states and DC. The pharmacy distributes to veterinary clinics in states that allow "office use"; this is 3% to 4% of the business. Various dosage forms of non-sterile and non-sterile hazardous drug products are compounded. The pharmacy has 28 BSC's, and a negative pressure HD room with several BSC's. According to the PIC, controlling humidity has been an ongoing issue, and appears to not have been corrected since the last VPP Survey (03/29/2019). Pharmacy logs show humidity spikes of up to 75% in various areas of the pharmacy. PIC states there is no immediate action plan for the humidity excursions, other than continuing to monitor and evaluate drug products on an ongoing basis. However, corporate is considering investing in infrastructure updates to address this problem (no firm "Action Plan" with deadlines offered).

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Attachments

(NO PHI, including prescription numbers)

Attachment Name	Description
Covetrus_Employee_List	List of employees
Covetrus_Scale_&_Balance_List	List of model and type of scales and balances

Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply	
Traditional retail		Telepharmacy	
Open to the Public		Central Fill/Processing/Shared Services	
Closed Door	X	Specialty Pharmacy	X
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy	X	Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	X
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	X
HMO/PBM only		Nonsterile Hazardous Drug Compounding	X
Internet Pharmacy (New Rx)		Sterile Compounding	
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	36,207	Total Pharmacists:	34 full time; 9 per-dem
Nonsterile Compounding Room size:	13140	Number of Compounding Pharmacists	20
Nonsterile Compounding powder hoods number:	0	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	1878	Total Student Interns:	0
Nonsterile HD Compounding BSC/CACI hoods number:	28	Total Technicians:	52 full time
Sterile Compounding Ante Room size:	N/A	Number of Compounding Technicians	27
Sterile Compounding Clean/Buffer Room size:	N/A	Of technicians, how many are certified?	52
Sterile Compounding Number LAFW hoods/areas:	0	Of technicians, how many are techs-in-training?	5
Sterile Compounding Number BSC hoods:	0	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	0	Total Other Unlicensed Personnel:	20
Negative Pressure Sterile HD Room size:	N/A	Ratio #tech:#RPh present at time of inspection:	3:1
Sterile HD Compounding Number of BSC hoods:	0	Total Pharmacist Hours Per Week:	680
Sterile HD Compounding Number of CACI hoods:	0	Total Technician Hours Per Week:	10400
Volume Dispensed		**Volume Distributed**	
Total Prescriptions Dispensed/day:	approx. 3100	Total Orders Distributed/day:	approx. 31
% Veterinary Prescriptions	100%	% Veterinary Orders	100%
% Controlled Substance Prescriptions	<2%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	100%	% Nonsterile Compounded Orders	100%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	54%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: If not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK	19	1	month (Oct 2020)
AL	34	8	month (Oct 2020)
AR	98	14	month (Oct 2020)
AZ	1890	37	month (Oct 2020)
CA	1687	98	month (Oct 2020)
CO	562	29	month (Oct 2020)
CT	355	0	month (Oct 2020)
DC	65	0	month (Oct 2020)
DE	50	0	month (Oct 2020)
FL	1051	36	month (Oct 2020)
GA	674	24	month (Oct 2020)
HI	19	0	month (Oct 2020)
IA	100	2	month (Oct 2020)
ID	82	2	month (Oct 2020)
IL	643	27	month (Oct 2020)
IN	392	33	month (Oct 2020)
KS	136	5	month (Oct 2020)
KY	224	4	month (Oct 2020)
LA	203	19	month (Oct 2020)
MA	518	8	month (Oct 2020)
MD	466	13	month (Oct 2020)
ME	162	0	month (Oct 2020)
MI	524	0	month (Oct 2020)
MN	527	8	month (Oct 2020)
MO	277	13	month (Oct 2020)
MS	50	5	month (Oct 2020)
MT	108	0	month (Oct 2020)

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC	1279	58	month (Oct 2020)
ND	1	0	month (Oct 2020)
NE	128	4	month (Oct 2020)
NH	196	4	month (Oct 2020)
NJ	307	11	month (Oct 2020)
NM	193	0	month (Oct 2020)
NV	153	13	month (Oct 2020)
NY	1326	0	month (Oct 2020)
OH	761	30	month (Oct 2020)
OK	142	0	month (Oct 2020)
OR	400	0	month (Oct 2020)
PA	600	18	month (Oct 2020)
RI	28	0	month (Oct 2020)
SC	266	9	month (Oct 2020)
SD	14	0	month (Oct 2020)
TN	335	20	month (Oct 2020)
TX	1110	47	month (Oct 2020)
UT	117	7	month (Oct 2020)
VA	1055	17	month (Oct 2020)
VT	87	2	month (Oct 2020)
WA	675	13	month (Oct 2020)
WI	370	14	month (Oct 2020)
WV	103	0	month (Oct 2020)
WY	48	3	month (Oct 2020)
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Veterinary Pharmacies of America LLC dba Covetrus TX
e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

	General Pharmacy	Finding	Notes
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40 hours
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	Yes	Herbalife, NWN Corporation (computer consulting).
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	Yes	Can update allergies and address.
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	Yes	Login to secure portal.
8.00	Are photographs allowed during the inspection (no PHI)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Omoye Agbonifo -Staff Pharmacist, Kimberlyn Chukwurah - Call Center Supervisor.
	Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	In-State 5%; Out-of-State 5.5%.
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	Yes	3.06% (Out-of-State) and 4.1% (In-State); Distributes to veterinarian offices in states that allow "office use" for compounded medications (pharmacy only involved with nonsterile compounded medications).
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	

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Facility Name: Veterinary Pharmacies of America LLC dba Covetrus TX
e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based an number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based an number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	

General Operations and Licensure

If any part of a question is no, enter "No" and explain the observation.

15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	No	Closed-door pharmacy.
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	12/31/2018, infrequent inspections.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	Yes	Rx label incorrect, Incomplete inventory, Improper documentation of training, Incomplete P&P manual, Incomplete computer records. Deficiencies have been addressed.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, nate the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	

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Facility Name: Veterinary Pharmacies of America LLC dba Covetrus TX
e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	Accreditation Commission for Health Care (ACHC), Type = Pharmacy Compounding Accreditation Board (PCAB) [Accreditation Date 10/16/2018, valid to 10/15/2021).
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	N/A	Closed door pharmacy
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	No	On-site for 2 years only, then off-site for 7 years at Iron Mountain.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Can be deactivated but not deleted.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	Yes	Iron Mountain.
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	

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Facility Name: Veterinary Pharmacies of America LLC dba Covetrus TX
e-Profile ID: 130S449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
Personnel	**If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Pharmacist licenses are posted in the pharmacy; Pharmacy Tech licenses maintained in a binder.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Internal audit program to randomly check licenses quarterly.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certificotions and if current?*	N/A	No patients services that require additional training or certification.
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratia used and the maximum number of staff who work at the same time.*	Yes	Pharmacy's ratio is 1:3. Texas maximum is 1:4.
Facility and Security	**If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	ADT Alarm company; There are motion sensors, cameras, and badge access points/doors.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	No C-II controlled substances purchased, stored or dispensed.
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Pharmacist on duty to remain until secured.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stocks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	No destruction occurs on-site.
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Guaranteed Returns.

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Facility Name: Veterinary Pharmacies of America LLC dba Covetrus TX
e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	Stericycle, Inc; pick-ups occur twice a week.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	No	Closed-door pharmacy.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Unknown	Thermostatically controlled. Observed temp: 69°F (Fulfillment area), 67.7°F (Controlled Substance room).
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	No	TempAlert 24/7 monitoring with the Pharmacists, PIC, and Compliance Coordinator receiving email alerts. Temperature range: 59°F to 86°F (out of USP range). Temperature records maintained indefinitely.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	Documents excursions, calls the manufacturers for stability data, and will discard impacted drugs if needed.
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	No	TempAlert 24/7 monitoring with Pharmacists, PIC, and Compliance Coordinator receiving email alerts. Temperature range: 2-8C. Temperature records maintained indefinitely.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	Fridge #1: 3.7°C; Fridge #2: 3.0°C; Fridge #3: 3.9°C; Fridge #4: 4.1°C
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	No drugs stored in the Freezer, only ice packs.
42.01	Is the temperature in the freezer within the USP range (between –25° to –10°C or –13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	No drugs stored in the Freezer, only ice packs.
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	TempAlert 24/7 monitoring with Pharmacists, PIC, and Compliance Coordinator receiving email alerts. Would employ the use of portable coolers until the Refrigerator(s) are restored or repaired.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	Will contact an outside HVAC service to initiate repairs ASAP and employ the use of portable coolers where needed as an interim measure for select drug products.

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Facility Name: Veterinary Pharmacies of America LLC dba Covetrus TX
e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	Documents excursions, calls the manufacturers for stability data, and will discard impacted drugs if needed. According to the PIC, controlling humidity has been an ongoing issue, and appears to not have been corrected since the last VPP Survey (03/29/2019). Pharmacy logs show humidity spikes of up to 75% in various areas of the pharmacy. PIC states there is no immediate action plan for the humidity excursions, other than continuing to monitor and evaluate drug products on an ongoing basis. However, corporate is considering investing in infrastructure updates to address this problem (no firm "Action Plan" with deadlines offered).
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	Yes	Script-Pro (one unit).
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	Yes	Performs risk analysis, and will clean machines as needed.
Product Receipt and Inventory	**If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Supply Chain Team checks FDA's site for registration; WD licenses verified with licensing agency.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	Yes	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-monufacturer sources.*	Yes	The Harvard Drug Group LLC; MWI Veterinary Supply; Attix Pharmaceuticals/Darmerica LLC
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	PIC stated that in practical terms the answer is "Yes", yet per policy there nothing stated that prohibits wholesale distributors to purchase drugs directly from the manufacturer (a decision to be made by the wholesale distributors).
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for phormacies in the supply chain?)*	No	PIC stated the pharmacy does not accept any products where a wholesale distributor obtained the drugs from another wholesale distributor according to information appearing on the drugs' accompanying DQSA Transaction History data.
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	Verified with licensing agency.

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e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	Yes	FDA website checked.
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	Quarantine and contact drug manufacturer.
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	To date there has been no incident in which an investigation was called for pertaining to any suspect or illegitimate drug(s).
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	Some transaction data comes with product, the others are downloaded from WD website.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	No	No involvement with C-II scheduled controlled substances.
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	No	No involvement with C-II scheduled controlled substances.
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	No	No involvement with C-II scheduled controlled substances.
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	Pharmacy is only involved with C-III to C-V scheduled controlled substances.
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Weekly perpetual inventory on C-III to C-V scheduled controlled substances, and weekly cycle counts, along with API tracking.

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Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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Facility Name: Veterinary Pharmacies of America LLC dba Covetrus TX
e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	No	No reporting
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	No	No involvement with C-II scheduled controlled substances.
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	No	No involvement with C-II scheduled controlled substances.
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	5/1/2020; performed annually.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Monthly checks of inventory for drugs that are 30 days out from expiration (pulled off inventory shelves). No involvement with any OTC's
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	All checked drug products were within date.
60.02	How often is active-stock examined for drugs past the expiration date?		Examined monthly.
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	Yes	6 month BUD.
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	No	Closed-door Pharmacy.
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	N/A	Closed-door Pharmacy.

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		Finding	Notes
Prescription Processing	**If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Technicians and pharmacists enter data. Updated with each fill, and client can update address and allergies online.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	Yes	Species and owner name.
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	Only from established and verified veterinary clinics; will call doctor to verify, and speak directly to veterinarians. For verbal orders will check if caller sounds unprofessional or lacking medical knowledge.
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Report to PIC; involvement only with C-III to C-V scheduled controlled substances with reporting to DEA.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	System allows electronic capability for both non-controlled and controlled substances. However, the pharmacy's electronic system is not certified for controlled substances. Controlled substance prescriptions are authorized verbally.
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	N/A	The pharmacy's electronic system is not certified for controlled substances. Controlled substance prescriptions are authorized verbally.
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Pharmacists verifies, at PV1.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	Pharmacists conducts/verifies DUR at PV1.

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		Finding	Notes
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	Pharmacy performs a prospective manual DUR which includes all the elements listed here. There is no computer program based DUR sub-program as part of prescription intake and processing, etc.
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	N/A	Pharmacy performs a prospective manual DUR. There is no computer program based DUR sub-program as part of prescription intake and processing, etc. No additional elements as part of this manual DUR were elaborated, but is not to say that there are no other element which are part of manual DUR activities.
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	Plumb's Veterinary Drug Handbook; Papich Handbook of Veterinary Drugs; and Merck Veterinary Manual.
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	Generates report and send data manually to state PMP programs.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Pharmacist documentation in patient's records.
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	N/A	Pharmacy performs a prospective manual DUR. There is no computer program based DUR sub-program as part of prescription intake and processing, etc.
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	Yes	Pharmacist utilize reference texts such as Plumb's Veterinary Drug Handbook; Papich Handbook of Veterinary Drugs; and Merck Veterinary Manual for manual DUR activities with outcomes being documented in any patient's profile.
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	No	Pharmacist utilize reference texts such as Plumb's Veterinary Drug Handbook; Papich Handbook of Veterinary Drugs; and Merck Veterinary Manual for manual DUR activities with outcomes being documented in any patient's profile.

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		Findings	Notes
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	PV2, electronically.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Contain required information
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	PAW & WAG (proprietary system), Password protected by job function.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	Iron Mountain
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	

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		Finding	Notes
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
Patient Counseling and Communication	**If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all <u>new</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	Closed-door Pharmacy. Counseling can be provided during prescription intake and processing leading up to PVI by Pharmacists.
75.01	Is an "offer" to counsel made for all <u>new</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all <u>refilled</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	Closed-door Pharmacy. Counseling can be provided during prescription intake and processing leading up to PVI by Pharmacists.
76.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
77.00	Does the pharmacist provide counseling for <u>refilled</u> prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	N/A	Closed-door Pharmacy. Counseling can be provided during prescription intake and processing leading up to PVI by Pharmacists.
77.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for <u>delivered</u> prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	N/A	No delivered prescriptions; only mailed prescriptions to patients.
79.00	Is patient counseling provided for <u>mailed</u> prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Provides toll-free number as well as printed literature with the filled medication(s) to patients.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Provided in bag with prescription order(s).
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	Provided in bag with prescription order(s).
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	No	No involvement with REMS medications.

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		Finding	Notes
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	Document in Sales Force a cloud computing software company that specializes in customer relationship management and is used to track data.
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	No	
85.00	Are processes in place to handle a drug recall?	Yes	Two phone attempts, then email and letter sent out. Prescriber contacted asap.
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	Not part of the pharmacy's business model.
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	PIC and Pharmacy Compliance Coordinator.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Both hard copy and electronic.
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	

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		Finding	Notes
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Electronically document in Sales Force within 24 hours
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	PIC will analyze date monthly
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	No drug formulary being used.
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	Monthly quality meetings.
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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		Finding	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	No	QRE's are only reported internally, no reports to any outside agency or organization.
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	Report to Medwatch
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	N/A	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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Nonsterile Compounding Inspection

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e-Profile ID: 1305449
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		Finding	Notes
General Operations and Information			
1.00	Does the pharmacy **dispense** nonsterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	Yes	Comprehensive profile
1.02	Do the compounded prescriptions produce a significant difference from a commercially available drug that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner?	Yes	
1.03	Are nonsterile compounded prescriptions picked up at the pharmacy?	No	
1.04	Are nonsterile compounded prescriptions delivered to patients in their homes or residential facilities?	N/A	No delivery of prescription, only mailed to patients.
1.05	Are nonsterile compounded prescriptions mailed to patients in their homes or residential facilities?	Yes	
1.06	Are nonsterile compounded prescriptions delivered to the practitioner for administration to the patient in the office, clinic, or facility?	No	
1.07	Are nonsterile compounded prescriptions mailed to the practitioner for administration to the patient in the office, clinic, or facility?	No	PIC stated that the pharmacy dispenses patient-specific prescriptions to the clients (patients), not the facilities.
2.00	Does the pharmacy **distribute** nonsterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	Yes	
2.01	Does the pharmacy distribute nonsterile compounded preparations to practitioners for office use?	Yes	Distributes to veterinarian offices in states that allow "office use" for nonsterile compounded medications.
2.02	Does the pharmacy distribute nonsterile compounded preparations to hospitals, clinics, or surgery centers?	Yes	To veterinary clinics.
2.03	Does the pharmacy have a sales force that promotes compounded preparations? *List compounds promoted.*	No	
2.04	Does the pharmacy distribute non-patient specific compounded preparations for promotional purposes? *List compounds provided.*	No	
2.05	If yes, does the sales force hand-deliver these compounds? *List compounds provided.*	N/A	
2.06	If yes, are any of these controlled substances? *List compounds provided.*	N/A	

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		Finding	Notes
3.00	Does the pharmacy provide nonsterile compounded preparations to other pharmacies for dispensing?	No	
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations? *Provide List.*	N/A	
4.00	Does the pharmacy compound oral preparations (tablets, capsules, liquids, lozenges, etc.)? *Provide List.*	Yes	Tablets (including mini-tabs and tasty tabs); capsules; liquids (including flavored liquids); chews (including soft chews); suspensions.
5.00	Does the pharmacy compound topicals (gels, creams, ointments, inserts, suppositories, patches, sprays including nasal sprays, etc.)? *Provide List.*	Yes	Transdermal gels, creams, ointments, suppositories. Some topical medications provided in an EZ-Dose pen for easier administration.
6.00	Does the pharmacy compound vitamin or nutritional supplements? *Provide List.*	Yes	Milk thistle
7.00	Does the pharmacy sell any compounds over-the-counter? *Provide list.*	No	
8.00	Does the pharmacy compound investigational drugs? *Provide List.*	No	
9.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate volume or percent compounded currently.*	No	
9.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	N/A	
9.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	N/A	
10.00	Does the pharmacy perform compounding identified as **simple?** *Indicate percentage of simple compounding.* 1. Making a preparation that has a USP compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate beyond-use dates (BUD)s. 2. Reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer. *Examples include Captopril Oral Solution, Indomethacin Topical precautions. Gel, and Potassium Bromide Oral Solution (Veterinary).*	No	0%

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nonsterile Compounding Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Veterinary Pharmacies of America LLC dba Covetrus TX
e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
11.00	Does the pharmacy perform compounding identified as **moderate?** *Indicate percentage of moderate compounding.* 1. Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units. 2. Making a preparation for which stability data for that specific formula is not available. *Examples include Morphine Sulfate Suppositories, diphenhydramine hydrochloride troches, and mixing two or more manufactured creom products when the stobility of the mixture is not known.*	Yes	5%
12.00	Does the pharmacy perform compounding identified as **complex**? *Indicate percentage of complex compounding.* Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. *Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.*	Yes	95%
13.00	Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of compounding with hazardous drugs.* NIOSH list of hazardous drugs including chemotherapy, hormones, etc.	Yes	54%. This pharmacy has its NIOSH Hazardous drug (HD) posted at each BSC hood.
13.01	Is the pharmacy aware of the more stringent requirements of the proposed USP Chapter <800>?	Yes	Currently implementing USP <800>.
14.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	Kept in binders
15.00	Does the pharmacy compound using any **controlled substances**? *Indicate percentage of controlled substance nonsterile compounding.*	Yes	<2%
16.00	**APIs:** Does the pharmacy make any nonsterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *Indicate the source of APIs.*	Yes	Medisca Inc; PCCA, Spectrum Chemical Mfg; Fagron Inc; Attix Pharmaceuticals/Darmerica LLC; AZ Pharm Corp; Letco Medical LLC; Humco.
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified.*	Yes	Look up status as a current registered drug establishment in this database on FDA's website.

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Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
16.03	Does the pharmacy use active ingredients that are not from an FDA-registered facility? *If so, indicate sources.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding? *If not, explain.*	Yes	NetSuite for inventory tracking.
17.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	Yes	In-house potency testing on stock batches.
18.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed.*	Yes	Sends samples to CIAL (Compounders International Analytical Laboratory, Castle Rock, CO) for potency testing.
19.00	Does the pharmacy use scales/balances for nonsterile compounding?	Yes	
19.01	If so, what type of scale/balanced is used? *List manufacturer and model number*		See attachment for list of all scales and balances at this pharmacy (45 OHAUS units; 2 ARLYN units; 1 ADAM unit).
19.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency*	Yes	
19.03	Describe the pharmacist checks for the measurement of each ingredient		Pharmacy technician weighs components and records in PK system, pharmacist then verifies components and weights prior to compounding.
20.00	**Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include nonsterile compounding measures? **Note: If the facility indicates "yes", please ask each question below to verify.**	Yes	
20.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
20.02	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
20.03	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
20.04	Does the pharmacy continuous quality improvement program include end product testing (such as: pH, weight, potency, particulates, consistency, etc.)?	Yes	
20.05	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding nonsterile compounded products?	Yes	

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Nonsterile Compounding Inspection

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Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
20.06	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	
20.07	Does the recall system include communication with both the patient and the physician/prescriber regarding the affected nonsterile compounded preparation?	Yes	
20.08	Are QREs involving nonsterile compounded preparations or are recalled by the pharmacy reported to the Board of Pharmacy?	Yes	
	Component Selection and Use		
	Total Non-Compliant (Includes Unknowns)	0	
21.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
21.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before using to compound.	Compliant	
21.02	USP- or NF-grade substances used, if available	Compliant	
21.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	N/A	Only use compendia quality components.
21.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels.*	Compliant	

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Nonsterile Compounding Inspection

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e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
21.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding	N/A	Nonsterile compounding for animals only.
21.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	
21.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned does not exceed three (3) years for ingredients used for non-sterile compounding and does not exceed one (1) year for ingredients used for sterile compounding. *Note: purity and quality testing may be performed to extend.*	Compliant	Assign 3 year date.
21.08	All APIs and components received without an expiration date are labeled with the date they were received.	Compliant	
21.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	Compliant	6 months.
21.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	
22.00	Where water is an ingredient, purified or distilled water is used.	Compliant	Purified water
23.00	Ingredients used for dietary or nutritional supplements meet USP, Food Chemicals Codex (FCC), or NF standards, or the pharmacy has alternate means to determine if the ingredients meet food-grade quality.	Compliant	Milk thistle
24.00	Pharmacy confirms that there are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Compliant	
25.00	When manufactured products are used for compounding, all the other excipients in the product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Compliant	

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Nonsterile Compounding Inspection

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e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
26.00	For **animal compounding:** The compounding meets the same standards as compounding for human patients.	Compliant	
26.01	The pharmacist is knowledgeable or has references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	Compliant	Plumb's Veterinary Drug Handbook; Papich Handbook of Veterinary Drugs; and Merck Veterinary Manual, Veterinary Drug Index; Facts and Comparison; Trissels Handbook on Injectable Drugs; Exotic Animal Formulary.
26.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	No compounded medication for animals used as food sources; only for companion (pet) animals.
26.03	The pharmacist familiar with, or has a reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	No compounded medication for animals used as food sources.
26.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	No compounded medication for animals used as food sources.
26.05	The pharmacist is familiar with, or has a reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	No compounded medication for performance animals.
	Beyond Use Dating (BUD)		
	Total Non-Compliant (Includes Unknowns)	0	
27.00	BUDs are assigned from the day of preparation.	Compliant	
28.00	BUDs are assigned based on dispensing in tight, light-resistant containers/overpacks.	Compliant	
29.00	Extended BUDs are supported by testing data. *View documentation used, preparation must exactly match formulation upon which data was obtained.*	Compliant	Published data used as well as in-house stability testing.
29.01	Extended BUDs are assigned and the facility has performed its own stability testing. *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc.*	Compliant	
30.00	BUDs for nonaqueous formulations are not later than the remaining time until the earliest expiration date of any API and not later than six (6) months.	Compliant	
31.00	BUDs for water-containing oral formulations are not later than 14 days when stored at controlled cold temperatures (refrigerated).	Compliant	
32.00	BUDs for water-containing topical/dermal and mucosal liquid and semisolid formulations not later than 30 days.	Compliant	

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Nonsterile Compounding Inspection

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e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
Environment			
	Total Non-Compliant (Includes Unknowns)	7	
33.00	The non-sterile compounding area is a controlled environment and separate from the general pharmacy.	Compliant	
34.00	There sufficient space available for the type and amount of compounding performed and the space is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations.	Compliant	
35.00	Only one preparation compounded at a time.	Compliant	
36.00	Procedures are implemented to prevent cross-contamination, especially when compounding with drugs such as hazardous drugs and known allergens like penicillin that require special precautions.	Compliant	
37.00	The compounding area is well lit.	Compliant	
38.00	The pharmacy performs **hazardous** non-sterile compounding in a ventilated cabinet such as a BSC, CAI, or CACI. *Note: CAI may not be used for hazardous drugs that may volatilize.(NIOSH requirement referenced in USP<795>. Note that proposed USP Chapter <800> will change hazardous drug compounding requirements.)*	Compliant	Two BSC's ventilated to outside are in HD compounding room.
38.01	Ventilated cabinets (BSC, CAI, CACI) used for hazardous compounding are certified or tested periodically.	Compliant	
38.02	If the hoods or isolators are not located in a closed, controlled room environment, there is documentation from the manufacturer and site testing to verify proper functioning of equipment under dynamic conditions for the safety of personnel.	Compliant	
39.00	Appropriate protective attire (gowns, gloves, masks, etc.) is available.	Compliant	
39.01	If hazardous drugs are used, appropriate protective attire is available (gowns, gloves, hair and shoe covers, eye and face protection, etc.).	Compliant	
40.00	There is a sink in the compounding area with hot and cold potable water, soap or detergent, and air-driers or single-use towels.	Compliant	

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e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
41.00	There is adequate space to wash equipment and utensils including access to water for rinsing. *(Purified water is **recommended** - not required)*	Compliant	
42.00	The temperature of the compounding area is controlled by a thermostat and an air conditioning system is in place.	Compliant	
43.00	**Temperature** in the compounding area is maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Unknown	Tablet Chew Area: 72.7°F; HD Room: 62°F; Liquids Area: 65.9°F; Transdermal Area: 68.5°F, Capsules Area: 67.1°F
43.01	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Non-Compliant	Temperature monitoring out of USP range (59°F to 86°F).
43.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
43.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas) and maintained within 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Non-Compliant	Temperature monitoring out of USP range (59°F to 86°F).
43.04	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	
43.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.00	**Humidity** in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally **recommended** range is 35-60%.	Non-Compliant	HD Room: 72%, Liquids Area: 66%, Transdermal Area: 63%. According to the PIC, controlling humidity has been an ongoing issue, and appears to not have been corrected since the last VPP Survey (03/29/2019). Pharmacy logs show humidity spikes of up to 75% in various areas of the pharmacy. PIC states there is no immediate action plan for the humidity excursions, other than continuing to monitor and evaluate drug products on an ongoing basis. However, corporate is considering investing in infrastructure updates to address this problem (no firm "Action Plan" with deadlines offered).
44.01	Humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	TempAlert 24/7 monitoring with the Pharmacists, PIC, and Compliance Coordinator receiving email alerts.

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e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
44.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Non-Compliant	Plan in place to evaluate product integrity. But no specific action plan to address humidity excursions. According to the PIC, controlling humidity has been an ongoing issue, and appears to not have been corrected since the last VPP Survey (03/29/2019). Pharmacy logs show humidity spikes of up to 75% in various areas of the pharmacy. PIC states there is no immediate action plan for the humidity excursions, other than continuing to monitor and evaluate drug products on an ongoing basis. However, corporate is considering investing in infrastructure updates to address this problem (no firm "Action Plan" with deadlines offered).
44.03	Humidity monitoring is also performed in **drug storage areas** (if separate from the compounding areas) to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%.	Non-Compliant	Fulfillment Area: 65%. According to the PIC, controlling humidity has been an ongoing issue, and appears to not have been corrected since the last VPP Survey (03/29/2019). Pharmacy logs show humidity spikes of up to 75% in various areas of the pharmacy. PIC states there is no immediate action plan for the humidity excursions, other than continuing to monitor and evaluate drug products on an ongoing basis. However, corporate is considering investing in infrastructure updates to address this problem (no firm "Action Plan" with deadlines offered).
44.04	Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	TempAlert 24/7 monitoring with the Pharmacists, PIC, and Compliance Coordinator receiving email alerts.
44.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Non-Compliant	Plan in place to evaluate product integrity, but no specific action plan to address humidity excursions. According to the PIC, controlling humidity has been an ongoing issue, and appears to not have been corrected since the last VPP Survey (03/29/2019). Pharmacy logs show humidity spikes of up to 75% in various areas of the pharmacy. PIC states there is no immediate action plan for the humidity excursions, other than continuing to monitor and evaluate drug products on an ongoing basis. However, corporate is considering investing in infrastructure updates to address this problem (no firm "Action Plan" with deadlines offered).
45.00	The bulk component storage area is adequately arranged and maintained in a clean and sanitary condition.	Compliant	
46.00	All components, equipment, and containers are stored off the floor, and handled and stored to prevent contamination.	Compliant	
47.00	All components and packaging containers and closures are properly rotated to use oldest first.	Compliant	
48.00	Hazardous drugs are appropriately identified and marked, received, handled and stored by appropriately trained personnel. (OSHA regulations and NIOSH Alerts)	Compliant	
49.00	Trash is disposed of in a safe, sanitary, and timely manner.	Compliant	
49.01	Hazardous waste is disposed of in a safe, sanitary, and timely manner.	Compliant	

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e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
Training *Verify records of all compounding personnel (up to 10).*			
	Total Non-Compliant (Includes Unknowns)	0	
50.00	Have all personnel of reproductive capability who handle or compound hazardous drugs or chemicals confirmed in writing that they understand the risks of handling hazardous drugs? Teratogenicity, carcinogenicity, reproductive issues.	Compliant	
51.00	There is documentation that all personnel that perform compounding are appropriately trained including policies and procedures, documentation, hazardous drug handling, and compounding technique and not allowed to compound or supervise compounding until training is successfully completed.	Compliant	Several pharmacist and pharmacy technician files viewed.
52.00	There is documentation that the training process for the preparation of compounds includes demonstration of the compounding procedure first, followed by the trainee performing the procedure under supervision successfully before being allowed to perform compounding.	Compliant	
53.00	There is documentation that training includes the operation of any equipment that may be used when preparing compounded products. *Documentation includes operation and troubleshooting.*	Compliant	
54.00	There is documentation available showing employees performing non-sterile compounding are evaluated at least annually.	Compliant	
54.01	If performing hazardous nonsterile compounding, there is documentation available showing employees are evaluated at least annually.	Compliant	
55.00	If the pharmacy uses relief personnel from outside agencies to perform non-sterile compounding there is documentation that training is verified.	Compliant	

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Facility Name: Veterinary Pharmacies of America LLC dba Covetrus TX
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Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
Compounding Equipment			
	Total Non-Compliant (Includes Unknowns)	**0**	
56.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (including capsule machines, autoclaves, ovens, etc.) are periodically inspected and calibrated.*	Compliant	
57.00	Scales, balances, or other types of equipment used for measurement shall be routinely inspected, calibrated as necessary (per manufacturer instructions), and checked to ensure proper performance. *Describe procedure used.*	Compliant	
58.00	Powder hoods used for nonsterile compounding are certified or tested periodically to ensure proper function.	N/A	No Powder Hoods are used. Pharmacy has a separate negative pressured hazardous drug room with several BSCs within this room, yet only 2 BSCs are directly ventilated to the outside, while the PIC stated that the entire room itself is vented to the outside. The BSCs are certified annually.
58.01	Hood filters are checked regularly and replaced when necessary.	N/A	Pharmacy has a separate negative pressured hazardous drug room with several BSCs within this room, yet only 2 BSCs are directly ventilated to the outside, while the PIC stated that the entire room itself is vented to the outside.
59.00	All equipment is cleaned promptly after each use. *Equipment and utensils washed using potable water with a soap or detergent, and rinsed.* ***Recommended*** *rinsed with purified water.*	Compliant	
60.00	The pharmacy uses separate equipment and utensils to compound allergenic, cytotoxic, or hazardous products, or has detailed procedures for meticulous cleaning of equipment and utensils immediately after use to prevent cross-contamination or exposure.	Compliant	
Documentation			
	Total Non-Compliant (Includes Unknowns)	**0**	
61.00	The pharmacy creates a master formulation record the first time before compounding a new preparation	Compliant	
61.01	Every formulation is evaluated for incompatibilities and the potential for being ineffective or toxic.	Compliant	
61.02	The **master formulation record** includes:		
61.03	Official or assigned name, strength, and dosage form	Compliant	
61.04	All necessary calculations	Compliant	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nonsterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Veterinary Pharmacies of America LLC dba Covetrus TX
e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
61.05	Description of all ingredients and their quantities	Compliant	
61.06	Compatibility and stability information including references (when available)	Compliant	
61.07	Equipment used for the preparation	Compliant	
61.08	Mixing instructions (order of mixing, temperatures, duration of mixing, and other pertinent factors)	Compliant	
61.09	Container used and packaging requirements	Compliant	
61.10	Assigned BUD information	Compliant	
61.11	Labeling information including the name of and quantity or concentration of each active ingredient	Compliant	
61.12	Description of the finished preparation	Compliant	
61.13	Storage requirements	Compliant	
61.14	Quality control procedures and expected results (e.g. dose measurement of capsule in the dose calibrator).	Compliant	
62.00	The pharmacy creates a compounding record for each compound prepared	Compliant	
62.01	The **compounding record** includes:		
62.02	Official or assigned name, strength and dosage of the preparation	Compliant	
62.03	Master Formulation Record reference	Compliant	
62.04	Sources, lot numbers, and expiration dates of all components	Compliant	
62.05	Total quantity or number of dosage units compounded	Compliant	
62.06	Person compounding the preparation	Compliant	
62.07	Person performing the quality control procedures	Compliant	
62.08	Person who approved the preparation	Compliant	
62.09	Date of compounding	Compliant	
62.10	Assigned internal identification number or prescription number	Compliant	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nonsterile Compounding Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Veterinary Pharmacies of America LLC dba Covetrus TX
e-Profile ID: 130S449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
62.11	Description of the final preparation	Compliant	
62.12	Assigned BUD	Compliant	
62.13	Duplicate label	Compliant	
62.14	Results of quality control procedures (weight range of filled capsules, pH of aqueous liquids, etc.)?	Compliant	
62.15	Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver including investigation and recall, if appropriate	Compliant	
Compounding Procedures			
	Total Non-Compliant (Includes Unknowns)	**0**	
63.00	The Master Formulation Record and the Compounding Record has been reviewed by the compounder to ensure it is error free.	Compliant	
64.00	Compounding personnel ascertain that ingredients for compounded preparations are of the correct identity and appropriate quality including a unit-by-unit inspection of the components.	Compliant	
65.00	The containers and closures selected meet USP standards (from container supplier).	Compliant	
66.00	Container selection determined by physical and chemical properties of the preparation.	Compliant	
67.00	Compounding personnel maintain good hand hygiene and wear clean and appropriate clothing for the compounding being performed.	Compliant	
68.00	Personnel don appropriate protective garb when performing compounding.	Compliant	
68.01	If hazardous compounding, personnel don appropriate protective garb when compounding.	Compliant	
69.00	Routine compounding procedures for batch preparation completed and verified according to written procedures. Including: *Calculations correct, weighing and measuring performed correctly, order of mixing correct, compounding techniques performed correctly*	Compliant	
70.00	Procedures for in-process checks followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is performed to ensure proper measurement, reconstitution and component usage.* ***Recommended:*** *compounding accuracy checked by a person other than the compounder.*	Compliant	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nonsterile Compounding Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Veterinary Pharmacies of America LLC dba Covetrus TX
e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
71.00	There are no deviations from the master formulation record, unless they are approved and deemed appropriate by a pharmacist and a new master formulation record is created.	Compliant	
72.00	There is a procedure for cleaning which is followed. *After each preparation, daily tasks, monthly tasks, etc.*	Compliant	
73.00	Personnel are appropriately garbed for protection when cleaning.	Compliant	
74.00	Compounding employees are using appropriate techniques. *Inspectar to observe compounding procedures, documentation, appropriote garb, cleanliness of campounding area and equipment. **Compounding MUST be observed**, if compounding is not being performed at the time of survey, mark as "Non-Compliant".*	Compliant	Pharmacy has separate areas dedicated to specific nonsterile compounded dosage forms. NABP Surveyor observed nonsterile compounding in some of these rooms that were preparing chews, tablets, liquids, and transdermal gels.
74.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "**Denial of Authorization**" form. List individual who signs the Denial of Authorization*		
Finished Preparation Release Checks and Tests			
	Total Non-Compliant (Includes Unknowns)	0	
75.00	The finished preparation is observed to appear as expected in the master formulation record and documented.	Compliant	
76.00	As appropriate, the final completed preparation assessed for quality control and is documented, such as weight, mixing, clarity, odor, color, consistency, pH, and strength.	Compliant	
77.00	There are established written processes that describe test or examinations conducted on the compounded preparation (degree of weight variation in capsules, for example) to ensure uniformity and integrity.	Compliant	
78.00	Preparations with extended BUDs that are not supported by testing data are sampled and tested for physical, chemical, and microbiological characteristics.	N/A	All extended BUDs are supported by testing data.
78.01	If any failed tests or discrepancies are observed, there is an investigation and appropriate corrective actions taken before dispensing to patient	N/A	All extended BUDs are supported by testing data. No statements made by the PIC with regards to any failed tests or discrepancies.
78.02	If products being tested are dispensed or distributed before the test results are obtained, there is a recall procedure if the test results indicate an issue.	N/A	No products released prior to results.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nonsterile Compounding Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Veterinary Pharmacies of America LLC dba Covetrus TX
e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding*	Notes
79.00	There are appropriate quality control procedures to monitor the output and to verify the performance of compounding processes and equipment that may be responsible for causing variability in the final compounded preparations. *Review validation of equipment and personnel performance documentation.*	Compliant	
80.00	Labels on immediate patient-specific containers include identifiers for the persons preparing the compound and performing the final verification, BUD, an indication that this is a compounded preparation, special requirements for storage, and appropriate packaging and labeling of hazardous materials.	Compliant	
80.01	Labeling contains generic name and quantity or concentration of each active ingredient.	Compliant	
80.02	Labeling contains assigned BUD.	Compliant	
80.03	Labeling contains storage and handling information.	Compliant	
80.04	If hazardous, labeling contains storage and handling information.	Compliant	
80.05	Labeling contains prescription or control number, whichever is applicable.	Compliant	
81.00	Batch preparations (in anticipation of prescriptions) are of an appropriate volume and batch products in stock are all within their BUD (not outdated).	Compliant	
82.00	Labels on batch preparations include the name and quantity of all contents, date and time of preparation (or internal code/lot number indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Compliant	
83.00	Preparations are stored and secured properly prior to dispensing based upon conditions upon which BUD was assigned.	Compliant	
84.00	Preparations are examined immediately after preparation **AND** again immediately prior to dispensing for any signs of instability.	Compliant	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nonsterile Compounding Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Veterinary Pharmacies of America LLC dba Covetrus TX
e-Profile ID: 1305449
Inspection Date: 11/09/2020 - 11/10/2020

		Finding	Notes
Patient Counseling and Communication			
	Total Non-Compliant (Includes Unknowns)	0	
85.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of products such as fentanyl, hormones and chemotherapy medications?	Compliant	
86.00	Are the required printed drug information materials (drug information sheets, Patient Package Inserts, MedGuides, etc.) provided for the compounded products?	Compliant	
87.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
88.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated compounded product are notified of the potential risk.	Compliant	

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review

EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement

QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS -- Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

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Pharmacist

First Name	Last Name	Job Title	Location
Arreiva	Benson-Papillion	Pharmacist in Charge	Houston
Bryan	Jackson	Pharmacist	Houston
Conroy	Thompson	Pharmacist	Houston
Elizabeth	Schaefer	Pharmacist	Houston
Emmanuel	Odinigwe	Pharmacist	Houston
Eva	Couvillon	Pharmacist,	Houston
Haritha	Tatavarthi	Pharmacist	Houston
Jarrhett	Burton	Pharmacist	Houston
Joseph	Ernstes	Pharmacist	Houston
Karen	Knowles-Jones	Pharmacist	Houston
Kimberlyn	(Ariwodo) Chukwurah	Pharmacist, Call Center Supv	Houston
Kwame	Agyemang	Pharmacist	Houston
Mary	Raia	Call Center Pharmacist	Houston
Maryam	Makhdoum	Pharmacist	Houston
Obinna	Okonkwo	Pharmacist	Houston
Omoye	Agbonifo	Production	Houston
Phillip	Chen	Call Center Pharmacist	Houston
Ronald	Richardson	Pharmacist, Compounding Manager	Houston
Tara	Alexander	Pharmacist	Houston
Tolani	Lawal	Call Center Pharmacist	Houston
Tori	Alexander	Pharmacist	Houston
Victoria	Wilson	Call Center Pharmacist	Houston

Relief Pharmacist

Adineh	Noroozi	Relief Pharmacist	Houston
Cynthia	Crooks	Pharmacist - PT	Houston
Hillary	Cleggett	Relief Pharmacist	Houston
Jonathan	Melo	Relief Pharmacist	Houston
Jose	Dino	Relief Pharmacist	Houston
Joseph (Luther)	Richard	Pharmacist - PT	Houston
Joshua	Clark	Relief Pharmacist	Houston

Kimberly	Williams	Relief Pharmacist	Houston
Lauren	Salsman	Pharmacist - PT	Houston
Mario	Kelly	Relief Pharmacist	Houston
Michael	Powell	Relief Pharmacist	Houston
Oladapo Alvin	Omoyele	Relief Pharmacist	Houston
Pharmacy TECHS			
Ahrmoni	Bradley	Commercial Pharmacy Technician	Houston
Alana	Martini-Ponce	Compounding Pharmacy Technician	Houston
An	Tran	Compounding Pharmacy Technician	Houston
Ana	Santos	Compounding Pharmacy Technician	Houston
Arla	Caldwell	Compounding Pharmacy Technician	Houston
Azalea	Gallardo	Commercial Pharmacy Technician	Houston
Bennett	Haller	Compounding Pharmacy Technician	Houston
Brenda	Gonzalez	Compounding Pharmacy Tech Lead	Houston
Crystal	Davis	Compounding Pharmacy Technician	Houston
Dan Thy	Nguyen	Commercial Pharmacy Technician	Houston
Delrisha	Evans	Compounding Pharmacy Technician	Houston
Demi	DeLeon	Compounding Pharmacy Technician	Houston
DiNesha	Walker	Commercial Pharmacy Technician	Houston
Edith	Duenas	Compounding Pharmacy Technician	Houston
Gidgette	Foster	Commercial Pharmacy Technician	Houston
Irealle	Collins	Compounding Pharmacy Technician	Houston
Jennifer	Perry	Compounding Pharmacy Technician	Houston
Jeremy	Richards	Compounding Pharmacy Technician	Houston
Jordan	Sluder	Compounding Pharmacy Technician	Houston
Karla	Rodas	Compounding Pharmacy Technician	Houston
Lauren	Franklin	Compliance Coordinator/Pharmacy Techn	Houston
Linda	Lopez	Compounding Pharmacy Technician	Houston
Lisa	Larios	Compounding Pharmacy Technician	Houston
Lisa	Nguyen	Compounding Pharmacy Tech Lead	Houston
Luis	Paita	Compounding Pharmacy Technician	Houston
Lydia	Batchelor	Compounding Supv, Pharmacy TECH	Houston

Mackenzie	Golladay	Compounding Pharmacy Technician	Houston
Maria	Perez	Compounding Pharmacy Technician	Houston
Mynor	Pineda Garcia	Compounding Pharmacy Technician	Houston
Nada	Alswaileh	Compounding Pharmacy Technician	Houston
Nicole	Cornell	Compounding Pharmacy Technician	Houston
Priscilla	Nantege	Compounding Pharmacy Technician	Houston
Selena	Tamez	Compounding Pharmacy Technician	Houston
Shannon	Agyeman	Compounding Pharmacy Technician	Houston
Sharon	Williams	Compounding Pharmacy Tech Lead	Houston
Silvia	Morales	Compounding Pharmacy Technician	Houston
Simone	Williams	Commercial Pharmacy Technician	Houston
Suzanna	Flores	Compounding Pharmacy Technician	Houston
Tamyra	Glover	Compounding Pharmacy Tech Lead	Houston
Vasty	Venegas (Hooks)	Commercial Pharmacy Technician	Houston

Call Center Pharmacy TECH

Amber	Phillips	Data Entry Team Lead	Houston
Margaret	Houston	Data Entry Tech	Houston
Marsha	King	Date Entry TECH/Componding TECH	Houston
Mickalla	Coller	Data Entry Tech	Houston
Sherolynn	Thomas	Data Entry Tech	Houston
Sofia	Garza	Data Entry Tech	Houston
Valentina	Centofanti-Garza	Data Entry Tech	Houston

Pharmacy TECH Trainee

Christian	Ponce	TECH Trainee/Warehouse Associate	Houston
LaDedra	McCall	TECH Trainee/Warehouse Assocate	Houston
Mario	Franco	TECH Trainee/Warehouse Associate	Houston
Mayra	Contreras	TECH Trainee/Warehouse Associate	Houston
Tonya	Betts	Sterilization Technician	Houston

Ancillary Employees

Andrea	Tamez	Warehouse Associate	Houston
Austin	Boyd	Maintenance TECH	Houston
Ashley	Woodard	Warehouse Associate	Houston
Ben	Copeland	IT Operations Specialist	Houston
Brian	Jordan	Process Chemist	Houston
Carlos	Pluas	Inventory Lead	Houston
Daniel	Woodley	Inventory Specialist	Houston
Glory	Orji	Associate Chemist	Houston
Johnny	Soun	Warehouse Assoicate	Houston
Lizbeth	Montoya Vazquez	Warehouse Associate	Houston
Malla	Soun	Warehouse Associate	Houston
Marcus	Glover	Warehouse Associate	Houston
Marisel	Salls	Sterilization Technician	Houston
Mervyn	Peoples	Warehouse Associate	Houston
Rafael	Ellis	Warehouse Associate	Houston
Sabrina	Gabriel	Warehouse Associate	Houston
Samuel	Saenz	Warehouse Associate	Houston
Toby	Hollis	Operations Manager	Houston
Toni	Buckner	Office Manager	Houston
Trey	Bertrand	Warehouse Associate	Houston
Everett	Posey	TECH Trainee/Sr Operations Manager	Houston
Jonathan	Wright	TECH Trainee/Inventory Control Analyst	Houston

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Pharmacy Name: Covetrus TX dba Veterinary Pharmacies of America LLC

Pharmacy Address: 4802 North Sam Houston Parkway W STE 100

NABP Facility e-Profile ID: 1305449

VPP Inspection Date: 11/09/2020-11/10/2020

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Change in Staffing	4	Personnel	25 full time Pharmacist 9 per diem Pharmacist	N/A	N	
Clarification or Further Explanation	4	Personnel	47 Certified Pharmacy Technicians	N/A	N	
Change in Staffing	4	Personnel	1000 Total Pharmacist hours per week	N/A	N	
Change in Staffing	4	Personnel	2080 Total Pharmacy Technician hours per week	N/A	N	
Clarification or Further Explanation	4	Volume Dispensed	33% Non-sterile Compounding Prescriptions 67% Retail manufactured animal drug products	N/A	N	
Clarification or Further Explanation	12	45.00	Commercial dehumidifiers where installed last year to help with the humidity. Additional resources to invest in infrastructure to remediate humidity will continue to be sought after.		N	
Clarification or Further Explanation	14	54.01	Yes reporting occurs if required by the state	N/A	N	
Clarification or Further Explanation	30	43.01	Based on USP specifications excursions between (59-86F) that are experienced in pharmacies, hospitals, warehouses, and during shipping are allowed. Upon review of drug products stored, they are within appropriate storage conditions and no product integrity issues have been identified. Due to employee garbing requirements the temperature is set to ensure the safety and comfortable work environment for the employees.		N	
Clarification or Further Explanation	30	43.03	Based on USP specifications excursions between (59-86F) that are experienced in pharmacies, hospitals, warehouses, and during shipping are allowed. Upon review of drug products stored, they are within appropriate storage conditions and no product integrity issues have been identified. Due to employee garbing requirements the temperature is set to ensure the safety and comfortable work environment for the employees.		N	
Clarification or Further Explanation	30	44.00	Commercial dehumidifiers where installed last year to help with the humidity. Additional resources to invest in infrastructure to remediate humidity will continue to be sought after.		N	

This VPP inspection response and documentation has been provided directly by the pharmacy in response to its VPP inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

Mettler Toledo	XSE205DU	B617403050	220 mg: .1 mg	7/29/2021	105	Chemistry Lab	Y	Y	Y
OHAUS	EX423/E	B722196548	425 g: .001 g	7/14/2021	110	Hazardous Drug	Y	Y	Y
OHAUS	EX2202/E	B722196498	2200 g: .01 g	7/29/2021	110	Hazardous Drug	Y	Y	Y
OHAUS	EX224	B833259544	220 g: .001 g	7/14/2021	110	USP Caps	Y	Y	Y
OHAUS	EX4202/E	B833259545	4200 g: .01 g	7/14/2021	110	Hazardous Drug	Y	Y	Y
OHAUS	EX423/E	B833259547	420 g: .001 g	7/14/2021	110	Hazardous Drug	Y	Y	Y
OHAUS	EX423/E	B833259550	420 g: .001 g	7/14/2021	110	Hazardous Drug	Y	Y	Y
OHAUS	EX423/E	B833259551	420 g: .001 g	7/14/2021	110	Hazardous Drug	Y	Y	Y
OHAUS	EX423/E	B943469015	420 g: .001 g	7/14/2021	110	USP Caps	Y	Y	Y
OHAUS	EX423/E	B943469017	420 g: .001 g	7/14/2021	110	USP Caps-Stock	Y	Y	Y
OHAUS	EX423/E	B943481695	420 g: .001 g	7/14/2021	110	USP Caps	Y	Y	Y
OHAUS	EX423/E	B943488696	420 g: .001 g	7/14/2021	110	USP Caps	Y	Y	Y
OHAUS	EX224	B404258592	220 g: .001 g	7/14/2021	114	Caps/Tabs	Y	Y	Y
OHAUS	EX423/E	B738710018	425 g: .001 g	7/14/2021	116	Caps/Tabs	Y	Y	Y
OHAUS	E1M210	1121502224	32000 g: .1 g	7/14/2021	116	USP Caps	Y	Precision for Repairs	Y
OHAUS	EX35001	B710790412	35000 g: .1 g	7/14/2021	117	Caps/Tabs	Y	Y	Y
OHAUS	EX423/E	B833259549	420 g: .001 g	7/14/2021	117	Caps/Tabs	Y	Y	Y
OHAUS	EX423/E	B738710016	425 g: .001 g	7/14/2021	118	Liquids Make	Y	Y	Y
OHAUS	EX35001	B728362847	35000 g: .1 g	7/14/2021	118	Caps/Tabs	Y	Y	Y
OHAUS	EX423/E	B722196544	425 g: .001 g	7/14/2021	119	Caps/Tabs	Y	Y	Y
OHAUS	EX35001	B710790410	35000 g: .1 g	7/14/2021	110	USP Caps	Y	Y	Y
OHAUS	EX423/E	B833259548	420 g: .001 g	7/14/2021	110	Hazardous Drug	Y	Y	Y
OHAUS	EX423/E	B738694416	420 g: .001 g	7/14/2021	110	Hazardous Drug	Y	Y (to be used while B722196543 is being repaired)	Y
OHAUS	EX35001	B710790414	35000 g: .1 g	7/14/2021	123	Hazardous Drug	Y	Y	Y
OHAUS	EX423/E	B722196545	420 g: .001 g	7/14/2021	124	Chews Stock	Y	Y	Y
OHAUS	EX2202/E	B722196499	2200 g: .01 g	7/14/2021	124	Chews Stock	Y	Y	Y
OHAUS	EX423/E	B722196546	420 g: .001 g	7/14/2021	124	Chews Stock	Y	Y	Y
OHAUS	AX8201/E	B506598975	8200 g: .1g	7/14/2021	124	Chews Stock	Y	Y	Y
ARLYN	320D-30RS	25170	500 lbs: .1 lb	7/14/2021	124	Chews Stock	Y	Y	Y
OHAUS	EP32001C	1124018092	32000 g: .1 g	7/14/2021	125	Drug Room	Y	Y	Y
OHAUS	EX423/E	B738710019	420 g: .001 g	7/14/2021	126	Liquids	Y	Y	Y
OHAUS	EX423/E	B738710017	420 g: .001 g	7/14/2021	126	T-Gels Make	Y	Y	Y
OHAUS	EX423/E	B738710020	420 g: .001 g	7/14/2021	127	Chews Make	Y	Y	Y
OHAUS	EX423/E	B722196547	420 g: .001 g	7/14/2021	127	Chews Make	Y	Y	Y
OHAUS	EX4202/E	B833259546	4200 g: .01 g	7/14/2021	133	Fulfillment	Y	Y	Y
OHAUS	EX423N	B628747416	420 g: .001 g	7/14/2021	135	Fulfillment	Y	Y	Y
OHAUS	EX223	B738694418	220 g: .001 g	7/14/2021	135	Liquids Make	Y	Y	Y
OHAUS	AX423	B437025434	420 g: .001 g	7/14/2021	135	Liquids Make	Y	Y	Y
OHAUS	EX35001	B721157264	35000 g: .1 g	7/14/2021	135	Liquids Stock	Y	Y	Y
OHAUS	EX423/E	B733694417	425 g: .001 g	7/14/2021	135	Liquids Stock	Y	Y	Y
ADAM	AE402	AE8682943	3000 kg: .5 kg	7/14/2021	135	Liquids Stock	Y	Not in use, repairs needed	Y
OHAUS	EX35001	B817762163	35000 g: .1 g	7/14/2021	124	Chews Stock	Y	Y	Y
OHAUS	EX35001	B817762164	35000 g: .1 g	7/14/2021	110	Hazardous Drug	Y	Y	Y
OHAUS	EX423	B943469916	420 g: .001 g	7/14/2021	110	USP Caps	Y	Y	Y
OHAUS	EX423/E	B722196543	420 g: .001 g	7/14/2021	110	Hazardous Drug	Y	Removed for Repairs	Y
ARLYN	320D-30RS	45630	N/A	N/A	N/A	N/A	Y	Not in use, Warehouse	N
OHAUS	E1M210	1127201838	32000 g: .1 g	N/A	N/A	N/A	Y	Not in use, Warehouse	N
OHAUS	EP32001C	1126163150	32000 g: .1 g	7/26/2020	133	Fulfillment	Y	Not in use, Warehouse	Y
OHAUS	EX224	B401258592	220 g: .001 g	7/31/2020	119	Caps/Tabs	Y	Back Tablet Room, in Capsules	N

4FFF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-State	■ Ownership Change*	☐ Hospital (# beds _____)	■ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	■ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH PH02833		■ Other: Veterinary Only.

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Covetrus North America, LLC

Physical Address: 5013 South 110th Street

City: Omaha State: NE Zip: 68137

Mailing Address (if different from physical address): Same as Physical Address.

City: _____ State: _____ Zip: _____

Telephone: 866-356-6214 Toll Free # (NAC 639.708, NRS 639.23286): 866-356-6214

Fax: 800-270-8040 Contact Email: CGPM-RxLicensing@covetrus.com

Website: www.covetrus.com

Nevada Business License # (if applicable) NV20051127174

Supervising/Managing Pharmacist Name (NRS 639.220): Daniel Perina ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21233 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Daniel Perina	NV Pharmacist Registration #: 21233
Name: Adam Kersten	NV Pharmacist Registration #: 21949
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): W.A. Butler Company

Corporation/Organization Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North

City: Dublin State: OH Zip: 43017

Telephone: 855-724-3461 Email: CGPM-RXLicesing@covetrus.com

Contact Person Name: Matthew Malenfant

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist In Charge (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Daniel Perina

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

8/31/2022

Date

Section 10: Affidavit for Pharmacies: MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding.

Affidavit for Pharmacy License

I, Daniel Perina hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 31st day of August, 2022

Notary Public

ERIN M GALVIN
General Notary - State of Nebraska
My Commission Expires Dec 3, 2022

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Daniel Perina Pharmacist Registration #: 21233

Pharmacy Name: Covetrus North America, LLC

Initial each statement below to indicate you have read and agree with the following:

DP I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

DP I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

DP I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

DP I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

DP I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

8/31/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/llnks/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Perina

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8/31/2022

Date

Board Use Only	Date Received: 9-7-22	Amount: 500.00 cc

covetrus

Please note, this Pharmacy has never been disciplined by any state or federal regulatory agency. However, the owner, Covetrus North America, LLC, has been disciplined as described below. We are disclosing the actions listed out of an abundance of caution.

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabethtown, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

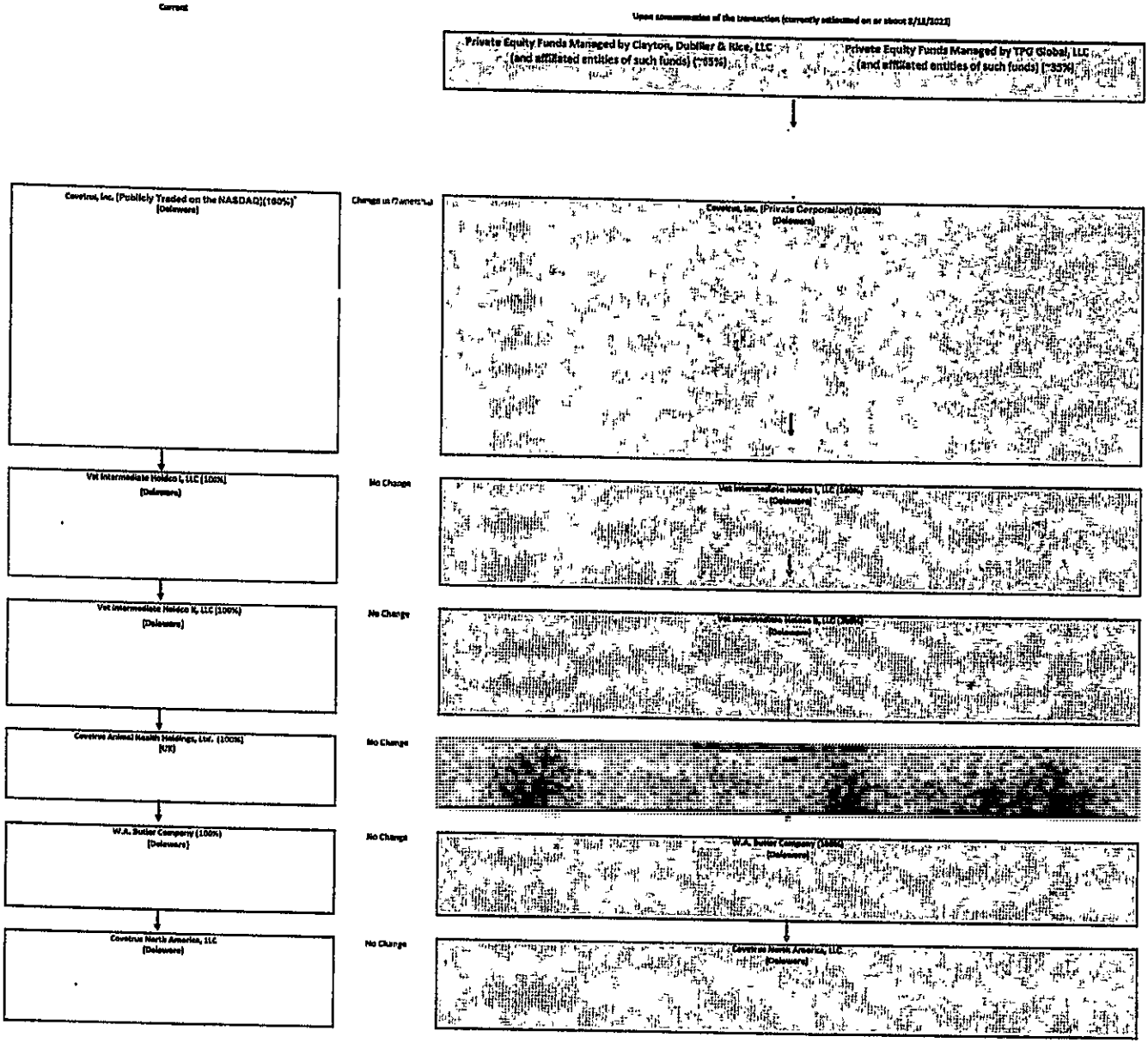
[redacted]

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

Covetrus North America, LLC Business Organizational Structure



* Currently, private equity funds managed by Clayton, Dubilier & Rice, LLC (and affiliated entities of such funds) own approximately 34.2% of the outstanding shares of Covetrus, Inc.'s common stock and will continue as indirect owners of Covetrus, Inc. following the consummation of the transaction.

** Note that in preparation of the consummation of the transaction, a number of holding company entities are expected to be formed as direct or indirect parent entities of Corgi Bidco, Inc. (and which are not shown on this organizational structure chart).

***FEIN of all entities listed will remain the same.

covetrus

Covetrus North America, LLC
List of Officers

Victor Thomas Forte IV
Title: President
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Lee Wise
Title: CFO & Treasurer
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

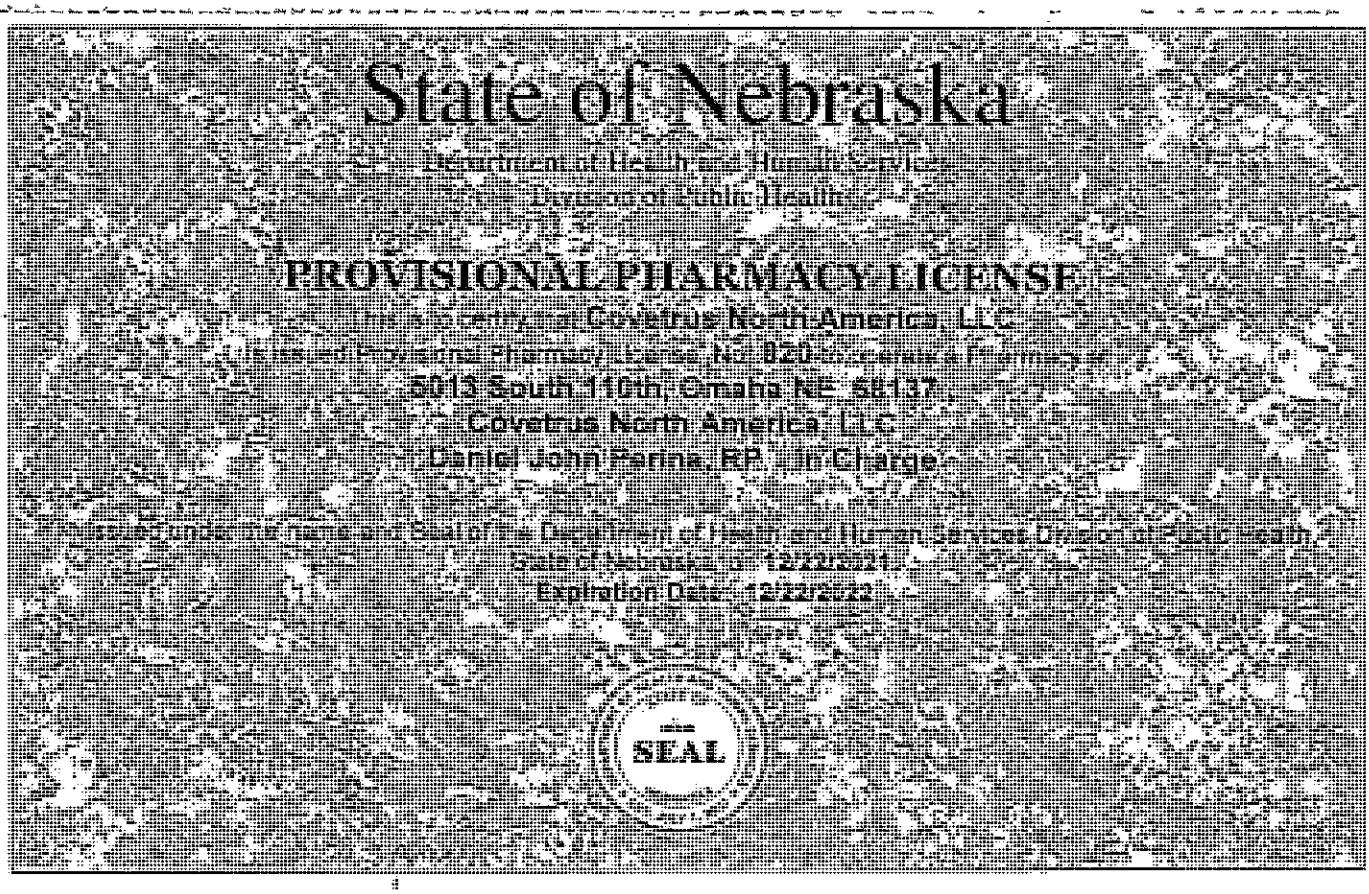
Tamika Simmons
Title: Secretary
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Philip Mario Lombardi
Title: VP of Operations & Logistics
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Your application for Nebraska Provisional Pharmacy License has been approved and your licensure document is attached. This permit is valid for one year from the date of issuance and is not renewable.

The Pharmacy Inspector will be contacting you in the next 60 days to set up an appointment for your Initial Onsite Inspection. Your permanent pharmacy license will be issued once you pass the Initial Onsite Inspection.

This permit shall be kept available in the establishment and such proof of credentialing shall be shown upon request.



State of Nebraska

Department of Health and Human Services

Division of Public Health

PROVISIONAL PHARMACY LICENSE

Is hereby granted to Covetrus North America, LLC

Provisional Pharmacy License No. 820 - Central Pharmacy

5013 South 110th, Omaha NE 68137

Covetrus North America, LLC

Daniel John Farina, RP - In Charge

Issued under the name and Seal of the Department of Health and Human Services Division of Public Health

Date of Issuance - 12/22/2021

Expiration Date - 12/22/2022

SEAL

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

Public Health Licensure Unit
Certification of Licensure

This certificate serves as primary source verification of licensure in the State of Nebraska as of the close of the business day before 8/27/2022.

Name:	Covetrus North America, LLC
Owner:	Covetrus North America, LLC
Address:	5013 South 110th, Omaha, NE
Type:	Community Pharmacy License
Number:	3231
Status:	Active
Issued:	01/26/2022
Expiration:	07/01/2023

Disciplinary/Non-Disciplinary Information:

No disciplinary/non-disciplinary actions taken against this license.

If you have questions about this information, please contact the Licensure Unit at (402) 471-2115 or DHHS.LicensureUnit@nebraska.gov.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20223386933

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204271148

Date: 08-29-22

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC1145728	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	02-01-2022

COVETRUS NORTH AMERICA, LLC
5013 S 110TH ST
OMAHA, NE 681372376

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	02-01-2022

COVETRUS NORTH AMERICA, LLC
5013 S 110TH ST
OMAHA, NE 681372376

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Form DEA-223 (9/2016)

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit
P. O. Box 94986
Lincoln, NE 68509-4986

PHARMACY QUALITY ASSURANCE REPORT

Pharmacy License Number: #820 Exp. Date: 12/22/22

DEA registration Number: FC8242163 Exp. Date: 8/31/24

Owner's Name: Covetrus North America, LLC

Pharmacy Name: Covetrus North America, LLC

Pharmacy Street Address: 5013 S 110th Street

Pharmacy City, State, Zip Code Omaha, NE 68137

Pharmacy Telephone #: (866) 356-6214 Pharmacy Fax #: (866) 256-8435

Pharmacy E-mail: dan.perina@covetrus.com

Pharmacy Hours: M-F 8am to 6pm

List Pharmacy Personnel:

Name of Pharmacist-In-Charge: Daniel Perina RP License #12509

Staff Pharmacists & Interns Name & NE RPh. License # Or NE Intern Registration #	**Pharmacy Technicians Name & NE Registration #**	**Technician Certifying Body, Certification # if applicable, & Certification Expiration Date**
See attached list (pdf) #____	See attached list (pdf) #____	See attached list (pdf) #____ ____
____ #____	____ #____	____ #____ ____
____ #____	____ #____	____ #____ ____
____ #____	____ #____	____ #____ ____
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____ #____	____ #____	____ #____ ____
____ #____	____ #____	____ #____ ____
____	____	____

SOFTWARE: Custom Software

RX'S PER DAY: ~12,000

Dean Willson, RP
(Pharmacy Inspector)

01/19/2022
(Date of Inspection

Pharmacy Quality Assurance Report (Revised 6/3/21)
Pharmacy License# 820 Date of Inspection 01/19/2022

Section Cited	Requirement	C	NC	NA
CFR = 21 CFR Ch.II NAC = Nebraska Administrative Code NRS = Nebraska Revised Statute USC = United States Code USP= United States Pharmacopeia	C = In Compliance NC = Not in Compliance NA = Not Applicable			
175 NAC 8-005	1. All information provided on the current pharmacy license document is correct, including name of facility, ownership, address, and name of pharmacist in charge. If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☒	☐	☐
175 NAC 8-007.01 NRS 28-410 CFR 1301.71 CFR 1301.75 CFR 1301.76	2. Adequate security is maintained for the prescription inventory and prescription records.	☒	☐	☐
175 NAC 8-006.02	3. Drugs, devices and biologicals are stored under proper environmental conditions. Storage conditions shall be monitored daily.	☒	☐	☐
175 NAC 8-008.02	4. The pharmacy is: a. maintained in a clean, orderly, and sanitary manner;	☒	☐	☐
NRS 38-2866	b. open for the practice of pharmacy only when a pharmacist is physically present.	☒	☐	☐
175 NAC 8-008.03	5. The pharmacy maintains access to appropriate reference material for the accurate, efficient, and safe practice of pharmacy.	☒	☐	☐
175 NAC 8-008.01 USP 795 USP 797	6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy. Water used for compounding is at USP standards. When applicable, water purification systems are maintained.	☒	☐	☐
NRS 38-2869 (2)(a)	7. Patient counseling is being provided as required.	☒	☐	☐
NRS 38-2869 (2)(a)	8. The pharmacy maintains documentation of a patient's refusal of counseling.	☒	☐	☐
NRS 38-2869 (2)(a)	9. Patient counseling is being done by only a pharmacist or pharmacist intern.	☒	☐	☐
NRS 38-2869	10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review.	☒	☐	☐
NRS 28-414.02 CFR 1304, 1306,1311	11. All computer or electronic record keeping requirements are met including requirements for electronic prescriptions for controlled substances.	☒	☐	☐
CFR 1305 CFR 1311.45 CFR 1311.60 NRS 28-413	12. Acquisition and distribution requirements for Schedule II controlled substances are met regarding the use of an official order form or the electronic equivalent.	☐	☐	☒
NRS 28-411,28-413 CFR 1304.04, 1304.21, 1304.22(c)	13. The pharmacy maintains complete and accurate records of all controlled substances received, dispensed, administered, and/or distributed.	☒	☐	☐

Pharmacy Quality Assurance Report (Revised 6/3/21)
Pharmacy License# 820 Date of Inspection 01/19/2022

Section Cited	Requirement	C	NC	NA
NRS 28-411 NRS 28-413 NRS 28-414.04 NRS 28-414.05 CFR 1304, 1305,1311,1317	14. The pharmacy complies with all transfer and/or destruction requirements for controlled substances.	☒	☐	☐
21 U.S. Code 351 21 U.S. Code 352 NRS 71-2461 NRS 71-2470	15. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated, as defined in statute.	☒	☐	☐
NRS 38-28,107	16. The pharmacy assures that all requirements pertaining to unit dose packaging and returned product labeling are met.	☐	☐	☒
NRS 71-2479 NRS 28-414.03	17. The pharmacy assures that all requirements pertaining to multi-drug containers are met, including proper labeling.	☐	☐	☒
NRS 28-410 CFR 1304.11	18. All requirements pertaining to the inventory of controlled substances are met. Copy of annual inventory forwarded to Department within thirty days after completion. Controlled substance inventories require the following Information: 1. **Name** of your facility. 2. **Address** of your facility. 3. **Date and time of day** the inventory was taken. 4. Indicate **open or close** of business. 5. Facility's **DEA#**. 6. **Signature of the Pharmacist-In-Charge**, who is responsible for the inventory. 7. **Schedule II** inventory pages **must be separate** from the **Schedule III, IV, V** inventory pages. 8. **Exact count or measure** of all controlled substances	☒	☐	☐
	18a. **Date of Current Inventory: 1/7/22** (must be within 1 year of previous inventory	☒	☐	☐
NRS 28-410(4)	19. All controlled substances are properly stored.	☒	☐	☐
CFR 1306.05 NRS 28-414, 28-414.01 NRS 71-2478 NRS 38-2870	20. All prescriptions contain the required information prior to being filled.	☒	☐	☐
NRS 28-414 NRS 28-414.01 NRS 38-2870(1) CFR 1306.22	21. All refill requirements for prescriptions are in compliance.	☒	☐	☐
CFR 1306.13 CFR 1306.23 NRS 28-414 NRS 28-414.01	22. Partial fillings of controlled substances are recorded and dispensed appropriately.	☒	☐	☐
CFR 1306.05(f) NRS 38-179(13)	23. The pharmacy is not utilizing pre-populated request forms for controlled substance prescriptions.	☒	☐	☐

Pharmacy Quality Assurance Report (Revised 6/3/21) Page 4 of 6
Pharmacy License# 820 Date of Inspection 01/19/2022

Section Cited	Requirement	C	NC	NA
CFR 1306.11 NRS 28-414	24. All emergency Schedule II prescription procedures are followed. Only direct verbal authorization from the prescribing practitioner is allowed.	☐	☐	☒
NRS 28-414.03 NRS 38-2867.01 NRS 71-2479	25. All prescription containers are properly labeled.	☒	☐	☐
NRS 38-28,108 to NRS 38-28,116	26. The pharmacy is in compliance with the Drug Product Selection Act	☒	☐	☐
175 NAC 8-007 NRS 28-414.03 CFR 1304.04 CFR 1311	27. An appropriate filing system for inventories and records of controlled substances is maintained.	☒	☐	☐
NRS 71-2412 NRS 71-2413 CFR 1306.11 CFR 1306.21	28. Proper records are maintained for Emergency Drug Box use including: a. receipt upon delivery signed by the Director of Nursing or his/her designee b. proof of use forms. c. a list of emergency box drugs identical to the list on the exterior of the emergency box or the electronic inventory record of the electronic or automated emergency box d. policies and procedures for use of electronic or automated emergency box Controlled substance drugs cannot be removed from the Emergency Drug Box until the pharmacy receives a valid oral, faxed, or written prescription from the practitioner.	☐	☐	☒
NRS 38-2854 NRS 38-2866.01 NRS 38-2890 thru NRS 38-2896 172 NAC 128-006	29. All requirements are met for the utilization of Pharmacists, Pharmacy Technicians and Pharmacist Interns, including: a. pharmacists, pharmacist interns, and pharmacy technicians are identified as such. b. a pharmacist's supervision of pharmacy technicians and/or pharmacist interns does not exceed three people, unless an exception applies. c. all pharmacists, pharmacy technicians, and pharmacist interns currently hold an active corresponding credential with the Department d. all pharmacy technicians hold an active certification (as required). Check credential status at: http://www.nebraska.gov/LISSearch/search.cgi If non-compliant, contact the Department at: dhhs.medicaloffice@nebraska.gov	☒	☐	☐

Pharmacy Quality Assurance Report (Revised 6/3/21) Page 5 of 6
Pharmacy License# 820 Date of Inspection 01/19/2022

Section Cited	Requirement	C	NC	NA
175 NAC 8-007.02	30. Pharmacy has written disaster preparedness policies and procedures.	☒	☐	☐
NRS 38-2867.03	31. The pharmacy is compliant with "Pharmaceutical Care Agreement" requirements: a. a copy of the agreement with written protocols is available for review by the Department. b. practice agreements and written protocols must be signed by the practitioner authorized to prescribe independently and participating pharmacists. c. practice agreements and written protocols must be reviewed, signed and dated every two years.	☐	☐ 1	☒
NRS 38-2867.01 USP 795	32. The pharmacy is compliant with USP 795 (non-sterile compounding) including Master Formulation and Compounding Records. The preparation labeling shall include the beyond use date and storage conditions.	☒	☐	☐
NRS 38-2867.01 USP 797	33. The pharmacy is compliant with USP 797 (sterile compounding).	☐	☐	☒
NRS 28-456 NRS 28-457 NRS 28-458 NRS 28-459 CFR 1314	34. The pharmacy is compliant with all State and federal regulations pertaining to the retail sale of scheduled listed chemical products/methamphetamine precursors, including: a. a purchaser signature logbook that displays the warning listed under Section 1001 Title 18, US Code. b. records of training and annual self-certification. c. the name or initials of the seller who sold the product is submitted to the exchange.	☐	☐	☒
NRS 71-7444(2)(d) NRS 71-7454(1)	35. The sale, purchase or trade of a prescription drug for emergency medical reasons or for a practitioner to use for routine office procedures does not exceed five percent of the total prescription drug sales revenue of the transferor or transferee during the immediately preceding calendar year.	☐	☐	☒
NRS 71-7444 (2)(a-h); NRS 71-7454	36. All prescription drugs purchased or received are from entities licensed under the Nebraska Wholesale Drug Distributor Licensing Act, with exceptions in 71-7444 or 71-7454.	☒	☐	☐

STATEMENT OF COMPLIANCE PAGE

For each item not in compliance, please list below (may continue on a separate page if needed):

a) The item number that is not in compliance;
b) Why it is not in compliance;
c) How the deficiency will be corrected; and
d) How long it will take to do so

2022 Initial On-Site Inspection For change of ownership. Inspection OK. Pharmacy will be applying for a new DEA registration when the permanent pharmacy license is issued.

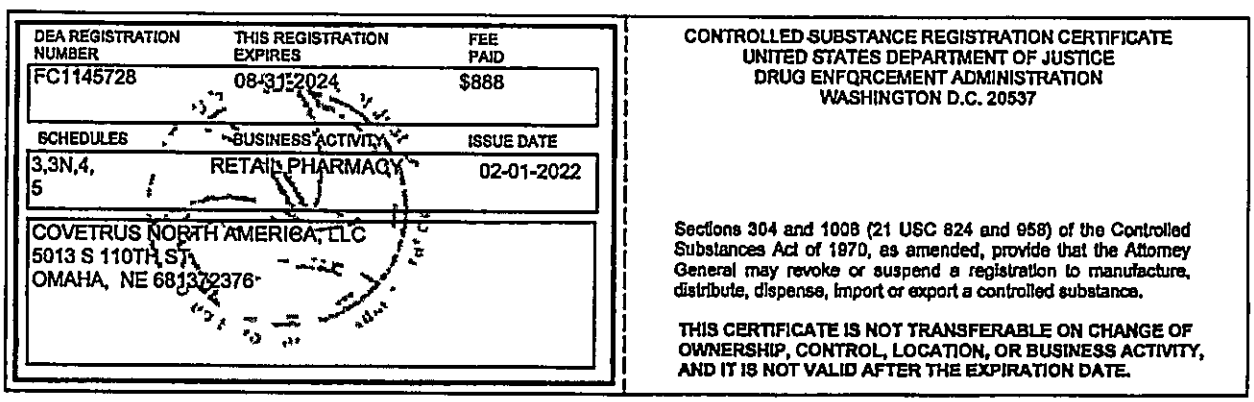
a)

b)

c)

d)

See the attached DEA Registration FC1145728. Issued due the change in ownership and name change being approved.



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC1145728	08-31-2024	$888

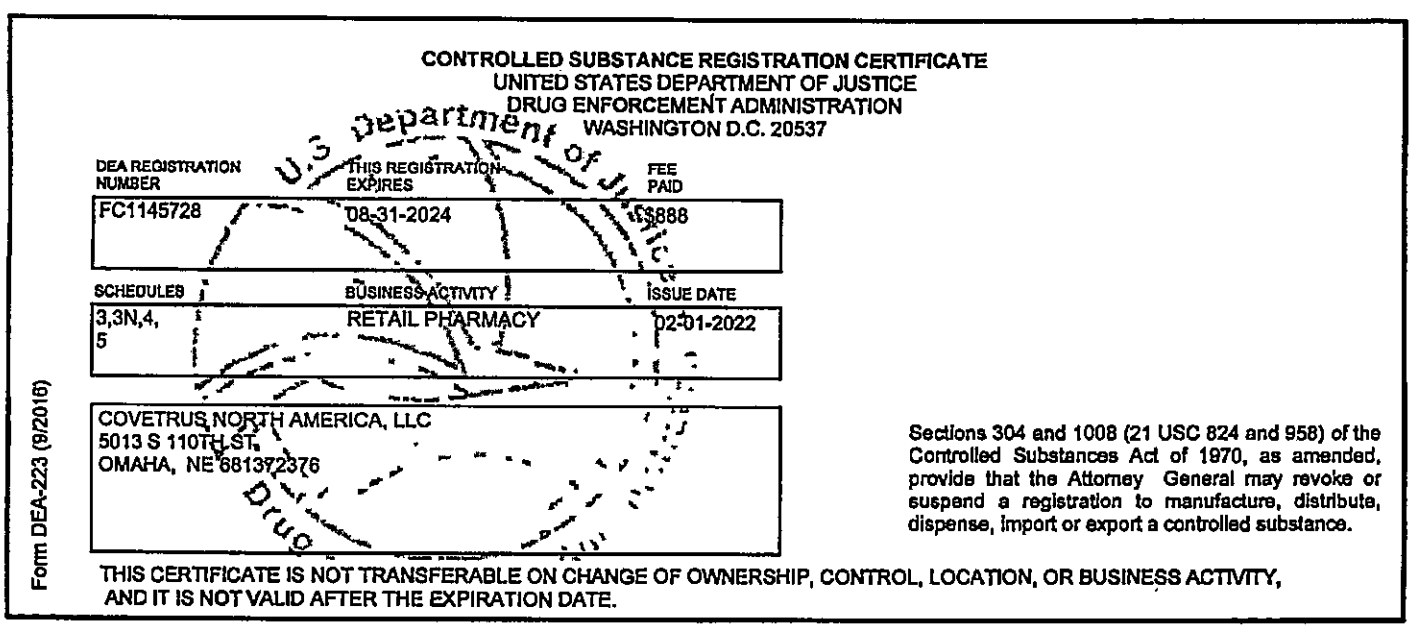
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	02-01-2022

COVETRUS NORTH AMERICA, LLC
5013 S 110TH ST
OMAHA, NE 681372376

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (9/2016)

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC1145728	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	02-01-2022

COVETRUS NORTH AMERICA, LLC
5013 S 110TH ST
OMAHA, NE 681372376

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Daniel Perina

Pharmacy/Wholesaler License # (if applicable) PH02833

Physical Address 5013 South 110th Street

City Omaha State NE Zip 68137

Mailing Address (if different from physical address) Same as Physical Address.

City _____ State _____ Zip _____

Telephone 866-356-6214 Website www.covetrus.com

Licensing Company Email CGPM-RxLicensing@covetrus.com

Section 2: Personal Information

First Daniel Middle _____ Last Perina

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN _____ Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] South 110th Street

City Omaha State NE Zip 68137

Telephone [redacted] Email dan.perina@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Creighton University School of Pharmacy and Allied Heath Professions		08/02-05/06	
Address	City	State	Zip
2500 California Plaza	Omaha	NE	68178
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
University of Nebraska at Omaha		08/99-05/01	
Address	City	State	Zip
6001 Dodge Street	Omaha	NE	68182
Diploma/Degree obtained, if any			
Bachelor of Science; Major in Biotechnology and Minor in Chemistry			
School Name		From - To (MM/YY – MM/YY)	
Western Montana College		08/95-05/98	
Address	City	State	Zip
710 S. Atlantic St	Dillon	MT	59725
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Whitefish High School		08/92-06/95	
Address	City	State	Zip
1143 4th Street	Whitefish	MT	59937
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/22-Present	[redacted] County Road 5	Ashland	NE	68003
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/19-08/22	[redacted] S. 169th Street	Omaha	NE	68136
From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/16-05/19	[redacted] Olive Street	Omaha	NE	68136
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/14-10/16	[redacted] S 219th Circle	Gretna	NE	68028
From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/13-05/14	[redacted] Willow Creek Drive	Omaha	NE	68136
From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/13-10/13	[redacted] Detroit St	Thornton	CO	80229
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/10-07/13	[redacted] S 20th Street	Clarinda	IA	51632
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America, LLC (formerly known as Vets First Choice)			07/17-Present	
Business Address		**City**	**State**	**Zip**
5013 S 110th St		Omaha	NE	68137
Phone	**Title**		**Number of Employed Hours**	
866-356-6214	Pharmacist in Charge		10608	
Description of Duties				
Manage pharmacy workflow processes. Manage the pharmacy in all areas of quality, process improvement, and prescription management. Manage all record keeping. Dispense prescriptions.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Please See The Attached Summary.

Original Signature (electronic, copies or stamps not accepted)

8/31/2022
Date

covetrus

Please note, this Pharmacy has never been disciplined by any state or federal regulatory agency. However, the owner, Covetrus North America, LLC, has been disciplined as described below. We are disclosing the actions listed out of an abundance of caution.

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) - Disciplinary History

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabethtown, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	Administrative Complaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

I, Daniel Perina, **certify that as the designated representative for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DP I am at least 21 years of age;
3. DP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Daniel Perina

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/31/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Perina

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/31/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nebraska, ss. County of Douglas

I, Daniel Perina, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/31/2022

Date

Subscribed and Sworn to before me this 31st day of August.

Erin M Galvin

Notary Public Signature

ERIN M GALVIN
General Notary - State of Nebraska
My Commission Expires Dec 3, 2022

(Seal)

400 North Metro Place
Dublin, OH 43017
Covetrus.com

covetrus

September 1, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy., Ste 206
Reno, NV 89521

RE: Indirect Change in Ownership- Covetrus North America, LLC – Omaha, NE License Number PH02833
To Whom It May Concern:

This letter is to notify your agency of a pending transaction involving Covetrus North America, LLC (the "Company"), the holder of the above referenced permit.

oIt is currently anticipated that on or about September 30, 2022, a change at the entity five levels above the Company will take place. **Importantly, the Company as the entity that owns and operates the facility, and its member entity (parent) will not change.** There will be no change in the Company's federal tax identification number, name, or location. There is no anticipated change in officers.

Covetrus (NASDAQ: CVET) has entered into a definitive agreement pursuant to which funds affiliated with Clayton, Dubilier & Rice ("CD&R"), a global private investment firm, and TPG Capital, the private equity platform of global alternative asset management firm TPG ("TPG"), will acquire all outstanding shares of Covetrus common stock not already owned by affiliates of CD&R.

We are submitting a non-resident pharmacy application and supporting documents in advance of the anticipated closing date.

If any additional information is required, please do not hesitate to contact us at CGPM-RxLicensing@covetrus.com.

Sincerely,

Summer Roper

Summer Roper, CPhT.
summer.roper@covetrus.com

Enclosures

4GGG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☑ Out-of-State	☑ Ownership Change*	☐ Hospital (# beds _____)	☑ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	☐ Mail-Order Service
		☑ Other: Veterinary	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH 03975		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☑ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Professional Pharmacy Resources

Physical Address: 4854 Woodbine Rd Unit 5

City: Pace State: FL Zip: 32571

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 850-463-0022 Toll Free # (NAC 639.708, NRS 639.23286): 866-236-5040

Fax: 866-685-7608 Contact Email: pharmacist@propharmrx.com

Website: propharmrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Bryan D Henderson ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23272 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Bryan D Henderson	NV Pharmacist Registration #: 23272
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: Professional Pharmacy Resources

Mailing Address: 4854 Woodbine Rd Unit 5

City: Pace State: FL Zip: 32571

Telephone: 850-463-0022 Email: pharmacist@propharmrx.com

Contact Person Name: Bryan D Henderson

Please check type of partnership (NAC 639.214) ☐ General ☑ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☑ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PIC (title) for Professional Pharmacy Resources (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Bryan P Henderson
Print Name of Authorized Person

B D H
Original signature of Authorized Person (copies or stamps not accepted)

9-27-2022
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Bryan D Henderson hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PIC (title) for Professional Pharmacy Resources (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 27 day of September, 2023

Notary Public

LISA TISDALE
Commission # GG 961731
Expires March 7, 2024
Bonded Thru Budget Notary Services

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY N/A

Managing Pharmacist Name: Out of State Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

By. D [signature]

Original signature of Managing Pharmacist (copies or stamps not accepted)

11-1-2022

Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): ○ All General Partners; ○ All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative Form http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• Personal History Record Application http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. For Non-publicly traded - The top 4 shareholder/stockholders. b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest. c. For Sole Owner - The owner.		✓	✓	✓
• Sterile Compounding Questionnaire must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	N/A	✓
• Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
• License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g)	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)	✓	✓	N/A	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/link/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bryan D Henderson

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

B D H

Original signature of Authorized Person (copies or stamps not accepted)

9-27-2022

Date

Board Use Only	Date Received: 11-21-22	Amount: 500.00 CK-1023

PROFESSIONAL PHARMACY RESOURCES™

Ownership Structure (effective 10/28/2022)

Professional Pharmacy Resources, LLC
EIN: 82-4648919
4854 Woodbine Road Suite 5
Pace, FL 32571

5M Pharma, LLC — **Ownership Percentage**
EIN: 82-3417977 — 100%
4854 Woodbine Road Suite 5
Pace, FL 32571
850-463-0022
pharmacist@propharmrx.com

5M Pharma, LLC Managing Members		Ownership Percentage
Bryan Henderson, RPh [redacted]Whitley Oaks Lane Pace, FL 32571 Phone: [redacted] SS#: [redacted] DOB: [redacted]	FL Lic# PS29768	33.33%
Hal Densman, RPh [redacted]S Garcon Point Road Milton, FL 32583 Phone: [redacted] SS#: [redacted] DOB: [redacted]	FL Lic# PS35788	33.33%
Richard Santo [redacted] Moors Oaks Drive Milton, FL 32583 Phone: [redacted] SS#: [redacted] DOB: [redacted]		33.33%

State of Florida
Department of State

I certify from the records of this office that PROFESSIONAL PHARMACY RESOURCES L.L.C. is a limited liability company organized under the laws of the State of Florida, filed on February 15, 2018, effective February 14, 2018.

The document number of this limited liability company is L18000042225.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on April 11, 2022, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-ninth day of June, 2022



Secretary of State

Tracking Number: 5559587272CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

Florida HEALTH
www.FloridaHealth.gov

File # 25408
Insp # 174161

NAME	PERMIT NUMBER	DATE OF INSPECTION	
Professional Pharmacy Resources llc	31350	09/23/2021	
DOING BUSINESS AS			
PROFESSIONAL PHARMACY RESOURCES			
STREET ADDRESS		**TELEPHONE #**	**EXT**
4854 Woodbine Rd Unit 5		850-516-5886	
CITY	**COUNTY**	**STATE/ZIP**	
PACE	SANTA ROSA	FL/32571	

Additional Information

Business Operation Hours

M-T-W-TH-F N	Monday Y
Monday Hours 9:00am to 5:00pm	Tuesday Y
Tuesday Hours 9:00am to 5:00pm	Wednesday Y
Wednesday Hours 9:00am to 5:00pm	Thursday Y
Thursday Hours 9:00am to 5:00pm	Friday Y
Friday Hours 9:00am to 5:00pm	Saturday Y
Saturday Hours closed	Sunday Y
Sunday Hours closed	

Registered Pharmacist / Intern / Tech

License # PS29768	Licensee Name Bryan Henderson
License Type Registered Pharmacists	
License # PS35788	Licensee Name Hal Joseph Densman
License Type Registered Pharmacists	
License # PS53299	Licensee Name Emily Blackmon
License Type Registered Pharmacists	
License # PS45283	Licensee Name Margarette Reade
License Type Registered Pharmacists	
License # PS57846	Licensee Name Jennifer Wood
License Type Registered Pharmacists	
License # PS57107	Licensee Name Laura Bulger
License Type Registered Pharmacists	
License # Rpt42226	Licensee Name Austin Ramsay
License Type Pharmacy Tech	
License # Rpt19614	Licensee Name Christopher Densman
License Type Pharmacy Tech	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FP7726283	

License Relations

Pharmacy Affiliate

HENDERSON, BRYAN D	License #

INV359 - Community Requirements

Insp # 174161 | Professional Pharmacy Resources llc | File # 25408

LOGAN, DONNA	License #

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	Yes
A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating, "Prescription Department Closed". [64B16-28.109 F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C]	Yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	Yes
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C]	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	Yes
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	Yes
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	Yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.]	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	Yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	Yes
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11] *Latest inventory conducted 10/29/20.*	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	N/A
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	Yes
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	Yes
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	Yes
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	Yes
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	Yes
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	Yes
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	Yes
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	Yes
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.]	N/A

INV359 - Community Requirements

Insp # 174161

Professional Pharmacy Resources llc

File # 25408

Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	Yes
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

SHAKESPEARE, VALARIE

Date:9/23/2021

Representative:

Hal Densman

Date:9/23/2021

AC# 1001378 3

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/21/2021	PH 31350	122352

THE PHARMACY

QUALIFICATION(S):
Community Pharmacy

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: FEBRUARY 28, 2023
PROFESSIONAL PHARMACY RESOURCES LLC
Professional Pharmacy Resources
4854 WOODBINE RD
UNIT 5
PACE, FL - 32571

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

Department of Health

License Verification

Printer Friendly Version

Professional Pharmacy Resources llc Professional Pharmacy Resources

License Number: PH31350

Data As Of 9/28/2022

License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners

Profession	Pharmacy
License	PH31350
License Status	CLEAR/
Qualifications	Community Pharmacy
License Expiration Date	2/28/2023
License Original Issue Date	04/16/2018
Address of Record	4854 Woodbine Rd Unit 5 PACE, FL 32571
Discipline on File	No
Public Complaint	No

Back

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.

Primary Source Verified

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP7726283	03-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	02-26-2021

PROFESSIONAL PHARMACY RESOURCES
4854 WOODBINE RD
PACE, FL 32571-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

D-1

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Nevada State Board of Pharmacy

Links

Prescription Monitoring Program (PMP)

Other State & Federal Agency Links

Safe Injection Practices

Links Important to Patients

Prescription Monitoring Program (PMP)

Prescription Monitoring Program

The Nevada Prescription Monitoring Program (NV PMP) is a database of information regarding the controlled substance prescriptions that were dispensed to patients in Nevada. The database is an online tool that allows prescribers and dispensers ac to a patient's controlled substance prescription medication history. The PMP is an important tool that helps practitioners determ prescribing a controlled substance is medically necessary and appropriate. The PMP also aids regulatory and law enforcement agencies in the detection and prevention of fraud, drug abuse and the criminal diversion of controlled substances.

Statewide Integration Announcement

The Nevada Prescription Monitoring Program (NV PMP) has partnered with Appriss Health to integrate NV PMP data into Nevac electronic health records (EHR) and Nevada pharmacy management systems via Appriss Health's PMP Gateway platform. This empowers clinicians at the point of care with information that can help the clinician make better informed prescribing decisions. Integration is NOT mandatory. PMP data can still be accessed through the NV PMP web portal.

Integration of NV PMP data into your EHR or pharmacy management system is available at no cost. The process and timeline fo integration is dependent upon your EHR or pharmacy management system vendor.

How to register for PMP Integration into your EHR or pharmacy management system

Integration Process:

1. Navigate your web browser to https://connect.bamboohealth.com/
2. Click "Create an Account".
3. Follow the prompts to input the necessary information for your healthcare organization's integration request.
4. Once all steps are complete on Customer Connect, your request is forwarded to the NV PMP administrators for review.
5. If approved, a confirmation email is sent to you, and the credentials to activate the integration are sent according to your EHR vendor's instructions.
   a. The credentials could be sent to you or to your EHR vendor.
6. To complete integration setup, please contact your EHR vendor.

- Click here for the Integration Guide

How to register for the PMP AWARxE – NV PMP web portal

- Click here for registration instructions
- Click here for a registration tutorial
- Click here for FAQs on how to request a patient PMP report
- Click here for the User Support Manual
- Click here for Delegate Registration Instructions

How to register for PMP Clearinghouse to report controlled substance dispensations to tl PMP

- Click here for the PMP Clearinghouse Dispenser Guide
- Click here for FAQs on how to submit data to the PMP Clearinghouse

Online Services

- Login to PMP AWARxE
- Login to PMP Clearinghouse

Nevada State Board of Pharmacy

For Technical Assistance Call:
1-855-568-4767
For Administrative Assistance Email:
pmp@pharmacy.nv.gov

Home

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Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Vision: To be the Healthiest State in the Nation

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

November 15, 2022

Bryan Henderson
Professional Pharmacy Resources
4854 Woodbine Road Unit 5
Milton, FL 32571

RE: License Certification for Professional Pharmacy Resources Llc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH31350
ORIGINAL CERTIFICATION:	04/16/2018
EXPIRATION DATE:	02/28/2023
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	Community Pharmacy

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Gwendolyn B. Freeman

Gwendolyn B. Freeman
Operations and Management Consultant Manager

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Professional Pharmacy Resources

Pharmacy/MDEG/Wholesaler License # (if applicable) FL Lic # PH31350 Current NV Lic #PH03975

Physical Address 4854 Woodbine Rd, Unit 5

City Pace State FL Zip 32571

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 850-463-0022 Website www.propharmrx.com

Licensing Company Email pharmacist@propharmrx.com

Section 2: Personal Information

First Hal Middle Joseph Last Densman

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] S. Garcon Pt Rd

City Milton State FL Zip 32583

Telephone [redacted] Email hdensman@propharmrx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Auburn University School of Pharmacy		08/97 - 05/2001	
Address	**City**	**State**	**Zip**
2316 Walker Building	Auburn	AL	36849
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Pensacola Junior College		08/95 - 05/97	
Address	**City**	**State**	**Zip**
1000 College Blvd	Pensacola	FL	32504
Diploma/Degree obtained, if any			
Scientific AA			
School Name		**From - To (MM/YY – MM/YY)**	
Pace High School		08/91 - 05/95	
Address	**City**	**State**	**Zip**
4065 Norris Rd	Pace	FL	32571
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/20 - Present	[redacted] S Garcon Pt Rd	Milton	FL	32583
10/06 - 02/20	[redacted] Cuddle Doon Ave	Milton	FL	32583
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Professional Pharmacy Resources			From - To (MM/YY – MM/YY): 04/18 - Present
Business Address: 4854 Woodbine Rd, Unit 5	City: Pace	State: FL	Zip: 32571
Phone: 850-463-0022	Title: Pharmacist		
Description of Duties: Oversee technicians in the daily operations of filling prescriptions.			

Business Name: Crestview Pharmacy			From - To (MM/YY – MM/YY): 03/02 - 12/18
Business Address: 11116 N Ferdon Blvd	City: Crestview	State: FL	Zip: 32536
Phone: 850-683-1111	Title: Pharmacist / OWNER		
Description of Duties: Managing daily operations and overseeing technicians in the daily operations of filling prescriptions.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hal Densman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/21/22

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Santa Rosa

I, Hal J Densman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/21/22

Date

Subscribed and Sworn to before me this 21 day of October, 2022

Lisa Tisdale

Notary Public Signature

LISA TISDALE
Commission # GG 961731
Expires March 7, 2024
Bonded Thru Budget Notary Services

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Professional Pharmacy Resources

Pharmacy/MDEG/Wholesaler License # (if applicable) FL Lic # PH 31350 Current NV Lic # PH03975

Physical Address 4854 Woodbine Rd, Unit 5

City Pace State FL Zip 32571

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 850-463-0022 Website www.propharmrx.com

Licensing Company Email pharmacist@propharmrx.com

Section 2: Personal Information

First Richard Middle William Last Santo

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Moors Oaks Dr

City Milton State FL Zip 32583

Telephone [redacted] Email rsanto@propharmrx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Troy University		From - To (MM/YY – MM/YY): 1999 - 2001	
Address	City: Pensacola	State: FL	Zip: 32507
Diploma/Degree obtained, if any: MS (in process)			
School Name: University of Alabama		From - To (MM/YY – MM/YY): 1984 - 1988	
Address	City: Tuscaloosa	State: AL	Zip
Diploma/Degree obtained, if any: BA, Communications / Marketing			
School Name: Booker T. Washington High School		From - To (MM/YY – MM/YY): 1981 - 1984	
Address	City: Pensacola	State: FL	Zip
Diploma/Degree obtained, if any: HS Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2012 - Present	[redacted] Moors Oaks Dr.	Milton	FL	32583
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Professional Pharmacy Resources			From - To (MM/YY – MM/YY): 2019 - Present
Business Address: 4854 Woodbine Road	City: Pace	State: FL	Zip: 32571
Phone: 850-463-0022	Title: Director Sales / Marketing		
Description of Duties: Sales / Marketing			

Business Name: McKesson Corporation			From - To (MM/YY – MM/YY): 2011 - 2019
Business Address	City: San Francisco	State: CA	Zip
Phone	Title: Sales Manager		
Description of Duties: Sales / Marketing			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Santo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/2/22

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Santa Rosa

I, Richard Santo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/2/22

Date

Subscribed and Sworn to before me this 2 day of November 2022

Lisa Tisdale

Notary Public Signature

LISA TISDALE
Commission # GG 961731
Expires March 7, 2024
Bonded Thru Budget Notary Services

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Professional Pharmacy Resources

Pharmacy/MDEG/Wholesaler License # (if applicable) FL Lic# PH31350 Current NV Lic# PH03975

Physical Address 4854 Woodbine Rd, Unit 5

City Pace State FL Zip 32571

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 850-463-0022 Website www.propharmrx.com

Licensing Company Email pharmacist@propharmrx.com

Section 2: Personal Information

First Bryan Middle David Last Henderson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Whitley Oaks Lane

City Pace State FL Zip 32571

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Pace High School			05-09	05-87
Address	**City**		**State**	**Zip**
4065 Norris Rd	Pace		FL	32571
Diploma/Degree obtained, if any				
Graduate				

School Name			From - To (MM/YY – MM/YY)	
Pensacola Junior College			09-87	05-91
Address	**City**		**State**	**Zip**
1000 College Blvd	Pensacola		FL	32504
Diploma/Degree obtained, if any				
AA				

School Name			From - To (MM/YY – MM/YY)	
University of Florida			09-91	05-94
Address	**City**		**State**	**Zip**
1225 Center Dr	Gainesville		FL	32610
Diploma/Degree obtained, if any				
B.S. Pharm				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09-07 Present	[redacted] Whitley Oaks Ln	Pace	FL	32571
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Crestview Pharmacy		03-02	Present
Business Address	**City**	**State**	**Zip**
1116 N Ferdon Blvd	Crestview	FL	32536
Phone	**Title**		
850-683-1111	Pharmacist		
Description of Duties			
Staff Pharmacist			

Business Name		From - To (MM/YY – MM/YY)	
Professional Pharmacy Resources		04-18	present
Business Address	**City**	**State**	**Zip**
4854 Woodbine Rd Unit 5	Pace	FL	32571
Phone	**Title**		
850 463-0022	Pharmacist / owner		
Description of Duties			
Pharmacy ops			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11- 1- 2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bryan D Henderson

Print Name (First, Last)

B D H

Original Signature (electronic, copies or stamps not accepted)

11-1-2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Santa Rosa

I, Bryan Henderson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

B D H

Original Signature

11-1-2022

Date

Subscribed and Sworn to before me this 01 day of November, 2022

Lisa Tisdale

Notary Public Signature

LISA TISDALE
Commission # GG 961731
Expires March 7, 2024
Bonded Thru Budget Notary Services

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Professional Pharmacy Resources

Pharmacy/Wholesaler License # (if applicable): FL Lic # PH31350 Current NV Lic # PH03975

Physical Address: 4854 Woodbine Rd, Unit 5

City: Pace State: FL Zip: 32571

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 850-463-0022 Website: www.propharmrx.com

Licensing Company Email: pharmacist@propharmrx.com

Section 2: Personal Information

First: Bryan Middle: David Last: Henderson

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Whitley Oaks Lane

City: Pace State: FL Zip: 32571

Telephone: [redacted] Email: brhendy@live.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Pace High School		09-83	5-87
Address	**City**	**State**	**Zip**
4065 Norris Rd	Pace	FL	32571
Diploma/Degree obtained, if any: Graduated			

School Name		From - To (MM/YY – MM/YY)	
Pensacola Junior College		09-87	05-91
Address	**City**	**State**	**Zip**
1000 College Blvd	Pensacola	FL	32504
Diploma/Degree obtained, if any: AA			

School Name		From - To (MM/YY – MM/YY)	
University of Florida		09-91	05-94
Address	**City**	**State**	**Zip**
1225 Center Dr	Gainesville	FL	32610
Diploma/Degree obtained, if any: B.S Pharm			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9-07 Present	[redacted] Whitley Oaks Ln	Pace	FL	32571
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Crestview Pharmacy			03-2002 present
Business Address	**City**	**State**	**Zip**
1116 N Ferdon Blvd	Crestview	FL	32536
Phone	**Title**	**Number of Employed Hours**	
850 683-1111	Pharmacist	31,200	
Description of Duties			
Staff Pharmacist			

Business Name			From - To (MM/YY – MM/YY)
Professional Pharmacy Resources			04-18 present
Business Address	**City**	**State**	**Zip**
4854 Woodbine Rd Unit 5	PACC	FL	32571
Phone	**Title**	**Number of Employed Hours**	
850 463-0022	Pharmacist / owner	7020	
Description of Duties			
Pharmacy ops			

Business Name			From - To (MM/YY – MM/YY)
Burklow Pharmacy			5-99 11-2011
Business Address	**City**	**State**	**Zip**
4880 Woodbine Rd	PACC	FL	32571
Phone	**Title**	**Number of Employed Hours**	
Sold to CVS	Staff Pharmacist	10,400	
Description of Duties			
Pharmacy fulfillment			

Business Name			From - To (MM/YY – MM/YY)
City Drugs			05-94 04-99
Business Address	**City**	**State**	**Zip**
4029 Hwy 90	PACC	FC	32571
Phone	**Title**	**Number of Employed Hours**	
Sold to CVS	Staff Pharmacist	10,400	
Description of Duties			
Pharmacy fulfillment			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

P O W

Original Signature (electronic, copies or stamps not accepted)

11- -1 -2022

Date

I, Bryan D Henderson, **certify that as the designated representative for** Professional Pharmacy Resources,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Bryan D Henderson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-1-2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

B D H

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-1-2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Santa Rosa

I, Bryan Henderson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11-1-2022

Date

Subscribed and Sworn to before me this 01 day of November, 2022

Lisa Tisdale

Notary Public Signature

LISA TISDALE
Commission # GG 961731
Expires March 7, 2024
Bonded Thru Budget Notary Services

(Seal)

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 11/07/2022
Amount:
License #: 23272

Bryan D. Henderson

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:11/07/2022
Expires:10/31/2023

Bryan D. Henderson

License #
23272
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 23272
Effective Date:11/07/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Bryan D. Henderson

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

4HHH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH 03299	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Birdi, Inc.

Physical Address: 8060 S Kyrene Rd

City: Tempe State: AZ Zip: 85284

Mailing Address (if different from physical address): PO Box 51580

City: Phoenix State: AZ Zip: 85076-1580

Telephone: (855) 873-8739 Toll Free # (NAC 639.708, NRS 639.23286): (855) 873-8739

Fax: (888) 783-1773 Contact Email: customerservice@birdirx.com

Website: www.birdirx.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Sandra Barbosa ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21868 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Sandra Barbosa	NV Pharmacist Registration #: 21868
Name: Morris Austin	NV Pharmacist Registration #: 21773
Name: Jason Frederick	NV Pharmacist Registration #: 21769
Name: Matthew Conner	NV Pharmacist Registration #: 16141
Name: Beau Labez-Tapang	NV Pharmacist Registration #: 21770
Name: Ashley Stevenson	NV Pharmacist Registration #: 21771
Name: Alycia Justen	NV Pharmacist Registration #: 22692
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): MI Equity Holdings, LLC

Corporation/Organization Name: Birdi, Inc.

Mailing Address: 888 Prospect St., Ste. 340

City: La Jolla State: CA Zip: 92037

Telephone: 248-380-2111 Email: info@birdirx.com

Contact Person Name: Amy Delano

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Birdi, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Aaron Roberts

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/18/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Aaron Roberts hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Birdi, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.



Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 18 day of November, 2022

See Attached CA Jurat

Notary Public

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Diego

Subscribed and sworn to (or affirmed) before me on this 18 (Date) day of November (Month), 2022 (Year), by

(1) Aaron Roberts

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

M. S. COOPER
Notary Public - California
San Diego County
Commission # 2373271
My Comm. Expires Sep 27, 2025

Place Notary Seal and/or Stamp Above

Signature M. S. Cooper
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

©2019 National Notary Association

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Sandra Barbosa Pharmacist Registration #: 21868

Pharmacy Name: Birdi, Inc.

Initial each statement below to indicate you have read and agree with the following:

X I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

X I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

X I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

X I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

X I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted) Date 11/17/22

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Aaron Roberts

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/18/2022
Date

Board Use Only	Date Received: 11-23-22	Amount: 500.00 CK - 892222

Birdi, Inc. - Officers/Owner

Name	Title
James Gollaher	Chief Financial Officer and Secretary
Aaron Roberts	President and Treasurer
Birdi, Inc.	Owner

MedImpact Direct, LLC State Actions

The following is a list of historical regulatory actions related to MedImpact Direct, LLC ("MedImpact Direct"). All matters have been resolved and no further actions have occurred.

HAWAII - 2019

MedImpact Direct, LLC reported to the Hawaii Board of Pharmacy disciplinary action taken by the State of Maine regarding notification of change in Pharmacist in Charge (PIC) for Maine pharmacy permit #MO40001701. The Hawaii Board of Pharmacy requested the Regulated Industries Complaint Office (RICO) investigate the reported disciplinary action. The State of Hawaii issued MedImpact Direct, LLC pharmacy permit #PMP-1014 with a Settlement Agreement on February 26, 2018, RICO Case No. PHA 2019-5-L, which imposed disciplinary action and an administrative fine of $500 based on Hawaii Revised Statutes §436B-19(13). Hawaii Revised Statute §436B-19(13) allows the Hawaii Board of Pharmacy to impose reciprocal disciplinary action based on other state orders and addresses disciplinary actions by other state and federal agencies. On March 22, 2019, MedImpact Direct, LLC submitted to Hawaii the signed Settlement Agreement and remitted the imposed fine. On April 24, 2019, MedImpact Direct, LLC received a letter from the Hawaii Special Deputy Attorney General stating the Hawaii Board of Pharmacy approved the Settlement Agreement. The State of Hawaii closed the case on May 30, 2019.

MedImpact Direct, LLC has renewed its Hawaii pharmacy permit annually as required and no further actions have been taken by the Hawaii Board of Pharmacy.

MAINE - 2018

MedImpact Direct, LLC submitted a notification of change in Pharmacist in Charge (PIC) for Maine pharmacy permit #MO40001701 by email to pharmacy.lic@maine.gov on April 18, 2016 prior to the effective date of April 29, 2016. MedImpact Direct, LLC then followed up on the email submission by submitting the change of PIC on the document titled *State of Maine, Company Application, Maine Board of Pharmacy, Change of Pharmacist in Charge for a Mail Order Pharmacy* on September 2, 2016. However, the State of Maine issued MedImpact Direct, LLC permit with a Notice of Administrative Complaint on February 26, 2018, complaint #2018 PHA 13815, which contained a Consent Agreement that imposed a warning and a civil penalty of $1,500 for violation of State of Maine Board Rules, chapter 11, Section 3, upon a change of Pharmacist in Charge, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change. On April 5, 2018, MedImpact Direct, LLC submitted to Maine the signed Consent Agreement and remitted the imposed civil penalty, which resulted in Maine closing the complaint file on April 25, 2018.

MedImpact Direct, LLC has renewed its Maine pharmacy permit annually as required and no further actions have been taken by the Maine Board of Pharmacy.

Name/Title: _____ Date: _____

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIRDI, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIRDI, INC." WAS INCORPORATED ON THE NINTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4538652 8300

SR# 20223843696

Authentication: 204688258

Date: 10-24-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 12/16/2020 for MedImpact Direct LLC

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :
Y005608

Business Name :
MedImpact Direct LLC

Address :
8060 S Kyrene

Zip :
85284

City :
Tempe

State :
AZ

Phone :
(855) 873-8739

Fax :
(888) 783-1773

Email :
Licensing@medimpactdirect.com

Inspection Date :
12/16/2020

PIC :
James Labella

Pic License Exp Date :
10/31/2022

DEA # :
FM4422868

DEA # Exp. date :
01/31/2023

Inspection Reviewed With :
PIC

Reviewers License# :
S012150

Inspection type :
Routine

Inspection Conducted By :
Steve Haiber

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
14400	210	68.57142857142857

PERMITS

1	Arizona posted	◉S ○N/I ○V ○N/A	ARS § 32-1933(A); R4-23-606(A)
2	DEA posted	◉S ○N/I ○V ○N/A	ARS § 36-2522(A)(2); 21 CFR 1301.35(c)
3	Suppliers non dispensing pharmacy	○S ○N/I ○V ◉N/A	ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

LICENSES

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Pharmacists	◉S ○N/I ○V ○N/A	ARS § 32-1925(A); R4-23-201(A)
2	Interns / Graduate interns none	○S ○N/I ○V ◉N/A	ARS § 32-1923(B); R4-23-301(G)
3	Technicians / Trainees	◉S ○N/I ○V ○N/A	ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)
4	Current renewal licenses maintained maintained w/in 3 ring binder	◉S ○N/I ○V ○N/A	ARS § 32-1933(B)

PHARMACY

1	Drug storage and security no drug product(s) dispensed from the pharmacy / activities performed include profiling, order entry, DUR , doctor call, corrections, billing and prior aut horizations. pharmacist available via phone to answer patient or prescriber questions	◉S ○N/I ○V ○N/A	R4-23-609(G)(H)
2	Personnel and security procedures only pharmacist access to pharmacy when closed / keyed hardlocks engaged when pharmacy closed / electronic (RFID badge) scan to enter pharmacy w hen open	◉S ○N/I ○V ○N/A	R4-23-610
3	Facilities	◉S ○N/I ○V ○N/A	R4-23-611(A)
4	Drug supply non dispensing pharmacy	○S ○N/I ○V ◉N/A	R4-23-611(B)
5	Quarantine expired drugs non dispensing pharmacy	○S ○N/I ○V ◉N/A	R4-23-611(B)(4)
6	Equipment non dispensing pharmacy	○S ○N/I ○V ◉N/A	R4-23-612

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7	Policies and procedures available on line	◉S ○N/I ○V ○N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program documentation available	◉S ○N/I ○V ○N/A	R4-23-1105(B)(D)
2	Training program - compounds pharmacy does not perform compounding activity	○S ○N/I ○V ◉N/A	R4-23-1105(C)
3	Activities - trainees none	○S ○N/I ○V ◉N/A	R4-23-1104(A)
4	Activities - technicians all staff currently deployed remotely / safeguards in place to ensure technicians perform within practice scope	◉S ○N/I ○V ○N/A	R4-23-1104(A)(B)
5	Policies and procedures on line	◉S ○N/I ○V ○N/A	R4-23-1104(F)(G)

COUNSELING

1	Documentation maintained w/in patient profile	◉S ○N/I ○V ○N/A	R4-23-402(G)(H)
2	Oral consultation pharmacist available via phone (toll free number)	◉S ○N/I ○V ○N/A	R4-23-402(C)(D)(E)
3	Written information non dispensing pharmacy / patient information w/b supplied along with mailed order by dispensing pharmacy	○S ○N/I ○V ◉N/A	R4-23-402(C)(I)

PRESCRIPTION AUDIT

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Prescription files (3) file system	◉S ○N/I ○V ○N/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
2	Prescription label non dispensing pharmacy	○S ○N/I ○V ◉N/A	ARS § 32-1968(D); ARS § 36-2525(L)
3	CII prescriptions imaged w/in shared AMS system / hardcopies maintained at dispensing pharmacy	◉S ○N/I ○V ○N/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)
4	CIII - CV prescriptions imaged w/in shared AMS system / hardcopies maintained at dispensing pharmacy	◉S ○N/I ○V ○N/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	◉S ○N/I ○V ○N/A	ARS § 32-1968; R4-23-407(A)
6	Transfers none observed	○S ○N/I ○V ◉N/A	R4-23-407(D)
7	Telephone maintained w/in imaging system	◉S ○N/I ○V ○N/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)
8	Refill authorizations	○S ○N/I ○V ◉N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile none observed	○S ○N/I ○V ◉N/A	R4-23-407(E)
10	Electronically transmitted majority of Rx's received via e-format / maintained w/in pharmacy system	◉S ○N/I ○V ○N/A	R4-23-407(F); R4-23-408(H)
11	Patient information maintained w/in AMS system patient profile	◉S ○N/I ○V ○N/A	R4-23-402(A)(3)(4)

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12	Allergies / medical conditions maintained w/in AMS system patient profile	◉S ○N/I ○V ○N/A	R4-23-402(A)(3)(b)
13	Brand / generic	◉S ○N/I ○V ○N/A	ARS § 32-1963.01
14	Foreign prescriptions not filled	○S ○N/I ○V ◉N/A	ARS § 32-1969
15	Prescription blank advertising prohibited	◉S ○N/I ○V ○N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers imaging system utilized / CO conducted visual inspect		

COMPUTER REQUIREMENTS

1	Security AMS system utilized for front end processing of prescription order	◉S ○N/I ○V ○N/A	R4-23-408(F)
2	Log books / printout individual daily signature log used	◉S ○N/I ○V ○N/A	R4-23-408(C)(4)
3	Reports available upon request	◉S ○N/I ○V ○N/A	R4-23-408(B)(5)(6)
4	Policies and procedures on line	◉S ○N/I ○V ○N/A	R4-23-408(A)

IMMUNIZATIONS

1	Certification pharmacy does not perform this activity	○S ○N/I ○V ◉N/A	ARS § 32-1974(D)(K); R4-23-411(A)

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2	Recordkeeping	○S ○N/I ○V ◉N/A	ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements	○S ○N/I ○V ◉N/A	ARS § 32-1974(F); R4-23-411(F)(2)
4	Current certificate maintained	○S ○N/I ○V ◉N/A	R4-23-411(C)(2)
5	Administration without a prescription	○S ○N/I ○V ◉N/A	ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	○S ○N/I ○V ◉N/A	ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification non dispensing pharmacy	○S ○N/I ○V ◉N/A	R4-23-615(A)(1)
2	Paper / electronic log	○S ○N/I ○V ◉N/A	R4-23-615(A)(2)(3)
3	Training	○S ○N/I ○V ◉N/A	R4-23-615(C)(1)(D)
4	Maintenance	○S ○N/I ○V ◉N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing	○S ○N/I ○V ◉N/A	R4-23-615(C)(3)(D)
6	Return by approval only	○S ○N/I ○V ◉N/A	R4-23-615(B)(G)
7	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

1	Training non dispensing pharmacy	○S ○N/I ○V ◉N/A	R4-23-616(A)(1)(B)
2	Maintenance	○S ○N/I ○V ◉N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing	○S ○N/I ○V ◉N/A	R4-23-616(A)(3)(B)

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4	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CIIs purchase / sale / disposal no C2 drug stocked or dispensed	○S ○N/I ○V ◉N/A	ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)
2	CIII - CVs purchase / sale / disposal no C3-5 drug stocked or dispensed	○S ○N/I ○V ◉N/A	ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)
3	Inventory 5/01/2020 annual CS (zero) inventory - available	◉S ○N/I ○V ○N/A	ARS § 36-2523(B); R4-23-1003
4	Audit not performed	○S ○N/I ○V ◉N/A	ARS § 36-2523
5	DEA 106 Theft/Loss reporting none	○S ○N/I ○V ◉N/A	R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

1	Badges - name / title worn	◉S ○N/I ○V ○N/A	R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)
2	Sales of drugs to practitioners non dispensing pharmacy	○S ○N/I ○V ◉N/A	ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)
3	Schedule V register non dispensing pharmacy	○S ○N/I ○V ◉N/A	ARS § 36-2525(J)

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4	Delivery non dispensing pharmacy	○S ○N/I ○V ◉N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures CQI program / quarterly meeting held / feedback w/ retraining	◉S ○N/I ○V ○N/A	ARS § 32-1973; R4-23-620
6	Non-controlled substances purchase / sale / disposal non dispensing pharmacy	○S ○N/I ○V ◉N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions non dispensing pharmacy	○S ○N/I ○V ◉N/A	ARS 32-1978
8	Federal medication guides non dispensing pharmacy	○S ○N/I ○V ◉N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany) non dispensing pharmacy	○S ○N/I ○V ◉N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

1	Storage non dispensing pharmacy	○S ○N/I ○V ◉N/A	ARS § 32-1977(B)
2	Documentation	○S ○N/I ○V ◉N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	○S ○N/I ○V ◉N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit pharmacy performs shared services with Novixus in Michigan (Y007081) and Humana in Ohio (Y005022)	◉S ○N/I ○V ○N/A	R4-23-621(A)

2	Same owner / written contract / common electronic file	○S ◉N/I ○V ○N/A	R4-23-621(B)
	shared electronic file / written contract(s) for both above listed entities - not available *** management to provide copy of shared services contract(s) t o compliance officer Haiber by 12/24/2020 ***		
3	Notification to patients	◉S ○N/I ○V ○N/A	R4-23-621(C)
	provided within initial "welcome packet" to new patients / also provided via PHI compliance notice		
4	Maintain manual / electronic records	◉S ○N/I ○V ○N/A	R4-23-621(D)
	AMS / e-post system / electronic records		
5	Work outside pharmacy	○S ◉N/I ○V ○N/A	R4-23-621(F)
	majority of front end staff currently deployed at home *** permit holder reminded to provide a quarterly listing of all staff working outside the pharmac y to compliance officer Hess. Include employee name, license number and address ***		
6	Policies and procedures	◉S ○N/I ○V ○N/A	R4-23-621(E)
	on line		

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	○S ○N/I ○V ◉N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
	non compounding pharmacy		
2	Patient label	○S ○N/I ○V ◉N/A	R4-23-410(I)(4)
3	Beyond-use dates	○S ○N/I ○V ◉N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment	○S ○N/I ○V ◉N/A	R4-23-410(F)(G)
5	Product produced in excess	○S ○N/I ○V ◉N/A	R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	○S ○N/I ○V ◉N/A	R4-23-410(I)(6)
7	Compounds for medical practitioners	○S ○N/I ○V ◉N/A	R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)

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8	Patient written list	○S ○N/I ○V ◉N/A	R4-23-410(I)(5)
9	Protective apparel	○S ○N/I ○V ◉N/A	R4-23-410(C)(2)(c)
10	Facility	○S ○N/I ○V ◉N/A	R4-23-410(E)
11	Components for compounding/storage	○S ○N/I ○V ◉N/A	R4-23-410(B)(H)
12	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area non compounding pharmacy	○S ○N/I ○V ◉N/A	R4-23-670(A)(E)(F)
2	Equipment	○S ○N/I ○V ◉N/A	R4-23-670(B)
3	Sterile product reference	○S ○N/I ○V ◉N/A	R4-23-670(B)(6)
4	Certification hood / environment	○S ○N/I ○V ◉N/A	R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	○S ○N/I ○V ◉N/A	R4-23-670(D)(14)(g)
6	Personnel protective clothing	○S ○N/I ○V ◉N/A	R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	○S ○N/I ○V ◉N/A	R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	○S ○N/I ○V ◉N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
9	Beyond-use dates	○S ○N/I ○V ◉N/A	R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing	○S ○N/I ○V ◉N/A	R4-23-670(D)(14)(f)
11	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-670(C)(D)

AUDIT

Date Of Inventory : 05/01/2020

Inventory Taken : Open

Date Of Audit : 12/16/2020

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
no controlled drug stocked or dispensed								

NOTES

Overall Inspection Rating - satisfactory

Items management will send to compliance officer Haiber

*** Copy of shared services contracts between Medimpact and Novixus and Medipact and Humana by 12/24/2020 ***

Items management will send to compliance officer Hess

*** Quarterly listing of all staff working outside the pharmacy. Include employee name, license number and address ***

PHARMACY: MedImpact Direct **DATE:** 12/16/2020

PHARMACIST	LICENSE #	EXPIRATION DATE
See attached		

INTERN	LICENSE #	EXPIRATION DATE
None		

TECHNICIAN	LICENSE #	EXPIRATION DATE
See attached		

TRAINEE	LICENSE #	EXPIRATION DATE
None		

AZ Licensed Pharmacy Staff

Title	Last Name	First Name	State License	Exp Date
RPH	AUSTIN	MORRIS	S016190	10/31/2022
RPH	STEVENSON	ASHLEY	S018640	10/31/2022
RPH	LYONS	JACK	S009734	10/31/2022
RPH	FREDRICK	JASON	S018631	10/31/2021
RPH	HALL	LAUREN	S018725	10/31/2021
RPH	LABEZ-TAPANG	BEAU	S019463	10/31/2021
RPH	LABELLA	JIM	S012150 PIC	10/31/2022
TECHNICIAN	ALBERTS	ALISHA	T031630	10/31/2022
TECHNICIAN	ANCICH	GINA	T001542	10/31/2022
TECHNICIAN	BAILEY-MOLNER	JAKE	T041418	10/31/2022
TECHNICIAN	BRILL	AMANDA	T056266	10/31/2022
TECHNICIAN	DELFINER	GREGG	T015610	10/31/2022
TECHNICIAN	ERVIN	PATTY	T004366	10/31/2022
TECHNICIAN	MOORE	KATRINA	T018892 Pharm Mgr	10/31/2022
TECHNICIAN	SARAGOSA	BRENDA	T041238	10/31/2022
TECHNICIAN	STEELMAN	MAGGIE	T065048	10/31/2022
TECHNICIAN	WILLIAMS	RHONDA	T030278	10/31/2022
TECHNICIAN	DAHLEY	SIOBHAN	T005220	10/31/2022
TECHNICIAN	AMARO	VICTOR	T025401	10/31/2021
TECHNICIAN	FUZY	JOSH	T061786	10/31/2021
TECHNICIAN	JOHNSON	ROY	T049515	10/31/2021
TECHNICIAN	NEW	CHRIS	T038105	10/31/2021
TECHNICIAN	PATTON	GAIL	T038375	10/31/2021
TECHNICIAN	WILLIS	CYNTHIA	T036501	10/31/2021
TECHNICIAN	GONZALEZ	MARIA	T034123	10/31/2021
TECHNICIAN	JONES	LINDSEY	T070768	10/31/2023
TECHNICIAN	PHAM	TUSTIN	T070015	10/31/2021

Arizona State Board of Pharmacy
1616 W. Adams, Suite 120, Phoenix, AZ 85007
www.azpharmacy.gov Voice (602) 771-2727 Fax (602) 771-2749
NOTICE OF INSPECTION RIGHTS - PREMISES SUBJECT TO INSPECTION

DATE: 12/16/2020

Y005608

COMPLIANCE OFFICER (INSPECTOR): STEVE HARBER

ACCOMPANIED BY: _____

MediImpact Direct, LLC
8060 S. Kyrene
Tempe, AZ 85284

Re: RCI

1. This inspection is conducted under the authority of Arizona Revised Statutes (A.R.S.) § 32-1904(A).
2. The purpose of the inspection is to determine compliance with A.R.S. Title 32, Chapter 18, A.R.S. Title 36, Chapter 27 and Arizona Administrative Code (A.A.C.) Chapter 23, Title 4.
3. Fees for the inspection are: Not Applicable ✓ Authorized by _____ as follows: _____
4. An authorized representative of this facility may accompany the inspector(s) during the inspection of the premises except during any confidential interview.
5. You have the right to receive copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.
6. Each person interviewed during the inspection shall be informed that statements made by the person may be included in the report.
7. Each person whose conversation is tape recorded during the inspection will be informed that the conversation is being recorded.
8. If you have any questions regarding this inspection, you may contact: STEVE HARBER 623.207.3572
9. You have the right to appeal a final decision of the Board if any administrative order is issued or other enforcement action is taken based on the results of this inspection. Administrative hearing rights are found in A.R.S. § 41-1092 et seq., and rights relating to appeal of a final agency decision are found in A.R. S. § 12-901 et seq..
10. If you have any questions regarding your right to appeal an enforcement action taken by the Board based on this inspection, you may contact: ~~Cheryl Frush~~ JENNIFER KEDNALONG, Deputy Director at (602) 771-2735 or the Office of Ombudsman-Citizens Aide at 3737 N. 7th St., Suite 209, Phoenix, AZ 85014 (602) 277-7292 (email: ombuds@azoca.gov).

Upon entry onto the premises for this inspection, the Board inspector(s) identified above presented photo identification indicating that they are Board employees and reviewed with me the above Notice of Inspection Rights. I have read the disclosures above and am notified of my inspection and due process rights as listed above. I understand that while I have the right to decline to sign this form, the Board representatives may nevertheless proceed with the inspection.

Signature of Authorized Representative X James LaBella

Title of Authorized Representative Director of Pharmacy / PIC

Date: 12/16/2020

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/21/2022
Receipt
Number: 2022141980
Receipt Amount $: 480.00

Pharmacy - Limited Service

Mail Order

PERMIT NO
Y005608

EXPIRES
10/31/2024

Issued to :

MedImpact Direct LLC
MedImpact Direct LLC
8060 S KYRENE
TEMPE, AZ 85284

MedImpact Direct LLC
8060 S KYRENE
TEMPE, AZ 85284

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : MedImpact Direct LLC
LICENSE NUMBER : Y005608
EXPIRES : 10/31/2024

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260,
Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	MedImpact Direct LLC
Address :	8060 S Kyrene Tempe AZ 85284
License No :	Y005608
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	02/20/2013
Expiration Date :	10/31/2024
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi





1:6 421/656

MEDIMPACT DIRECT, LLC
PO BOX 51580
PHOENIX, AZ 85076-1580





10002782.2/003067-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM4422868	01-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	12-10-2019

MEDIMPACT DIRECT, LLC
8060 S KYRENE RD
TEMPE, AZ 85284-2109

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM4422868	01-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	12-10-2019

MEDIMPACT DIRECT, LLC
8060 S KYRENE RD
TEMPE, AZ 85284-2109

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Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Birdi, Inc.

Pharmacy/Wholesaler License # (if applicable): PH03299 - pending CHOW

Physical Address: 8060 S. Kyrene Rd.

City: Tempe State: AZ Zip: 85284

Mailing Address (if different from physical address): PO Box 51580

City: Phoenix State: AZ Zip: 85076-1580

Telephone: (855) 873-8739 Website: www.birdirx.com

Licensing Company Email: customerservice@birdirx.com

Section 2: Personal Information

First: Sandra Middle: Garcia Last: Barbosa

Alias(es, nicknames, name changes, etc.): Sandra Garcia

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: PO Box [redacted] Phoenix AZ

City: Phoenix State: AZ Zip: 85076-1580

Telephone: [redacted] Email: sbarbosa@medimpactdirect.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Western University of Health Sciences		08/01 - 05/05	
Address	**City**	**State**	**Zip**
309 E 2nd St	Pomona	CA	91766
Diploma/Degree obtained, if any			
PharmD.			
School Name		From - To (MM/YY – MM/YY)	
California State University Los Angeles		09/99 - 02/01	
Address	City	State	Zip
5151 State University Drive	Los Angeles	CA	90032
Diploma/Degree obtained, if any			
N/A			
School Name		From - To (MM/YY – MM/YY)	
California State University Fullerton		08/98 - 04/99	
Address	City	State	Zip
800 N State College Blvd	Fullerton	CA	92831
Diploma/Degree obtained, if any			
N/A			
School Name		From - To (MM/YY – MM/YY)	
Pasadena City College		08/92-08/98	
Address	City	State	Zip
1570 E Colorado Blvd	Pasadena	CA	91106
Diploma/Degree obtained, if any			
N/A			
School Name		From - To (MM/YY – MM/YY	
Mark Keppel High School		09/89 - 05/90	
Address	City	State	Zip
501 E Hellman Ave	Alhambra	CA	91801
Diploma/Degree obtained, if any			
High School Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/19 - Present	[redacted]West Iris Drive	Chandler	AZ	85248
From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/18 - 08/18	[redacted]E Sunrise Place	Chandler	AZ	85286
From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/06 - 07/18	[redacted]S Hollenbeck Ave	Covina	CA	91723
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
MedImpact Direct, LLC			06/21-Present
Business Address	**City**	**State**	**Zip**
8060 S Kyrene Ave	Tempe	AZ	85284
Phone	**Title**		**Number of Employed Hours**
619-980-8731	Principal, Pharmacy Distribution Services		2,560
Description of Duties			
Oversight of all aspects of front end pharmacy operations / Pharmacist in Charge			

Business Name			From - To (MM/YY – MM/YY)
Diplomat Specialty Pharmacy			07/18 - 06/21
Business Address	**City**	**State**	**Zip**
485 N Juniper Dr	Chandler	AZ	85226
Phone	**Title**		**Number of Employed Hours**
(602) 366-4700	Associate Director, Pharmacy		6,080
Description of Duties			
Oversight of all aspects of back end pharmacy operations / Pharmacist in Charge			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Sandra Barbosa, **certify that as the designated representative for**

Birdi, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SGB I am at least 21 years of age;
3. SGB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SGB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SGB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SGB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SGB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Sandra G. Barbosa

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/17/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sandra Barbosa

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/17/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Sandra G. Barbosa, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/17/2022

Date

Subscribed and Sworn to before me this 17 day of November 2022.

Notary Public Signature

BRENDA FOURIE
Notary Public - Arizona
Maricopa County
Commission # 624209
My Comm. Expires Apr 15, 2026

(Seal)

4III

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-State	■ Ownership Change*	☐ Hospital (# beds _____)	☐ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	■ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH 04378		■ Other: Veterinary Only.

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Covetrus North America, LLC

Physical Address: 14800 FAA Blvd., Ste. 150

City: Fort Worth State: TX Zip: 76155

Mailing Address (if different from physical address): Same as Physical Address.

City: _____ State: _____ Zip: _____

Telephone: 833-339-5428 & 833-339-5427 Toll Free # (NAC 639.708, NRS 639.23286): 833-339-5428 & 833-339-54

Fax: 800-270-8040 Contact Email: CGPM-RxLicensing@covetrus.com

Website: www.covetrus.com

Nevada Business License # (if applicable) NV20051127174

Supervising/Managing Pharmacist Name (NRS 639.220): Onyeoma Joan Uyanwune ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21239 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Onyeoma Joan Uyanwune	NV Pharmacist Registration #: 21239
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): W.A. Butler Company

Corporation/Organization Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North

City: Dublin State: OH Zip: 43017

Telephone: 855-724-3461 Email: CGPM-RXLicesing@covetrus.com

Contact Person Name: Matthew Malenfant

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist In Charge (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Onyeoma Joan Uyanwune

Print Name of Authorized Person

Ony Uyanwune

Original signature of Authorized Person (copies or stamps not accepted)

08.30.2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Onyeoma Joan Uyanwune hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Ony Uyanwune
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 30th day of August, 2022

Notary Public Enrique Padron

ENRIQUE PADRON
Notary Public, State of Texas
Comm. Expires 12-21-2025
Notary ID 133499597

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Onyeoma Joan Uyanwune Pharmacist Registration #: 21239

Pharmacy Name: Covetrus North America, LLC

Initial each statement below to indicate you have read and agree with the following:

O.J.U I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

O.J.U I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

O.J.U I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

O.J.U I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

O.J.U I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ony Uyanwune
Original signature of Managing Pharmacist (copies or stamps not accepted)

08-30-2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner-
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded -** The top 4 shareholder/stockholders. b. **For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Onyeoma Joan Uyanwune

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Ony Uyanwune

Original signature of Authorized Person (copies or stamps not accepted)

08.30.2022

Date

Board Use Only	Date Received: 9.7.22	Amount: 500.00 CC

covetrus

Please note, this Pharmacy has never been disciplined by any state or federal regulatory agency. However, the owner, Covetrus North America, LLC, has been disciplined as described below. We are disclosing the actions listed out of an abundance of caution.

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabethtown, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

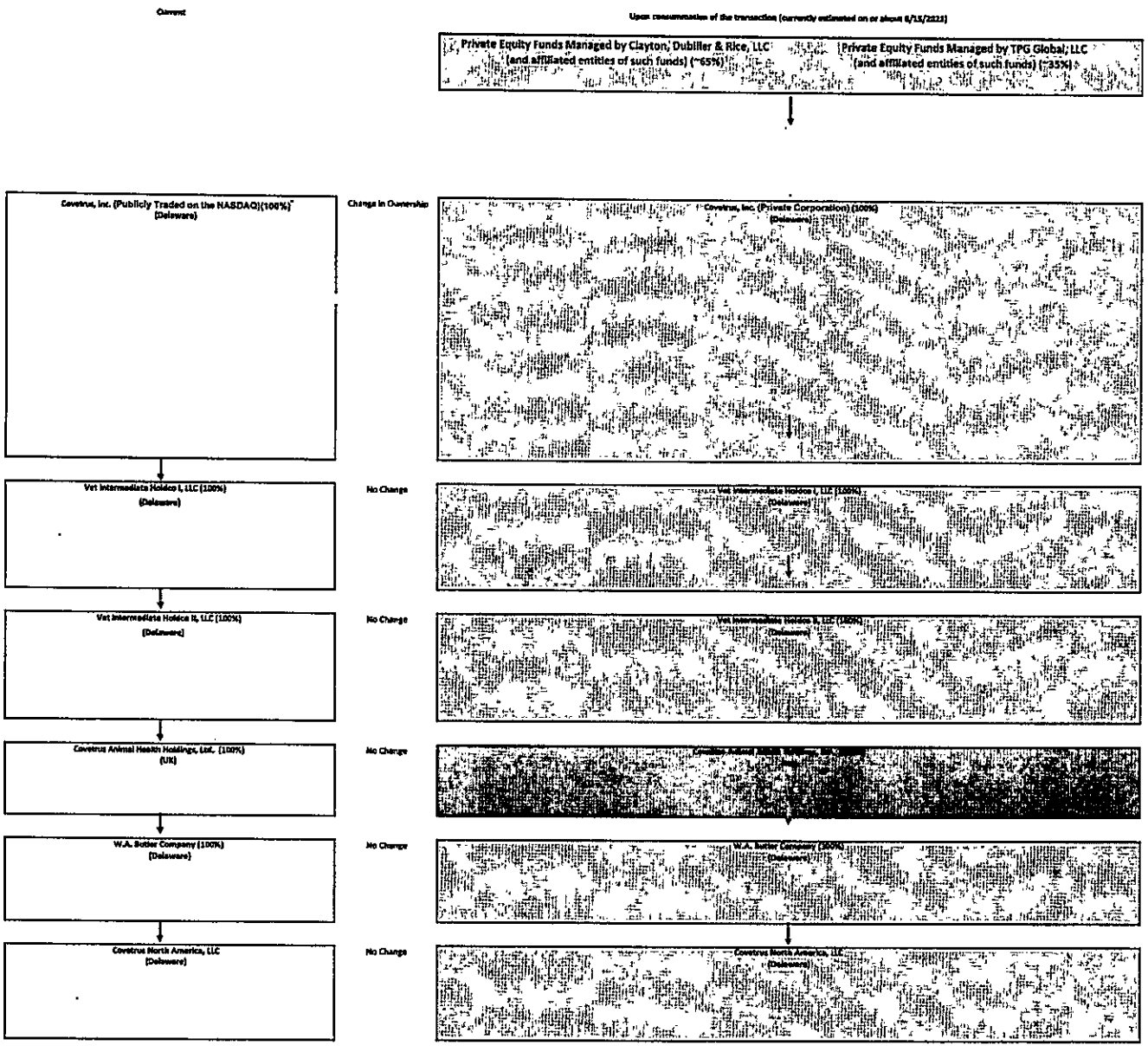
• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	Administrative Complaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

Covetrus North America, LLC Business Organizational Structure



* Currently, private equity funds managed by Clayton, Dubilier & Rice, LLC (and affiliated entities of such funds) own approximately 24.2% of the outstanding shares of Covetrus, Inc.'s common stock and will continue as indirect owners of Covetrus, Inc. following the consummation of the transaction.

** Note that in preparation of the consummation of the transaction, a number of holding company entities are expected to be formed as direct or indirect parent entities of Corgi Bidco, Inc. (and which are not shown on this organizational structure chart).
***FEIN of all entities listed will remain the same.

covetrus

Covetrus North America, LLC
List of Officers

Victor Thomas Forte IV
Title: President
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Lee Wise
Title: CFO & Treasurer
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Tamika Simmons
Title: Secretary
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Philip Mario Lombardi
Title: VP of Operations & Logistics
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE ST STE 3 500
AUSTIN TX 78701

COVETRUS NORTH AMERICA LLC
14800 FAA BLVD STE 150
FORT WORTH TX 76155



This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **34259** Expiration Date: **4/30/2024**

Balances: **0**

COVETRUS NORTH AMERICA LLC
14800 FAA BLVD STE 150
FORT WORTH TX 76155

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 34259

COVETRUS NORTH AMERICA LLC

License Information

License Status Active
License # 34259
Expiration Date 04/30/2024
Date License Issued 04/22/2022

Address

14800 FAA BLVD STE 150
FORT WORTH, TX 76155
County TARRANT
Phone (833) 339-5428

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Multi
# of Hospital beds

Employment Information

Pharmacist in Charge
UYANWUNE, ONYEOMA JOAN

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No

Translating services (Listed Below If Available)

Spanish

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 3223562 34259 COVETRUSNORTHAMERICALLC 2022-06 06-2027.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	Yes
In-Patient Medication Orders	No
Out-Patient Surgery	No

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20223386933

Authentication: 204271148

Date: 08-29-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC1523237	08-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4,5	RETAIL PHARMACY	05-23-2022

COVETRUS NORTH AMERICA, LLC
14800 FAA BLVD., STE. 150
FORT WORTH, TX 76155

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC1523237	08-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4,5	RETAIL PHARMACY	05-23-2022

COVETRUS NORTH AMERICA, LLC
14800 FAA BLVD., STE. 150
FORT WORTH, TX 76155

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
BELLO, KHAFILAT	66298	01/23/2020	09/30/2023	Staff	Active
HAYMON, MARK ANDREW	40711	06/06/2002	10/31/2022	Relief	Active
NELSON, CHRISTOPHER BENJAMIN	50429	08/12/2011	04/30/2024	Staff	Active
NGHE, CAROLYN	62167	02/08/2018	01/31/2024	Staff	Active
NGUYEN, JOLLIN THANH	55192	07/31/2014	03/31/2024	Relief	Active
OQUENDO FIGUEROA, ABIGAIL	64625	05/30/2019	08/31/2023	Relief	Active
OSIFO, IYAYI M	60290	03/23/2017	03/31/2023	Relief	Active
UYANWUNE, ONYEOMA JOAN	57573	10/01/2015	12/31/2023	PIC	Active

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Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
MANN, TEQUILA	315817	12/22/2020	12/31/2022	Staff	Active
NGUYEN, TAI	207489	04/19/2012	04/30/2024	Staff	Active
RODRIGUEZ, CEFERINA	337619	03/22/2022	03/31/2024	Staff	Active
SANJUAN, GADDIEL ALEXIS	340865	06/21/2022	06/30/2024	Staff	Active
VALTIERRA, DIANA LIZETH	249306	10/28/2015	12/31/2022	Staff	Active

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Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 | 20 | No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
COVETRUS NORTH AMERICA LLC	OWNER	,			
LOMBARDI, PHILLIP MARIO	OFFICER	,			
WISE, LEE JACKSON	OFFICER	,			
FORTE IV, VICTOR THOMAS	OFFICER	,			

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The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

Texas State Board of Pharmacy

333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *COVETRUS PHARMACY SERVICES LLC* License Number: *33446*
Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Licensee Request*
Date: *07/26/2021* Arrival Time: *9:00 AM* Departure Time: *10:30 AM*
Action Taken: *Inspection*

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Sotisfactory*
01. Licenses not posted	*Satisfactory*
09. Delinquent licenses/certifications	*Satisfactory*
62. Aiding and abetting	*Not Inspected*
65. Improper registration procedures	*Satisfactory*
79. Nametags	*Satisfactory*

Comment — Due Date for Completed Correction: *08/25/2021*

Closed door pharmacy.

Inventory Records

15. No PIC inventory	*Satisfactory*
17. Incomplete inventory	*Satisfactory*
59. Improper drug destruction	*Satisfactory*
68. No change of ownership inventory	*Satisfactory*
69. No annual inventory	*Satisfactory*

Comment — Due Date for Completed Correction: *08/25/2021*

Opening inventory was conducted 10/13/20: Zero controlled substance.
Last controlled substance inventory was conducted 5/20/2021

COVETRUS PHARMACY SERVICES LLC 33446

Notifications

31. Closed Phcy/Change of owner improper	*Satisfactory*
34. Notification Violation	*Satisfactory*
76. No PIC	*Satisfactory*

Environment/Equipment/Security

02. Insufficient Equipment	*Satisfactory*
03. Orderly/Clean	*Satisfactory*
04. Balance Failed	*Not Applicable*
05. Equipment Inspection	*Satisfactory*
07. Improper security	*Satisfactory*
08. Environment	*Satisfactory*
47. Out of date/mislabeled drug stock	*Satisfactory*
48. Improper drug storage	*Satisfactory*
66. Grey Market diversion/Samples	*Satisfactory*
78. Counseling area	*Satisfactory*
90. No complaint notification	*Satisfactory*

Controlled Substances

10. Rxs not separated	*Not Applicable*
19. Rx lacks proper information	*Not Applicable*
24. Theft/Loss not reported	*Not Applicable*
26. CII Rx Noncompliance	*Not Applicable*
30. Invoices not dated/initialed	*Not Applicable*
33. Rx records not in numerical order	*Satisfactory*
35. Invoices not separated	*Not Applicable*
40. Non emergency CII Rx	*Not Applicable*
44. Refill CIII-V over 5x/6mo	*Not Applicable*
46. Improper distribution	*Nat Applicable*
50. Out of state verbal Rx for C/S	*Not Applicable*
53. Illegal possession of C/S	*Satisfactory*

COVETRUS PHARMACY SERVICES LLC 33446

Controlled Substances *(continued)*

57. Corresponding Responsibility	*Satisfactory*

Labeling/Prepackaging

32. Rx label is incorrect	*Satisfactory*
45. Improper dispensing/labeling	*Satisfactory*
54. Improper prepackaging procedures	*Satisfactory*

Library

06. Inadequate Library	*Satisfactory*

Training

60. Improper documentation of training	*Satisfactory*
61. Improper supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records not available	*Satisfactory*
21. Computer records incomplete	*Satisfactory*
22. Computer system noncompliance	*Satisfactory*
25. No documentation of refill authorization	*Satisfactory*
36. No notification of substitution	*Satisfactory*
37. Illegal dispensing	*Satisfactory*
49. Substitution noncompliance	*Satisfactory*
56. Improper transfer of Rx	*Satisfactory*
67. No written information	*Satisfactory*
80. No counseling by RPh	*Satisfactory*
82. PMR Incomplete	*Satisfactory*
83. PMR Absent	*Satisfactory*
84. No drug regimen review	*Satisfactory*
86. Absence of RPh pick up records	*Satisfactory*

Policies & Procedures

92. Improper automated dispensing procedures	*Satisfactory*

COVETRUS PHARMACY SERVICES LLC 33446

Non-Sterile Compounding

38. Area for non-sterile compounding *Not Applicable*

43. Records for non-sterile compounding *Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).

Onyeoma Joan Uyanwune

Robert Moura

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

Ony Uyanwune I am the Pharmacist-in-Charge (PIC) of *COVETRUS PHARMACY SERVICES LLC*, pharmacy license number *33446*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *07/26/2021*.

Ony Uyanwune I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

Ony Uyanwune I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF (on the attestation printout).

Ony Uyanwune If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

Ony Uyanwune I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St. Suite 3-500
Austin. Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: Ony Uyanwune Date: *07/26/2021*

Printed Name: *Onyeoma Joan Uyanwune* License No.(if applicable): *57573*

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Onyeoma Joan Uyanwune

Pharmacy/Wholesaler License # (if applicable): PH04378

Physical Address: 14800 FAA Blvd., Ste. 150

City: Fort Worth State: TX Zip: 76155

Mailing Address (if different from physical address): Same as Physical Address.

City: State: Zip:

Telephone: 833-339-5428 & 833-3- Website: www.covetrus.com

Licensing Company Email: CGPM-RxLicensing@covetrus.com

Section 2: Personal Information

First: Onyeoma Middle: Joan Last: Uyanwune

Alias(es, nick[redacted]e changes, etc.): Onyeoma Joan Adelagun, Onyeoma Omamma Obidiegwu

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] FAA Blvd., Ste. [redacted]

City: Fort Worth State: TX Zip: 76155

Telephone [redacted] Email: joan.uyanwune@covetrus.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Texas Southern University College of Pharmacy & Health Sciences		09/2011 - 05/2015	
Address	**City**	**State**	**Zip**
3100 Cleburne Street	Houston	TX	77004
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Texas Southern University		09/2004 - 12/2008	
Address	**City**	**State**	**Zip**
3100 Cleburne Street	Houston	TX	77004
Diploma/Degree obtained, if any			
Bachelor of Science in Biology			
School Name		**From - To (MM/YY – MM/YY)**	
St. Louis Girls College		08/1996 - 05/2003	
Address	**City**	**State**	**Zip**
Joseph Gomwalk Rd, 930105, Jos,Nigeria	Jos	Plateau	930105
Diploma/Degree obtained, if any			
High School Diploma Equivalent			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2020 - Present	[redacted]KINGSCOTE CT	ARLINGTON	TX	76010
03/2018 - 06/2020	[redacted] ABIGAIL DRIVE	SUGARLAND	TX	77498
09/2015 - 03/2018	[redacted] WHITTINGTON DR, APT [redacted]	HOUSTON	TX	77077
03/2013 - 09/2015	[redacted] VINEYARD FALLS DRIVE	HOUSTON	TX	77083
08/2011 - 03/2013	[redacted] LEAWOOD DRIVE, APT 202	HOUSTON	TX	77099
06/2009 - 08/2011	[redacted] NORTH BRAESWOOD, APT [redacted]	HOUSTON	TX	77096
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Covetrus North America, LLC				From - To (MM/YY – MM/YY): 10/2020- PRESENT
Business Address: 14800 FAA Blvd., Ste. 150		City: Fort Worth	State: TX	Zip: 76155
Phone: 833-339-5428;833-339-5427	Title: Pharmacist-in-Charge			Number of Employed Hours: 40 hrs per week
Description of Duties: Oversee operations and compliance of the pharmacy				

Business Name: Covetrus Texas- Remote Pharmacy				From - To (MM/YY – MM/YY): 05/2020 - 10/2020
Business Address: 14800 FAA Blvd, Suite 150		City: Fort Worth	State: TX	Zip: 76155
Phone: 877-838-7979	Title: Staff Pharmacist			Number of Employed Hours: 40 hrs per week
Description of Duties: Oversee operations and compliance of the pharmacy				

Business Name: Covetrus Texas				From - To (MM/YY – MM/YY): 09/2016 - 05/2020
Business Address: 4802 North Sam Houston Pkwy W #100		City: Houston	State: TX	Zip: 77086
Phone: 877-838-7979	Title: Staff Pharmacist			Number of Employed Hours: 40 hrs per week
Description of Duties: Supervising activities in a compounding lab				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Please see the attached summary

Ony Uyanwune

Original Signature (electronic, copies or stamps not accepted)

08.30.2022

Date

covetrus

Please note, this Pharmacy has never been disciplined by any state or federal regulatory agency. However, the owner, Covetrus North America, LLC, has been disciplined as described below. We are disclosing the actions listed out of an abundance of caution.

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabethtown, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	Administrative Complaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

I, Onyeoma Joan Uyanwune, **certify that as the designated representative for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. O.J.U I am at least 21 years of age;
3. O.J.U I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. O.J.U I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. O.J.U I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. O.J.U I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. O.J.U I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Onyeoma Joan Uyanwune

Print Name (First, Last)

Ony Uyanwune

Original Signature (electronic, copies or stamps not accepted)

08.30.2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Onyeoma Joan Uyanwune

Print Name (First, Last)

Ony Uyanwune — 08.30.2022

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, ONYEOMA JOAN UYANWUNE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ony Uyanwune — 08.30.2022

Original Signature — **Date**

Subscribed and Sworn to before me this 30th day of August 2022.

Notary Public Signature

ENRIQUE PADRON
Notary Public, State of Texas
Comm. Expires 12-21-2025
Notary ID 133499597

(Seal)

400 North Metro Place
Dublin, OH 43017
Covetrus.com

covetrus

September 1, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy., Ste 206
Reno, NV 89521

RE: Indirect Change in Ownership- Covetrus North America, LLC – Fort Worth, TX License Number PH04378
To Whom It May Concern:

This letter is to notify your agency of a pending transaction involving Covetrus North America, LLC (the "Company"), the holder of the above referenced permit.

It is currently anticipated that on or about September 30, 2022, a change at the entity five levels above the Company will take place. **Importantly, the Company as the entity that owns and operates the facility, and its member entity (parent) will not change.** There will be no change in the Company's federal tax identification number, name, or location. There is no anticipated change in officers.

Covetrus (NASDAQ: CVET) has entered into a definitive agreement pursuant to which funds affiliated with Clayton, Dubilier & Rice ("CD&R"), a global private investment firm, and TPG Capital, the private equity platform of global alternative asset management firm TPG ("TPG"), will acquire all outstanding shares of Covetrus common stock not already owned by affiliates of CD&R.

We are submitting a non-resident pharmacy application and supporting documents in advance of the anticipated closing date.

If any additional information is required, please do not hesitate to contact us at CGPM-RxLicensing@covetrus.com.

Sincerely,

Summer Roper

Summer Roper, CPhT.
summer.roper@covetrus.com

Enclosures

4JJJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-State	■ Ownership Change*	☐ Hospital (# beds _____)	☐ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	■ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH 04095		■ Other: Veterinary Only.

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Covetrus North America, LLC

Physical Address: 12 Mountfort Street, Unit 2

City: Portland State: ME Zip: 04101

Mailing Address (if different from physical address): Same as Physical Address.

City: _____ State: _____ Zip: _____

Telephone: 855-838-3282 Toll Free # (NAC 639.708, NRS 639.23286): 855-838-3282

Fax: 800-270-8040 Contact Email: CGPM-RxLicensing@covetrus.com

Website: www.covetrus.com

Nevada Business License # (if applicable) NV20051127174

Supervising/Managing Pharmacist Name (NRS 639.220): Greg O'Grady ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21580 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Greg O'Grady	NV Pharmacist Registration #: 21580
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): W.A. Butler Company

Corporation/Organization Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North

City: Dublin State: OH Zip: 43017

Telephone: 855-724-3461 Email: CGPM-RXLicesing@covetrus.com

Contact Person Name: Matthew Malenfant

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist In Charge (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Greg O'Grady

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

8-30-2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Greg O'Grady hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 30 day of August, 2022

Notary Public

Wolfgang A. Boegel
NOTARY PUBLIC
State of Maine
My Commission Expires May 5, 2029

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Greg O'Grady Pharmacist Registration #: 21580

Pharmacy Name: Covetrus North America, LLC

Initial each statement below to indicate you have read and agree with the following:

GO I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

GO I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

GO I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

GO I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

GO I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	✓	

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:
Agreed Settlement	Nebraska	6/14/2006	72-604115

Criminal Action:	State:	Date:	Case #:	County:	Court:
N/A					

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

8-30-2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative Form http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• Personal History Record Application http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. For Non-publicly traded - The top 4 shareholder/stockholders. b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest. c. For Sole Owner - The owner.		✓	✓	✓
• Sterile Compounding Questionnaire must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
• License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NR5 639.2238(2)(g)	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)	✓	✓	✓	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Greg O'Grady

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8-30-2022

Date

Board Use Only	Date Received: 9-7-22	Amount: 500.00 CC

covetrus

Please note, this Pharmacy has never been disciplined by any state or federal regulatory agency. However, the owner, Covetrus North America, LLC, has been disciplined as described below. We are disclosing the actions listed out of an abundance of caution.

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

[redacted]

I

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabethtown, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

[redacted]

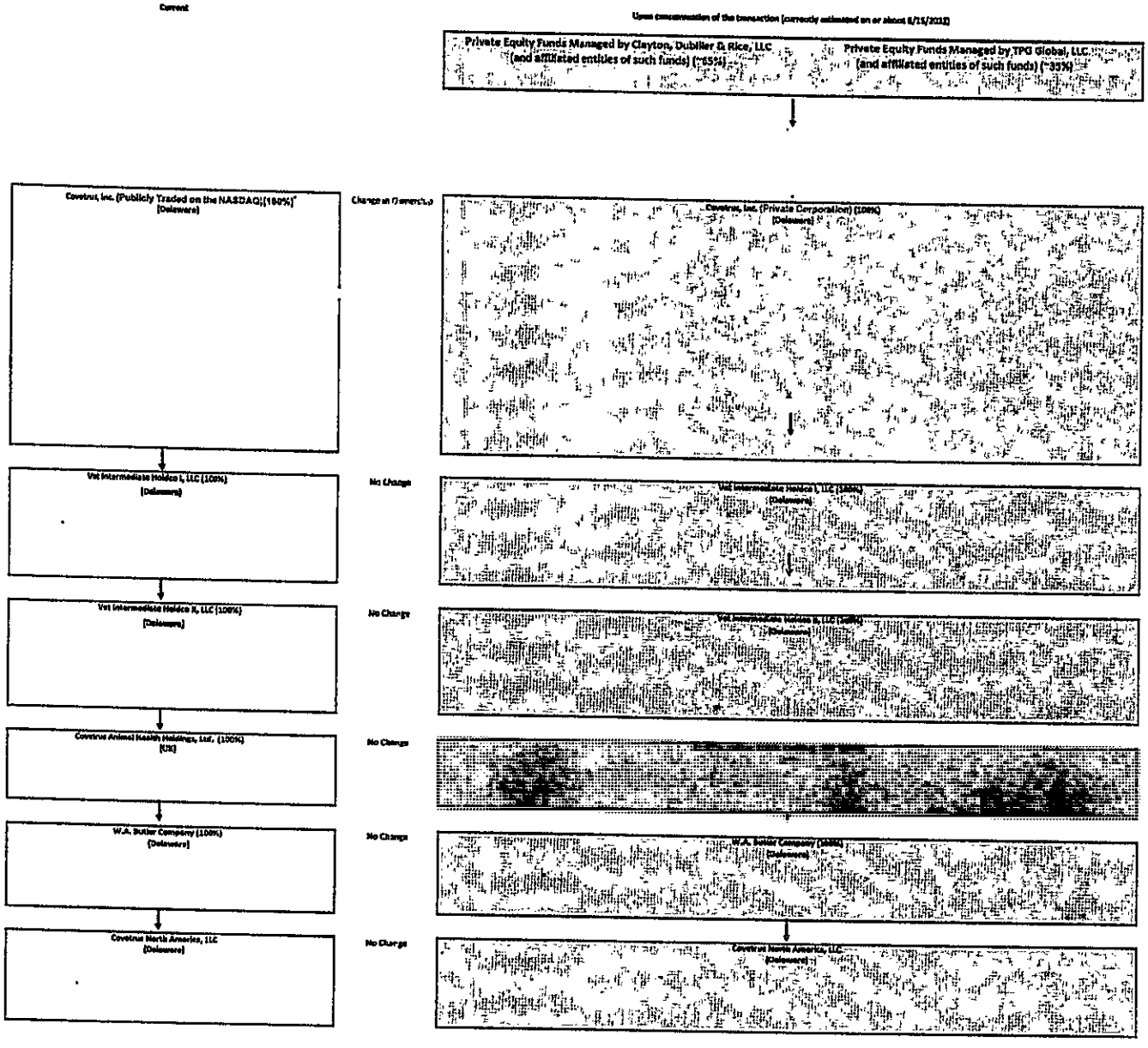
• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

Covetrus North America, LLC Business Organizational Structure



* Currently, private equity funds managed by Clayton, Dubilier & Rice, LLC (and affiliated entities of such funds) own approximately 34.1% of the outstanding shares of Covetrus, Inc.'s common stock and will continue as indirect owners of Covetrus, Inc. following the consummation of the transaction.

** Note that in preparation of the consummation of the transaction, a number of holding company entities are expected to be formed as direct or indirect parent entities of Corgi Bidco, Inc. (and which are not shown on this organizational structure chart).

*** FEIN of all entities listed will remain the same.

covetrus

Covetrus North America, LLC
List of Officers

Victor Thomas Forte IV
Title: President
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Lee Wise
Title: CFO & Treasurer
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Tamika Simmons
Title: Secretary
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Philip Mario Lombardi
Title: VP of Operations & Logistics
Business Address: 400 Metro Place North, Dublin, OH 43017
Interest: 0%

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20223386933

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204271148

Date: 08-29-22

State of Maine

DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY

License Number PH50001716

Be it known that

COVETRUS NORTH AMERICA LLC

has qualified as required by Title 32 MRS Chapter 117 and is licensed as:

PHARMACY

Located at: 12 MOUNTFORT ST UNIT 2
PORTLAND
Pharmacist in charge GREG MARTIN O'GRADY
holding license #PIC68968

ISSUE DATE
January 6, 2022

EXPIRATION DATE
December 31, 2022

Detach

STATE OF MAINE

License Number PH50001716
COVETRUS NORTH AMERICA LLC
PHARMACY

ISSUED 01/06/2022 EXPIRES 12/31/2022

STATE OF MAINE

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC1103681	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	01-16-2022

COVETRUS NORTH AMERICA, LLC
12 MOUNTFORT ST UNIT 2
PORTLAND, ME 041014307

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC1103681	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	01-16-2022

COVETRUS NORTH AMERICA, LLC
12 MOUNTFORT ST UNIT 2
PORTLAND, ME 041014307

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Regulatory Licensing & Permitting

DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY

COVETRUS NORTH AMERICA LLC

PHARMACY

License Number: PH50001716
Status: Active
Expiration Date: 12/31/2022

Street Location: 12 MOUNTFORT ST UNIT 2
PORTLAND, ME 04101-4307
Mailing: 12 MOUNTFORT ST UNIT 2
PORTLAND, ME 04101-4307
Phone: +1 (855) 838-3282
Fax: +1 (800) 270-8040

History

License Type	Start Date	End Date
PHARMACY	01/06/2022	12/31/2022

Employee (17 records) hide

Name	Issue Date	License Number
JARED SAMUEL BOROWIK	01/07/2022	PR45901
AMANDA A. CLARK	01/07/2022	PR46839
ELIZABETH G. CLARK	06/07/2022	PR46176
DEBRA L. DEMELO	01/07/2022	PR4664
SHANNA FITZPATRICK	01/07/2022	PR5116
BRANDI MICHELLE GERVAIS	07/14/2022	PR69978
IAN D. GREENSTEIN	01/07/2022	PR69014
RIANA A. LINCOLN	01/07/2022	PR70634
STEPHEN J. LUCIANO	08/01/2022	PR46240
SHAUNA MYLES	01/20/2022	PR5832
GREG MARTIN O'GRADY	01/07/2022	PR68580
JENNIFER ANN O'GRADY	01/07/2022	PR47096
SARA E. PARKER	01/07/2022	PR5212
JUSTIN WILLIAM RICHARDS	01/07/2022	PR69502
JOHN A. RICHARDSON III	02/10/2022	PR27934
KATHRYN K. SEITZ	07/23/2022	PR5895
REBECCA M. VARNEY	02/08/2022	PR5928

Technician (18 records) hide

Name	Issue Date	License Number
DANIEL C. BOUFFARD	01/07/2022	PT60016687
ASHLEY DAWN BURDICK	03/09/2022	PT60017011

Name	Issue Date	License Number
GARY MARTIN CHAMBERS SR	03/29/2022	PT60017061
MARY L. CZENKUSCH	01/07/2022	PT60013050
CORINNE CONNOR DUARTE	08/01/2022	PT60012264
GARTH PATRICK EBNER	01/07/2022	PT60010568
DAVID W. FROST	07/05/2022	PT60010780
ROBERT CHARLES GEBHARDT	05/09/2022	PT60014832
LISA M. GRANT	01/07/2022	PT60007717
MARGARET GRACE HOUSTON	03/23/2022	PT60017043
HILARY JEAN LALANCETTE	08/01/2022	PT60010513
REGINA P. LANGLEY-WHITE	01/07/2022	PT60015394
HOLLIE R. MALONEY	07/05/2022	PT60011692
LITICHIA ANNE MCKINLEY	07/19/2022	PT60016676
JOSEPH P. MURPHY JR	06/03/2022	PT60001230
ANDREW P. RICHARDSON	04/21/2022	PT60017110
MARIE ASHTIN ROSS	07/14/2022	PT60014466
JENNIFER NICOLE WILES	03/02/2022	PT60016986

Responsible Individual (1 record) hide

Name	License Number
GREG MARTIN O'GRADY	PIC68988

Contacts (5 records) hide

Type	Contact
Designated Corporate Officer	THOMAS FORTE 400 METRO PL N DUBLIN, OH 43017-3378
Corporate Officer	MARIO LOMBARDI 400 METRO PL N DUBLIN, OH 43017-3378
Shareholder	W.A. BUTLER COMPANY 12 MOUNTFORT ST UNIT 2 PORTLAND, ME 04101-4307 Phone: +1 (855) 838-3282
Registered Agent	CORPORATION SERVICE COMPANY 45 MEMORIAL CIR AUGUSTA, ME 04330-6400 Phone: +1 (800) 927-9800
Corporate Officer	LEE WISE 400 METRO PL N DUBLIN, OH 43017-3378

License/Disciplinary Action

None.

Hours of Operation (1 record) hide

Description

Description
PHARMACY SUNDAY: closed MONDAY: 0830-1630 TUESDAY: 0830-1630 WEDNESDAY: 0830-1630 THURSDAY: 0830-1630 FRIDAY: 0830-1630 SATURDAY: 0900-1100

GENERAL INFORMATION

Inspections (1 record) hide

Date	Type	Status	Inspector Name	License Number
01/26/2022	PERIODIC	PASSED		

The Office of Professional and Occupational Regulation is providing information about this licensee as a public service. The information on this page is a secure, primary source for license verification. The information on this page is maintained by Office staff and is updated immediately upon a change to our licensing database. The information may not show a complete history. Licensing history prior to January 1, 2000 is unavailable online.

If you need further information, contact us directly.

Date: 08/27/2022 12:28:26 PM

PH 50001716

PHARMACY	Courtesy North America
ADDRESS	12 Montfort St
CITY	Portland
COUNTY	Cumberland ZIP CODE 04101
PHARMACY TEL #	
PHARMACY FAX #	
EMAIL	
LAST INSPECTED	

Maine Department of Professional and Financial Regulation
Office of Licensing and Registration
Board of Pharmacy
35 State House Station, Augusta, ME 04333
(207) 624-8603

PHARMACY INSPECTION REPORT

DATE 1-26-2022 INSPECTOR T. Rice
TIME IN: 12:09 TIME OUT: 12:40

INSPECTION PURPOSE:
- ☐ NEW
- ☐ NEW/PRELIMINARY
- ☐ PERIODIC
- ☐ REINSPECTION/FOLLOWUP
- ☑ OWNER CHANGE
- ☐ LOCATION CHANGE

DEA # FC 1783681 Exp Date

Greg O'Grady — PHARMACIST IN CHARGE — Check if PIC present at time of inspection ☐ If not present — PIC 68588 — LIC # — 12 31 22 — Exp.

PHARMACIST ON DUTY — LIC # — Exp.

Type of facility

☐ Retail Chain ☐ Retail Independent ☐ Nuclear Pharmacy ☐ Long Term Care Pharmacy ☐ Opiate Treatment Program/Center
☐ Automated Dispensing ☐ Central Fill Pharmacy ☐ Central Fill Processing ☐ Hospital ☐ Free Clinic ☐ Rural Health Center

	YES	NO	
1.	☑	☐	Pharmacy license posted visibly and valid
2.	☐	☐	Pharmacist licenses posted and valid
3.	☐	☐	Pharmacy Technician licenses posted and valid
4.	☐	☐	Observation at point of arrival for inspection – pharmacy technician were under appropriate supervision & ratio compliance. # _____
5.	☑	☐	PIC Name displayed on license matches PIC identified at time of this inspection
6.	☐	☐	PIC meets minimum 30 hours /week or 40% of hours Rx is open
		☐	Are there any waivers issued to this pharmacy, if yes identify below.
7.	☐	☑	PIC is authorized for more than one location. List other site(s) below.
8.	☐	☐	Hours of operation are [illegible] hours per week of operation
		☐	Are there any waivers issued to this pharmacy, if yes identify below:
9.	☐	☐	Pharmacy hours prominently posted in public area N/P
10.	☑	☐	Prescription filling area meets minimum 200 sq ft
		☐	Are there any waivers issued to this pharmacy, if yes identify below.
11.	☑	☐	Have there been any alteration of the prescription filling area since the last inspection. If yes, explain in comment section. Under Construction
12.	☑	☐	Heat – adequate and operational
13.	☑	☐	Lighting – appropriate for practice
14.	☑	☐	Water supply – adequate hot & cold and safe
		☐	Public ☐ Private, last tested _____
15.	☑	☐	Plumbing appears to be functioning properly
16.	☑	☐	Electrical appears to be functioning properly
17.	☑	☐	Sink – clean and sanitary
18.	☑	☐	Pharmacy – overall cleanliness and free from harmful debris
19.	☑	☐	☐ N/A Restroom – clean / operational / proper supply soap & paper towels
20.	☐	☐	☐ N/A Drive Thru Pharmacy – safe and secure
21.	☑	☐	Refrigerator for drug storage – clean and operating, no food products
22.	☑	☐	Safety cap containers
23.	☑	☐	Appropriate Rx labels
24.	☐	☐	Rx balance ☐ Electronic ☐ Manual
25.	☑	☐	Spatula, non-metal (1) – clean
26.	☑	☐	Spatula, metal (2) – clean
27.	☑	☐	Mortar and pestle (2) – clean
28.	☑	☐	Graduates assorted (4) – clean
29.	☐	☐	Alarm system (C.13(6)(5)) separate and independent from other systems

	YES	NO	
30.	☑	☐	Security barrier (C.13(6)(4))
			☐ extends from floor to ceiling ☐ extends from counter to ceiling
			☑ operational locking system ☐ key ☐ combination ☐ activation code
31.	☐	☐	Security camera (C.13(6)(6)) functioning, critical areas monitored, retention of images
			☐ Facility conforms to 6/30/2010 requirements
			☐ Facility DOES NOT yet conform to the 6/30/2010 requirements
32.	☑	☐	Professional reference library, including drug interactions
			Type of format: ☐ hardcopy ☑ computer/Internet ☐ CD
33.	☑	☐	Maine Pharmacy Law and Rules at site
			Type of format: ☐ hardcopy ☑ computer/Internet ☐ CD
34.	☑	☐	Pharmacy Technician Training Program
			Type of format: ☐ hardcopy ☐ computer/Internet ☐ CD
35.	☐	☐	CII perpetual inventory of all receipts & dispensals, accurate inventory quantities of each CII drug on hand. Book organized and legible N/A
36.	☐	☐	CII emergency prescriptions. Monitored in timely manner. N/A
37.	☑	☐	Pharmacy able to produce records for immediate past 12-months (C.24(5))
38.	☐	☐	DEA 222 forms ☐ (manual) Paper Forms ☐ S-222 order system N/A
39.	☐	☐	☐ N/A Power of Attorney; current, valid and up-to-date file: N/A
40.	☑	☐	Prescription information complete
41.	☑	☐	Prescriptions readily retrievable
42.	☑	☐	Random audit conducted (random check each aisle)
43.	☑	☐	Stock – all drugs on shelves within expiration date
44.	☐	☐	CII Stock ☐ Dispersed ☐ camera monitored N/A
			☐ Locked Safe, appropriate & independently alarmed
45.	☐	☐	Biennial inventory date N/A
46.	☐	☐	Biennial inventory completed – Date completed _____
47.	☐	☑	IVs Compounded
48.	☐	☐	N/A ... Biological safety cabinet for prep of low to moderate risk agents.
49.	☐	☐	N/A ... Class 1000 Room Class 1000 Room Expiration Date
50.	☐	☐	N/A ... Class 100 Hood Class 100 Hood Expiration Date
51.	☑	☐	Waiting prescription access, secure, confidentiality observed
52.	☐	☐	Has this pharmacy filed a Form 106 in past 12 months? If yes, N/A
			date filed _____ Copy requested for inspection purposes
53.	☐	☐	Schedule V Controlled Substances (C. 22) exempt narcotic log or record of disposition appropriately maintained N/A
54.	☐	☐	Obra log - Patient counseling (C.25) refusal(s) and intervention(s) properly documented ☑ Electronic or ☐ Paper Signature recording N/A
55.	☐	☐	Patient counseling (C.25) separate private area provided N/A
			☐ separate room ☐ away from flow ☐ close to flow

PH 20221119

List of pharmacists employed by this pharmacy

1. Pharmacist Name	Pharmacist Lic No	Exp Date	6. Pharmacist Name	Pharmacist Lic No	Exp Date
Jared Samuel Delcurto	PR45464	12 31 22	Brian Lincoln	PR 70684	12 31 22
2. Pharmacist Name	Pharmacist Lic No	Exp Date	7. Pharmacist Name	Pharmacist Lic No	Exp Date
Amanda Clark	PR46835	12 31 22	Shane Myles	PR 5832	12 31 22
3. Pharmacist Name	Pharmacist Lic No	Exp Date	8. Pharmacist Name	Pharmacist Lic No	Exp Date
Debra Demelo	PR 9664	12 31 22	Greg Austin Gerdy	PR685588	12 31 22
4. Pharmacist Name	Pharmacist Lic No	Exp Date	9. Pharmacist Name	Pharmacist Lic No	Exp Date
Shane Fitzpatrick	PR5116	12 31 22	Jennifer Ann OGrady	PR 47076	12 31 22
5. Pharmacist Name	Pharmacist Lic No	Exp Date	10. Pharmacist Name	Pharmacist Lic No	Exp Date
Ian Greenstein	PR 64014	12 31 22	Sean Parker	PR 5212	12 31 22

List of pharmacy technicians employed by this pharmacy

1. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other	Daniel Bouchard	PT6 - 00 16627	12 31 22
2. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other	Mary Czerkusch	PT6 - 00 13050	12 31 22
3. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other	Garth Patrick Eldred	PT6 - 00 10568	12 31 22
4. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other	Danielle Graham	PT6 - 00 16722	12 31 22
5. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other	Lisa Geul	PT6 - 00 07717	12 31 22
6. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other	Regina Langley White	PT6 - 00 15394	12 31 22
7. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other	Brandi Dugin	PT6 - 00 16233	12 31 22
8. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other		PT6 -	
9. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other		PT6 -	
10. Check All That Apply	Pharmacy Technician Name	License Number	Expiration Date
☐ On duty ☐ Registered Technician ☐ Intern ☐ QPA ☐ Cashier ☐ Advanced ☐ Other		PT6 -	

INSPECTION COMMENTS

Justin William Bicknell PR 64510 12 31 22

No Controlled on site

No Suboxone Pick Up

YES NO

☑ ☐ Inspection results reviewed with PIC or POD – Signature _____ Date 1.26.2022

☐ ☑ Insufficiencies noted w/correction order? Compliance Date _____

☐ ☐ Citation issued for this inspection? Citation # _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Greg O'Grady

Pharmacy/Wholesaler License # (if applicable): PH04095

Physical Address: 12 Mountfort Street, Unit 2

City: Portland State: ME Zip: 04101

Mailing Address (if different from physical address): Same as Physical Address.

City: State: Zip:

Telephone: 855-838-3282 Website: www.covetrus.com

Licensing Company Email: CGPM-RxLicensing@covetrus.com

Section 2: Personal Information

First: Greg Middle: Last: O'Grady

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Mountfort Street, Unit[redacted]

City: Portland State: ME Zip: 04101

Telephone: [redacted] Email: greg.ogrady@covetrus.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Iowa College of Pharmacy		8/1989 to 5/1995	
Address	**City**	**State**	**Zip**
180 S Grand Ave	Iowa City	IA	52242
Diploma/Degree obtained, if any			
BS Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
St Albert Catholic High School		8/1986 to 5/1989	
Address	**City**	**State**	**Zip**
400 Gleason Ave	Council Bluffs	IA	51503
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/2019 to present	[redacted]Wainwright Dr	Cape Elizabeth	ME	04107
8/2018 to 8/2019	[redacted]Sea View Ave	Cape Elizabeth	ME	04107
5/2017 to 8/2018	[redacted]S 177th St	Omaha	NE	68135
10/2000 to 5/2017	[redacted]S 158th St	Omaha	NE	68135
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			8/2018 to present
Business Address	**City**	**State**	**Zip**
12 Mountfort St	Portland	ME	04101
Phone	**Title**		**Number of Employed Hours**
207-274-6035	Pharmacist in Charge		40 hr/week since 2018
Description of Duties			
Responsible for hiring, production, human resources, scheduling, ordering, security, and licensing. All aspects of pharmacy operations.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached chart of historic previously disclosed discipline

Original Signature (electronic, copies or stamps not accepted)

8-30-2022
Date

March 10, 2019

In 2006, I agreed to a settlement finding me in violation of the Nebraska Pharmacy Practice Act for failure to conduct an adequate DUR on a refill prescription for Lamictal, which is unprofessional conduct and grounds for discipline.

I have attached the official State of Nebraska documents.

Greg O'Grady

Pharmacist in Charge

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE
STATE OF NEBRASKA

STATE OF NEBRASKA ex rel.,
JON BRUNING, Attorney General,

Plaintiff,

v.

GREG O'GRADY, R.P.,

Defendant.

72 - 604115

CREDENTIALING DIVISION

ORDER
ON AGREED SETTLEMENT

JUL 11 2006
RECEIVED

A PROPOSED AGREED SETTLEMENT was filed with the Department on June 16, 2006.

ORDER

1. The Agreed Settlement is adopted, attached hereto and incorporated by reference.
2. The facts as set out in the petition are taken as true and adopted herein.
3. The parties shall comply with all of the terms of the Agreed Settlement.

DATED this 6 day of July, 2006.

HEALTH AND HUMAN SERVICES SYSTEM STATE OF SEAL NEBRASKA EST. JAN. 1, 1997

Joann Schaefer, M.D., Chief Medical Officer
Director, HHS Regulation and Licensure

CERTIFICATE OF SERVICE

COMES NOW the undersigned and certifies that on the 7th day of July, 2006 a copy of the foregoing **ORDER ON AGREED SETTLEMENT** was sent by certified United States mail, postage prepaid, return receipt requested to John M. French, PETERS LAW FIRM P.C., 233 Pearl Street, P.O. Box 1078, Council Bluffs IA 51502-1078 and by interagency mail to Lisa K. Anderson, Assistant Attorney General, 2115 State Capitol, Lincoln, Nebraska.

BY: Helen D. Doolan

Jo Seefeld
HHS R & L Administrative Services
P.O. Box 95007
Lincoln NE 68509-5007
(402) 471-0384

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE
STATE OF NEBRASKA

FILED
JUN 16
HHS REGULATION AND LICENSURE

STATE OF NEBRASKA ex rel. JON BRUNING, Attorney General,

Plaintiff,

v.

GREG M. O'GRADY, R.P.,

Defendant.

AGREED SETTLEMENT

CREDENTIALING DIVISION
JUL 11 2006
RECEIVED

The Plaintiff and the Defendant, Greg M. O'Grady, R.P., in consideration of mutual covenants and agreements contained herein, agree as follows:

1. The Defendant, Greg M. O'Grady, R.P., was issued a license (#11561) by the State of Nebraska Department of Health and Human Services Regulation and Licensure ("Department") to practice pharmacy in the State of Nebraska.

2. The Defendant acknowledges receipt of a copy of the Petition for Disciplinary Action and waives the need for further service of the Petition upon him.

3. Before disciplinary measures may be taken against the Defendant's license, the Defendant is entitled to a hearing as provided by law. The Defendant waives the right to a hearing. The Defendant also waives any right to judicial review of a disciplinary order which approves the terms of this Agreed Settlement.

4. No coercion, threats or promises, other than those stated herein, were made to the Defendant to induce him to enter into this Agreed Settlement.

5. The Defendant acknowledges that he is not licensed to practice pharmacy in any states other than Iowa and Nebraska.

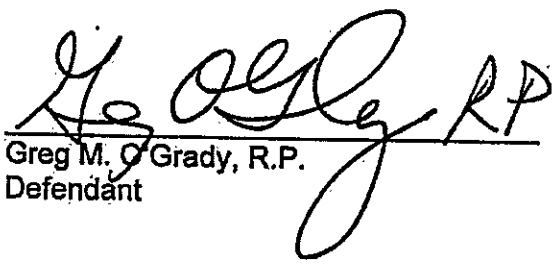
6. The Defendant acknowledges that he has read the Petition for Disciplinary Action filed by the Attorney General's Office and admits the allegations of the Petition.

7. The Plaintiff and the Defendant consent to the entry of a final disciplinary order by the Director which finds the allegations in the Petition for Disciplinary Action are true and orders the Defendant to complete the University of Florida College of Pharmacy Basic Error Prevention Techniques twelve (12) hour continuing education course within six (6) months from the date the Director signs the Order on Agreed Settlement. The twelve (12) hours of continuing education shall not apply to the required thirty (30) hours of continuing education biennially. The Defendant shall provide proof of completion to the Department as directed. In the event the Defendant fails to complete the course within the six (6) month time period, the Director may summarily suspend the Defendant's license, which suspension shall remain in effect until verification of course completion is received by the Department.

8. The Attorney General's Office has given notice of this Agreed Settlement to the Board of Pharmacy and has received their input in accordance with Neb. Rev. Stat. § 71-161.03.

9. If this Agreed Settlement is not approved by the Director, this Agreed Settlement shall become null and void and will not be admissible for any purpose at any hearing that may be held on this matter.

AGREED TO:

BY: 

Greg M. O'Grady, R.P.
Defendant

State of ~~Nebraska~~ IOWA)
) ss.
County of POTTAWATTAMIE)

This Agreed Settlement is acknowledged before me by Greg M. O'Grady, R.P., on this 14th day of June, 2006.

KATHY MARK
COMMISSION NO. 707344
MY COMMISSION EXPIRES
12/14/06

Kathy Mark
Notary Public
My Commission Expires:

THE STATE OF NEBRASKA ex rel.
JON BRUNING, Attorney General
Plaintiff,

BY: JON BRUNING, #20351
Attorney General

BY: Lisa K. Anderson
Lisa K. Anderson, #21845
Assistant Attorney General
2115 State Capitol
Lincoln, NE 68509

Attorneys for Plaintiff

APPROVED AS TO FORM:

BY: John M. French
John M. French
Peters Law Firm, P.C.
233 Pearl Street
P.O. Box 1078
Council Bluffs, IA 51502-1078

55-731a.2-14

FILED
APR 25 2006
HHS REGULATION AND LICENSURE

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE
STATE OF NEBRASKA

STATE OF NEBRASKA ex rel. JON BRUNING, Attorney General,

Plaintiff,

v.

GREG M. O'GRADY, R.P.,

Defendant.

AMENDED PETITION FOR DISCIPLINARY ACTION

72 08445

CREDENTIALING DIVISION
APR 26 2006
RECEIVED

The Plaintiff alleges as follows:

1. Jurisdiction is based on Neb. Rev. Stat. § 71-150.

2. At all times relevant herein, the Defendant, Greg M. O'Grady, R.P., has been the holder of a license (#11561) issued by the Nebraska Department of Health and Human Services Regulation and Licensure ("Department") to practice as a pharmacist in the State of Nebraska.

3. The Department is the agency in the State of Nebraska authorized to enforce the provisions of the Uniform Licensing Law regulating the practice of pharmacy.

4. The Nebraska Board of Pharmacy considered the investigation of this matter and made a disciplinary recommendation to the Attorney General, which recommendation has been considered. Such matters are privileged pursuant to Neb. Rev. Stat. §§ 71-168.01(7) and 71-168.01(8).

5. At all times relevant herein, the Defendant was employed as a pharmacist by W. Pharmacy in Omaha, Nebraska.

6. On or about January 23, 2005, W. Pharmacy dispensed a prescription for Lamictal to M.W. The prescription was supposed to direct the patient to take one (1) tablet at bedtime. An intern typed the label incorrectly and the verifying pharmacist dispensed the prescription with directions to take one (1) tablet four (4) times daily.

7. On or about May 28, 2005, the Defendant verified and dispensed a refill prescription for the Lamictal to M.W. again with the wrong directions to take one (1) tablet four (4) times daily.

8. The Defendant told a Department investigator that he did not compare the directions on the refill with the original prescription.

9. Neb. Rev. Stat. § 71-147(10) provides that a professional license may be disciplined for unprofessional conduct.

10. Neb. Rev. Stat. § 71-148(22) defines unprofessional conduct as "such other acts as may be defined in rules and regulations adopted and promulgated by the board of examiners in the profession of the...licensee...."

11. Title 172 NAC 128-003.04(10) states that it is unprofessional conduct to violate any provision of the Pharmacy Practice Act.

12. The Pharmacy Practice Act, in Neb. Rev. Stat. § 71-1,147.35 requires a pharmacist to conduct a drug utilization review, including a review of incorrect doseage or duration of drug treatment, prior to dispensing a drug pursuant to a medical order.

13. The Defendant's failure to conduct an adequate drug utilization review prior to dispensing the refill prescription for Lamictal to M.W. is unprofessional conduct and grounds for discipline.

PRAYER FOR RELIEF

WHEREFORE, the Plaintiff prays that the Director set this matter for hearing, order appropriate disciplinary action pursuant to Neb. Rev. Stat. § 71-155 and tax the costs of this action to the Defendant.

STATE OF NEBRASKA, ex rel. JON BRUNING, Attorney General,
Plaintiff,

BY: JON BRUNING, #20351
Attorney General

BY: Lisa K. Anderson, #21845
Assistant Attorney General
2115 State Capitol
Lincoln, NE 68509-8920
(402) 471-4593

Attorneys for the Plaintiff.

CERTIFICATE OF SERVICE

COMES NOW the undersigned and certifies that on the 24th day of April, 2006, a copy of the foregoing **AMENDED PETITION FOR DISCIPLINARY ACTION** was sent by first-class, postage prepaid United States mail to Attorney for the Defendant, John M. French, Peters Law Firm, P.C. 233 Pearl Street, P.O. Box 1078, Council Bluffs, IA 51502-1078.

Lisa K. Anderson, #21845

65-731.1-14



Please note, this Pharmacy has never been disciplined by any state or federal regulatory agency. However, the owner, Covetrus North America, LLC, has been disciplined as described below. We are disclosing the actions listed out of an abundance of caution.

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

Board Actions Related to Respondent, Its Parent and Subsidiaries
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.
• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabethtown, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

[redacted]

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Ellzabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

[redacted]

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	Administrative Complaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCB permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

I, Greg O'Grady, **certify that as the designated representative for**

Covetrus North America, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Greg O'Grady
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-30-2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Greg O'Grady

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-30-2022

Date

Please have this section completed in the presence of a Notary Public.

State of Maine, ss. County of Cumberland

I, Greg O'Grady, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8-30-2022

Date

Subscribed and Sworn to before me this 30 day of August.

Notary Public Signature

Wolfgang A. Boegel
NOTARY PUBLIC
State of Maine
My Commission Expires May 5, 2028

(Seal)

400 North Metro Place
Dublin, OH 43017
Covetrus.com

covetrus

September 1, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy., Ste 206
Reno, NV 89521

RE: Indirect Change in Ownership- Covetrus North America, LLC – Portland, ME License Number PH04095
To Whom It May Concern:

This letter is to notify your agency of a pending transaction involving Covetrus North America, LLC (the "Company"), the holder of the above referenced permit.

It is currently anticipated that on or about September 30, 2022, a change at the entity five levels above the Company will take place. **Importantly, the Company as the entity that owns and operates the facility, and its member entity (parent) will not change.** There will be no change in the Company's federal tax identification number, name, or location. There is no anticipated change in officers.

Covetrus (NASDAQ: CVET) has entered into a definitive agreement pursuant to which funds affiliated with Clayton, Dubilier & Rice ("CD&R"), a global private investment firm, and TPG Capital, the private equity platform of global alternative asset management firm TPG ("TPG"), will acquire all outstanding shares of Covetrus common stock not already owned by affiliates of CD&R.

We are submitting a non-resident pharmacy application and supporting documents in advance of the anticipated closing date.

If any additional information is required, please do not hesitate to contact us at CGPM-RxLicensing@covetrus.com.

Sincerely,

Summer Roper

Summer Roper, CPhT.
summer.roper@covetrus.com

Enclosures

4KKK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-State	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	☒ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Elevation Pharmacy LLC

Physical Address: 1212 US Highway 1, Ste A+C

City: North Palm Beach State: FL Zip: 33408

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-325-9210 Toll Free # (NAC 639.708, NRS 639.23286): 800-325-9210

Fax: 800-325-9210 Contact Email: info@elevationpharmacyrx.com

Website: www.elevationpharmacyrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Allen Anthony Jr (NV Temp 23345)

Supervising/Managing Pharmacist NV Pharmacist Registration #: N/A FL # PS 55257

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services In/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Anthony Allen	NV Pharmacist Registration #: 23345
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FL

Parent Company (if any): N/A

Corporation/Organization Name: Elevation Pharmacy LLC

Mailing Address: 1212 US Highway 1, Ste A1A

City: North Palm Beach State: FL Zip: 33408

Telephone: 800-325-9210 Email: info@elevationpharmacyrx.com

Contact Person Name: Kenneth Figueira

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for Elevation Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Kenneth Figueira

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/23/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Kenneth Figueira hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO (title) for Elevation Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 23rd day of August, 20 22

Notary Public

ALEXIA SACKA
Notary Public - State of Florida
Commission # GG 916324
My Comm. Expires Sep 24, 2023
Bonded through National Notary Assn.

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded -** The top 4 shareholder/stockholders. b. **For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner -** The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kenneth Figueira

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8/23/22

Date

Board Use Only	Date Received: 9.8.22	Amount: 500.00 ck 1053 ✓

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

INV355 - Community Pharmacy (New Business / Change of Owner)

Florida HEALTH
www.FloridaHealth.gov

File # 28463
Insp # 184714

NAME	PERMIT NUMBER	DATE OF INSPECTION
Elevation Pharmacy LLC		04/13/2022
DOING BUSINESS AS		
ELEVATION PHARMACY LLC		
STREET ADDRESS	**TELEPHONE #**	**EXT**
1212 US Highway 1 Suite A&C	561-568-7933	
CITY	**COUNTY**	**STATE/ZIP**
NORTH PALM BEACH	PALM BEACH	FL/33408

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours M-F 9-5
Monday Y	Monday Hours 9am to 5pm
Tuesday Y	Tuesday Hours 9am to 5pm
Wednesday Y	Wednesday Hours 9am to 5pm
Thursday Y	Thursday Hours 9am to 5pm
Friday Y	Friday Hours 9am to 5pm
Saturday N	Saturday Hours closed
Sunday N	Sunday Hours closed

Registered Pharmacist / Intern / Tech

License # 55257	Licensee Name Allen W Anthony, JR.
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # Pending	

License Relations

Pharmacy Affiliate

FIGEIRA, KENNETH	License #
LAURENZO, MATTHEW	License #

RX DPT MGR/COR/POR

ANTHONY, ALLEN W JR	License # 55257

INV355 - Community Pharmacy (New Business / Change of Owner)

COMMUNITY REQUIREMENTS GENERAL SECTION

Rx Department is open for a minimum of 20 hours per week and signage stating the hours the pharmacy department is open. [64B16-28.1081, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-28.1035, F.A.C]	Yes
Private Consultation Area available. [64B16-28.1035, F.A.C]	Yes
Generic equivalent sign is posted. [465.025(7), F.S]	Yes
Prescription department is clean and safe, has a sink with running water convenient to the prescription department, and references and equipment necessary for the practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy has a designated Prescription Department manager with a current and active Florida license. [465.018, F.S.] *Allen W Anthony, Jr. PS55257*	Yes

INV355 - Community Pharmacy (New Business / Change of Owner)

Insp # 184714

Elevation Pharmacy LLC

File # 28463

Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16 -27.410(2)(a) F.A.C.]	Yes
Continuous Quality Improvement Program described in Policy and Procedure manual [64B16-27.300 F.A.C.] [766.101(1)(a)(l) F.S.]	Yes
Policy and Procedure to prevent the fraudulent dispensing or controlled substances. [465.022 (4) F.S]	Yes
Prescription Department is securable from unauthorized access. [64B16-28.109 F.A.C.]	Yes
All medications to be purchased from a Florida licensed wholesaler [499-F.S.] *Plan to use McKesson*	Yes
The following rules have been reviewed with the applicant: 64B16-30.003, F.A.C. (Citations), 64B16-28.140(4) F.A.C. (Compounding Records), 64B16-28.1081, F.A.C. (Regulation of Daily Operating Hours; Commencement of Operation-s), 64B16-28.202, F.A.C (Closing of a Pharmacy)	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Remarks:

Inspection conducted by Inspector Asaro on 4/13/22 along wit Allen Anthony PDM.
Licensee bill of rights provided.
Citation program discussod.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

ASARO, JENNIFER

Date:4/13/2022

Representative:

Kenneth Figueira

Date:4/13/2022

Department of Health

ALLEN W ANTHONY JR

License Number: PS55257

Data As Of 7/28/2022

Profession	Pharmacist
License	PS55257
License Status	CLEAR/ACTIVE
Qualifications	Certified To Administer Immunizations
License Expiration Date	9/30/2023
License Original Issue Date	08/03/2016
Address of Record	715 Penn Street WEST PALM BEACH, FL 33401
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

2762

AC# 10913500

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/15/2022	PH 33914	130028

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

Expiration Date: FEBRUARY 28, 2023.
ELEVATION PHARMACY LLC
Elevation Pharmacy LLC
1212 US HIGHWAY 1
SUITE A&C
NORTH PALM BEACH, FL - 33408

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 10913500
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/15/2022	PH 33914	130028

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : FEBRUARY 28, 2023
ELEVATION PHARMACY LLC
Elevation Pharmacy LLC

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

REGISTRANT SIGNATURE

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

May 27, 2022

Elevation Pharmacy
715 Penn Street
West Palm Beach, FL 33401

RE: License Certification for Elevation Pharmacy Llc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH33914
ORIGINAL CERTIFICATION:	04/14/2022
EXPIRATION DATE:	02/28/2023
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule Ii & Iii

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Gwendolyn Bailey

Gwendolyn Bailey
Operations & Mgmt. Consultant Mgr.

2764

23/52/15

ELEVATION PHARMACY LLC
1212 US HIGHWAY 1 STE AC
NORTH PALM BEACH, FL 33408-3536

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FE1578977	08-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	06-06-2022

ELEVATION PHARMACY LLC
1212 US HIGHWAY 1 STE AC
NORTH PALM BEACH, FL 33408-3536

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FE1578977	08-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	06-06-2022

ELEVATION PHARMACY LLC
1212 US HIGHWAY 1 STE AC
NORTH PALM BEACH, FL 33408-3536

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

State of Florida
Department of State

I certify from the records of this office that ELEVATION PHARMACY LLC is a limited liability company organized under the laws of the State of Florida, filed on February 14, 2022, effective February 15, 2022.

The document number of this limited liability company is L22000072389.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022 and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eighth day of July, 2022

Secretary of State

Tracking Number: 0537898469CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Electronic Articles of Organization For Florida Limited Liability Company

L22000072389
FILED 8:00 AM
February 14, 2022
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:

ELEVATION PHARMACY LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1212 US-1
SUITE A & C
NORTH PALM BEACH, FL. 33408

The mailing address of the Limited Liability Company is:

601 HERITAGE DR
SUITE
JUPITER, FL. US 33408

Article III

The name and Florida street address of the registered agent is:

MATTHEW T LAURENZO
601 HERITAGE DR
SUITE 210
JUPITER, FL. 33458

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MATTHEW LAURENZO

L22000072389
FILED 8:00 AM
February 14, 2022
Sec. Of State
jafason

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
KENNETH A FIGUEIRA
18042 BURR OAK LN
JUPITER, FL. 33478 US

Title: MGR
MATTHEW T LAURENZO
1375 DAKOTA DR
JUPITER, FL. 33458 US

Article V

The effective date for this Limited Liability Company shall be:

02/15/2022

Signature of member or an authorized representative

Electronic Signature: KENNETH FIGUEIRA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

Elevation Pharmacy LLC

Organizational Chart

CEO Kenneth Figueira 50% owner

CFO Matthew Laurenzo 50% owner

PIC Allen Anthony Jr.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Elevation Pharmacy LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) PH 33914 Florida

Physical Address 1212 US Highway 1, Ste A+C

City North Palm Beach State FL Zip 33408

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800-325-9210 Website www.elevationpharmacyrx.com

Licensing Company Email info@elevationpharmacyrx.com

Section 2: Personal Information

First Matthew Middle Thomas Last Lauricella

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 1212 US Highway 1, Ste A+C

City North Palm Beach State FL Zip 33408

Telephone 800-325-9210 Email info@elevationpharmacyrx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: University of Central Florida		From - To (MM/YY – MM/YY): 08/99 – 05/03	
Address: 4000 Central Florida Blvd	City: Orlando	State: FL	Zip: 32816
Diploma/Degree obtained, if any: Bachelor of Science Business Administration Finance			
School Name: Jupiter Christian School		From - To (MM/YY – MM/YY): 08/87 – 05/1999	
Address: 700 S Delaware Blvd	City: Jupiter	State: FL	Zip: 33458
Diploma/Degree obtained, if any: High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/19 - Current	[redacted] Dakota Dr	Jupiter	FL	33458
9/18 - 12/19	[redacted] Community Dr	Jupiter	FL	33458
11/15 - 1/18	[redacted] 150 Ct North	Jupiter	FL	33458
1/10 - 11/15	[redacted] W 6th St	Los Angeles	CA	90036
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Renew Vitality			From - To (MM/YY – MM/YY): 7/11 - present
Business Address: 601 Heritage Dr Ste 210	City: Jupiter	State: FL	Zip: 33458
Phone: 561-903-2290	Title: CFO		
Description of Duties: Responsible for all financial management to include AP/AR accounting and taxes.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

NA

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Laurenzo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/23/22

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Matthew Laurenzo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/23/22

Date

Subscribed and Sworn to before me this 23rd day of August.

Notary Public Signature

ALEXIA SACKA
Notary Public - State of Florida
Commission # GG 916324
My Comm. Expires Sep 24, 2023
Bonded through National Notary Assn.

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Elevation Pharmacy LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) PH 33914 | Florida

Physical Address 1212 US Highway 1, Ste A+C

City North Palm Beach State FL Zip 33408

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800-325-9210 Website www.elevationpharmacyRX.com

Licensing Company Email info@elevationpharmacyrx.com

Section 2: Personal Information

First Kenneth Figueira Middle Alberto Last Figueira

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 1212 US Highway 1, Ste A+C

City North Palm Beach State FL Zip 33408

Telephone 800-325-9210 Email info@elevationpharmacyRX.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No	
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?			N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwood University		8/99 - 5/03	
Address	**City**	**State**	**Zip**
2000 N Military Trail	West Palm Beach	FL	33409
Diploma/Degree obtained, if any			
International Business			

School Name		From - To (MM/YY – MM/YY)	
Jupiter Christian School		8/96 - 5/99	
Address	**City**	**State**	**Zip**
700 S Delaware Blvd	Jupiter	FL	33458
Diploma/Degree obtained, if any			
High school diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/21 - present	[redacted] S Gardens Dr Apt 102	Palm Beach Gardens	FL	33418
8/20 - 11/21	[redacted] Ln N	West Palm Beach	FL	33418
9/19 to 8/20	[redacted] Santiago Dr	Jupiter	FL	33458
8/18 - 9/19	[redacted] Black Ironwood rd #101	Jupiter	FL	33458
7/14 - 8/18	[redacted] Tulip Tree Ct	Jupiter	FL	33458
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Renew Vitality	7/11 – present

Business Address	City	State	Zip
601 Heritage Dr Ste 210	Jupiter	FL	33458

Phone	Title
561-903-2290	CEO

Description of Duties
Responsible for overall management of organization

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kenneth Figueira
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/23/22
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Kenneth Figueira, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/23/22
Date

Subscribed and Sworn to before me this 23rd day of August.

ALEXIA SACKA
Notary Public - State of Florida
Commission # GG 916324
My Comm. Expires Sep 24, 2023
Bonded through National Notary Assn.

Alexia Sacka
Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Elevation Pharmacy, LLC

Pharmacy/Wholesaler License # (if applicable): PH33914

Physical Address: 1212 US-1, suite A&C

City: North Palm Beach State: FL Zip: 33408

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 800-325-9210 Website: elevationpharmacyrx.com

Licensing Company Email: info@elevationpharmacyrx.com

Section 2: Personal Information

First: Allen Middle: W Last: Anthony, JR

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Penn Street

City: West Palm Beach State: FL Zip: 33401

Telephone: [redacted] Email: aj@elevationpharmacyrx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
New Life Christian School		08/04-05/2008	
Address	City	State	Zip
5909 Jefferson Pike	Frederick	MD	21703
Diploma/Degree obtained, if any			
High school Diploma			
School Name		From - To (MM/YY – MM/YY)	
Geneva College		08/08-12/08	
Address	City	State	Zip
3200 College Avenue	Beaver Falls	PA	15010
Diploma/Degree obtained, if any			
none			
School Name		From - To (MM/YY – MM/YY)	
Frederick Community College		01/09-06/10	
Address	City	State	Zip
7932 Opossumtown Pike	Frederick	MD	21702
Diploma/Degree obtained, if any			
Associates Degree			
School Name		From - To (MM/YY – MM/YY)	
Palm Beach Atlantic Universty		08/10-05/2016	
Address	City	State	Zip
901 S. Flagler Drive. P.O. Box 24708	West Palm Beach	FL	33401
Diploma/Degree obtained, if any			
Bachelors in Medicinal and Biological Chemistry; PharmD			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2012-01/2014	[redacted]Okeechobee BLVD	West Palm Beach	FL	33401
From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/2014-09/2016	[redacted]Presidential Way	West Palm Beach	FL	33407
From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2016-12/2017	[redacted] Avon RD	West Palm Beach	FL	33401
From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2018-04/2020	[redacted]S Dixie Highway	West Palm Beach	FL	33401
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2020-04/21	[redacted]Nemec RD	West Palm Beach	FL	33407
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/21-12/21	[redacted] Park PL	West Palm Beach	FL	33401
From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/22-current	[redacted]Penn Street	West Palm Beach	FL	33401
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above:

Business Name			From - To (MM/YY – MM/YY)	
Publix Pharmacy			03/16-06/21	
Business Address		**City**	**State**	**Zip**
2515 S Florida Ave		Lakeland	FL	33803
Phone	**Title**		**Number of Employed Hours**	
(863) 683-9860	Intern,Pharmacist,Assistant Manager,Pharmacy Manager		>6000 hours	
Description of Duties				
In August of 2016 I started working fulltime for this company as a pharmacist; much greater than 6,000 hours accumulated over that time				

Business Name			From - To (MM/YY – MM/YY)	
Elevation Pharmacy, LLC			02/2022-current	
Business Address		**City**	**State**	**Zip**
1212 US-1, suite A&C		North Palm Beach	FL	33408
Phone	**Title**		**Number of Employed Hours**	
800-325-9210	Pharmacist in Charge		>1,000	
Description of Duties				
All duties that are required of a pharmacist in charge				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Allen W. Anthony Jr, **certify that as the designated representative for** Elevation Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AA I am at least 21 years of age;
3. AA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Allen W Anthony Jr

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/27/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Allen W Anthony Jr

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/27/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Allen W. Anthony Jr., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date 9/29/22

Subscribed and Sworn to before me this 29 day of September 2022

Notary Public Signature

Notary Public State of Florida
Gretchen Smith
My Commission
HH 233275
Exp. 3/3/2026

(Seal)

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 12/14/2022
Amount:
License #: 23345

Allen W. Anthony Jr

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:12/14/2022
Expires:06/14/2023

Allen W. Anthony Jr

License #
23345
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 06/14/2023
STATUS: Temporary

License Type: Pharmacist
License #: 23345
Effective Date:12/14/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Allen W. Anthony Jr

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

4LLL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Pandia Pharmacy

Physical Address: 1900 Camden Ave Suite 101

City: San Jose State: CA Zip: 95124

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 650-437-0561 Toll Free # (NAC 639.708, NRS 639.23286): 800-278-5090

Fax: 844-493-7071 Contact Email: info@pandiapharmacy.com

Website: n/a

Nevada Business License # (if applicable) n/a

Supervising/Managing Pharmacist Name (NRS 639.220): Stacy Chen

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21111

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Stacy Chen	NV Pharmacist Registration #: 11111
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials: NA	%: NA
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): n/a

Corporation/Organization Name: Pandia Pharmacy, Inc

Mailing Address: 1900 Camden Ave Suite 101

City: San Jose State: CA Zip: 95124

Telephone: 650-437-0561 Email: info@pandiapharmacy.com

Contact Person Name: Susana Craig

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CFO (title) for Pandia Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Susana Craig

Print Name of Authorized Person

Susana

Original signature of Authorized Person (copies or stamps not accepted)

10/31/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Susana Craig hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CFO (title) for Pandia Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Susana Craig 10/21/2022

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

SEE ATTACHED JURAT FROM NOTARY

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

☐ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1.
2.
3.
4.
5.
6.

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 21st day of October, 2022
by Date Month Year
(1) Susana Craig
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

VANESSA HOUNSHELL
Notary Public - California
Santa Clara County
Commission # 2405805
My Comm. Expires May 26, 2026

Signature Vanessa Hounshell
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

©2014 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Stacy Chen Pharmacist Registration #: 21111

Pharmacy Name: Pandia Pharmacy

Initial each statement below to indicate you have read and agree with the following:

SC I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

SC I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

Sc I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

SC I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

SC I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

10/31/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓ ✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓ ✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓ ✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓ ✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓ SC	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded -** The top 4 shareholder/stockholders. b. **For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓ ✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓ NA	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓ ✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓ ✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓ ✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓ ✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓ NA	✓	✓
• **Transmit Controlled Substance Prescription Data**- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓ ✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Susana Craig

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Susana Craig

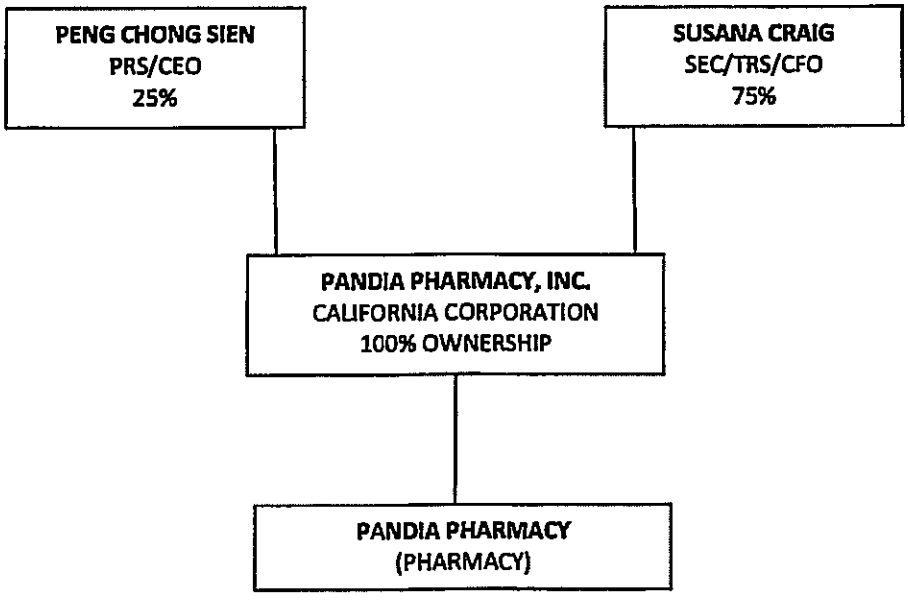
Original signature of Authorized Person (copies or stamps not accepted)

10/31/2022

Date

Board Use Only	Date Received: 11-7-22	Amount: 500.00 CK - 1016 ✓

ORGANIZATIONAL CHART
PANDIA PHARMACY, INC.



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Pandia Pharmacy

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 1900 Camden Ave Suite 101

City San Jose State CA Zip 95124

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 650-437-0561 Website n/a

Licensing Company Email info@pandiapharmacy.com

Section 2: Personal Information

First Susana Middle Margarita Last Craig

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]Vineland Avenue

City Monte Sereno State CA Zip 95030

Telephone [redacted] Email susana@pandiapharmacy.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Valley Stream HS		9/73 - 6/1976	
Address	**City**	**State**	**Zip**
135 Fletcher Ave	Valley Stream	NY	11580
Diploma/Degree obtained, if any			
High School degree			

School Name		From - To (MM/YY – MM/YY)	
LIM		09/76-8/79	
Address	**City**	**State**	**Zip**
12 E 53rd St	NY	NY	10022
Diploma/Degree obtained, if any			
AAS Merchandising			

School Name		From - To (MM/YY – MM/YY)	
RIT		09/790-08/82	
Address	**City**	**State**	**Zip**
1 Lomb Memorial Dr	Rochester	NY	14623
Diploma/Degree obtained, if any			
BS Business Admin with Minor CS			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20 - present	[redacted] Vineland Ave	Monte Sereno	CA	95030
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Pandia Pharmacy Inc			09/20-present	
Business Address	**City**		**State**	**Zip**
1900 Camden Ave Suite 101	San Jose		CA	95124
Phone	**Title**			
408-460-6277	Co-Founder & CFO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Pandia Health			02/18- present	
Business Address	**City**		**State**	**Zip**
1257 Elko Dr	Sunnycale		CA	94089
Phone	**Title**			
650-437-1213	COO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
GoMobile			3/10 - 18	
Business Address	**City**		**State**	**Zip**
118 E. Santa Clara St.	San Jose		CA	95113
Phone	**Title**			
n/a	Founder			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Susana, Craig

Print Name (First, Last)

Susana Q

Original Signature (electronic, copies or stamps not accepted)

10/21/2022

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

_____ _____

Original Signature **Date**

Subscribed and Sworn to before me this _____ day of _____.

SEE ATTACHED JURAT FROM NOTARY

_____

Notary Public Signature

(Seal)

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1
2
3
4
5
6

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 21st day of October, 2022,
by *Date* *Month* *Year*
(1) Susana Craig
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

VANESSA HOUNSHELL
Notary Public · California
Santa Clara County
Commission # 2405805
My Comm. Expires May 26, 2026

Signature Vanessa Hounshell
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Pandia Pharmacy

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 1900 Camden Ave Suite 101

City San Jose State CA Zip 95124

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 650-437-0561 Website n/a

Licensing Company Email info@pandiapharmacy.com

Section 2: Personal Information

First Peng Chong Middle _____ Last Sien

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] 6th Ave

City San Francisco State CA Zip 94118

Telephone _____ Email pc@pandiahealth.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of California, Berkeley		08/1989 - 12/1991	
Address	**City**	**State**	**Zip**
110 Sproul Hall #5800	Berkeley	CA	94720
Diploma/Degree obtained, if any			
MS (Master of Science in Industrial Engineering and Operations Research)			

School Name		From - To (MM/YY – MM/YY)	
University of California, Berkeley		08/1985 - 06/1986	
Address	**City**	**State**	**Zip**
110 Sproul Hall #5800	Berkeley	CA	94720
Diploma/Degree obtained, if any			
MS (Master of Science in Civil Engineering, Geotechnical Engineering)			

School Name		From - To (MM/YY – MM/YY)	
Massachusetts Institute of Technology		08/1981 - 06/1985	
Address	**City**	**State**	**Zip**
77 Massachusetts Avenue	Cambridge	MA	02139
Diploma/Degree obtained, if any			
SB (Bachelor of Science in Engineering)			

School Name		From - To (MM/YY – MM/YY)	
Malacca High School		01/1979 - 12/1980	
Address	**City**	**State**	**Zip**
61 Jalan Chan Koon Cheng, Bandar Hilir	Melaka	Malaysia	75000
Diploma/Degree obtained, if any			
Malaysia Higher School Certificate (HSC 'A' Levels)			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/1996 - present	[redacted]16th Avenue	San Francisco	CA	94118
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Pandia Health, Inc			10/2016 - present
Business Address	**City**	**State**	**Zip**
1257 Elko Drive	Sunnyvale	CA	94089
Phone	**Title**		
650-437-1213	Principal Developer		
Description of Duties			
Development and maintenance of software for the operation of the web application service.			

Business Name			From - To (MM/YY – MM/YY)
Thrasys, Inc			01/2006 - 08/2015
Business Address	**City**	**State**	**Zip**
250 Executive Park Blvd, #2000	San Francisco	CA	94134
Phone	**Title**		
650-449-1000	Software Engineer		
Description of Duties			
Development and maintenance of software components in the SyntraNet system.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/12/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Peng Chong, Sien

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/12/2022

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

PLEASE SEE ATTACHED CA JURAT NOTARY CERTIFICATE

Notary Public Signature

(Seal)

WELLS FARGO

Jurat Certificate California only

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of SAN FRANCISCO

Subscribed and sworn to (or affirmed) before me on this 12th

day of OCTOBER, 2022, by PENG CHONG SIEN

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Place Seal Here

Signature

MARY FLAYNE ENCARNADO RICAMONTE
Notary Public - California
San Francisco County
Commission # 2320695
My Comm. Expires Feb 7, 2024

Description of Attached Document

Type or Title of Document NEVADA STATE BOARD OF PHARMACY PERSONAL HISTORY APPLICATION

Document Date 10/12/2022

Number of Pages 7

Signer(s) Other Than Named Above — N/A —

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DSG3018CA (Rev 02-04/21)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Pandia Pharmacy

Pharmacy/Wholesaler License # (if applicable): PHY58123

Physical Address: 1900 Camden Ave Suite 101

City: San Jose State: CA Zip: 95124

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 650-437-0561 Website: n/a

Licensing Company Email: info@pandiapharmacy.com

Section 2: Personal Information

First: Stacy Middle: XIE Last: Chen

Alias(es, nicknames, name changes, etc.): XIE, STACY

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted]Camden Ave Suite [redacted]

City: San Jose State: CA Zip: 95124

Telephone: [redacted] Email: stacy@pandiapharmacy.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Touro University			08/10-5/14	
Address		City	State	Zip
1310 Club Dr		Vallejo	CA	94592
Diploma/Degree obtained, if any				
PharmD				
School Name			From - To (MM/YY – MM/YY)	
University of California - Riverside			09/06-6/10	
Address		City	State	Zip
900 University Ave		Riverside	CA	92521
Diploma/Degree obtained, if any				
Biology, BS				
School Name			From - To (MM/YY – MM/YY)	
Mark Keppel High School			09/02-06/06	
Address		City	State	Zip
501 E Hellman Ave		Alhambra	CA	91801
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/19-10/22	[redacted] W 4th Ave. Apt 209	San Mateo	CA	94402
10/18-03/19	[redacted] Dartmouth Rd	San Mateo	CA	94402
05/14-10/18	[redacted] Grimmer Blvd Apt [redacted]	Fremont	CA	94538
06/12-05/14	[redacted] Shellgate Cir	Hayward	CA	94545
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above:

Business Name			From - To (MM/YY – MM/YY)
Pandia Pharmacy			04/22-10/22
Business Address	**City**	**State**	**Zip**
1900 Camden Ave Suite 101	San Jose	CA	95124
Phone	**Title**	**Number of Employed Hours**	
650-437-0561	Pharmacist	1120	
Description of Duties			
Process and verify prescriptions			

Business Name			From - To (MM/YY – MM/YY)
Pill Club Pharmacy			01/21-03/22
Business Address	**City**	**State**	**Zip**
411 Borel Ave Suite 100	San Mateo	CA	94402
Phone	**Title**	**Number of Employed Hours**	
772-217-4557	Pharmacist	8320	
Description of Duties			
Process and verify prescriptions			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # NA . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Stacy Chen **, certify that as the designated representative for**

Pandia Pharmacy ,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SC I am at least 21 years of age;
3. SC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Stacy Chen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/31/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stacy Chen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/21/2022

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

SEE ATTACHED JURAT FROM NOTARY

(Seal)

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1. ---
2. ---
3. ---
4. ---
5. ---
6. ---

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 21st day of October, 2022
Date *Month* *Year*
by
(1) Stacy Chen
(and (2)),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

VANESSA HOUNSHELL
Notary Public - California
Santa Clara County
Commission # 2405805
My Comm. Expires May 26, 2026

Signature Vanessa Hounshell
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

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Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	PANDIA PHARMACY, INC.
Entity No.:	4632540
Registration Date:	08/26/2020
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 17, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 053082117

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

BA20220696019

STATE OF CALIFORNIA
Office of the Secretary of State
STATEMENT OF INFORMATION
CORPORATION

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 653-3516

For Office Use Only

-FILED-

File No.: BA20220696019

Date Filed: 8/17/2022

Entity Details

Corporation Name	PANDIA PHARMACY, INC.
Entity No.	4632540
Formed In	CALIFORNIA

Street Address of Principal Office of Corporation

Principal Address	411 LOS NINOS WAY LOS ALTOS, CA 94022

Mailing Address of Corporation

Mailing Address	411 LOS NINOS WAY LOS ALTOS, CA 94022
Attention	

Street Address of California Office of Corporation

Street Address of California Office	411 LOS NINOS WAY LOS ALTOS, CA 94022

Officers

Officer Name	Officer Address	Position(s)
PENG CHONG SIEN	624 16TH AVENUE SAN FRANCISCO, CA 94118	Chief Executive Officer
SUSANA CRAIG	17526 VINELAND AVENUE MONTE SERENO, CA 95030	Secretary, Chief Financial Officer

Additional Officers

Officer Name	Officer Address	Position	Stated Position
None Entered			

Directors

Director Name	Director Address
PENG CHONG SIEN	624 16TH AVENUE SAN FRANCISCO, CA 94118
SUSANA CRAIG	17526 VINELAND AVENUE MONTE SERENO, CA 95030

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name	IVAN PETRZELKA
Agent Address	21372 CREEKSIDE DRIVE RED BLUFF, CA 96080

Type of Business

Type of Business	PHARMACY

Email Notifications

Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.

Labor Judgment

B1026-8600 08/17/2022 2:06 PM Received by California Secretary of State

No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.

Electronic Signature

☒ By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.

Susana Craig	*08/17/2022*
Signature	Date

B1026-8601 08/17/2022 2:06 PM Received by California Secretary of State

2831

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

LICENSE NO. PHY 58123
RECEIPT NO. 21880409

VALID UNTIL SEPTEMBER 01, 2023

PANDIA PHARMACY
1900 CAMDEN AVE STE 101
SAN JOSE CA 95124

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

7/11/22
7/11/22 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHPRV (09/30/15) PAGE

CamScanner

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

October 27, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: PANDIA PHARMACY

License Type: PHARMACY

License Number: PHY 58123

Status: ACTIVE

Issue Date: 09/01/2021

Expiration Date: 09/01/2023

Address of Record: 1900 CAMDEN AVE STE 101 SAN JOSE, CA 95124

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Ann Altamirano
Public Inquiry Analyst
(916) 518-3045
Pharmacy.PublicRecords@dca.ca.gov

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP0926521	03-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	RETAIL PHARMACY	10-27-2021

PANDIA PHARMACY
1900 CAMDEN AVE STE 101
SAN JOSE, CA 95124-2944

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

CamScanner

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Pharmacy e-Profile ID:	1626912		Inspection Information
Legal Business Name:	Pandia Pharmacy Inc.	Conference Call Date:	4/4/2022
Doing Business As (DBA):	Pandia Pharmacy	Start Time: 24-hour format (13:00)	11:00
Address:	1900 Camden Avenue, Suite 101	End Time: 24-hour format (13:00)	11:35
City:	San Jose	Onsite Inspection Date:	4/13/2022
State:	CA	Start Time: 24-hour format (13:00)	10:16
Zip Code:	95124	End Time: 24-hour format (13:00)	14:02
Telephone number:	(650) 437-0561	Inspector Name:	James W. Velez, RPh.
Toll free number:		Inspection Performed by (NABP, State, etc):	NABP
Fax number:	(844) 493-7071	Observer Name/Affiliation (if applicable):	NA
Website:	N/A	Observer Name/Affiliation (if applicable):	NA

Pharmacy Hours of Operation	Check if 24/7 ☐		
	Open		Closed
	Start Time: (24-hour format)	End Time: (24-hour format)	(X)
Sunday			X
Monday	11:00	13:00	
Tuesday			X
Wednesday	11:00	13:00	
Thursday			X
Friday	11:00	13:00	
Saturday			X

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist in Charge	Lyn Nguyen Fitzsimons	LYN@PANDIAPHARMACY.COM	658915
Nonsterile Compounding Supervisor	N/A		
Sterile Compounding Supervisor	N/A		
Hazardous Compounding Supervisor	N/A		

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Lyn Nguyen Fitzsimons	PIC	Y
2	James Daniel Wong	Pharmacy Consultant	Y
3			
4			
5			
6			
7			
8			
9			
10			

New Pharmacists: Stacy Xie Chen, CA RPH License 71241 (start date 4/18/2022) and Gregory James Gagnon CA RPH 40386 (start date 4/29/2022)

Business Licensure Information for State of Residence and Federal
(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
BOP California	Pandia Pharmacy	PHY58123	9/1/2022
US DOJ - DEA	Pandia Pharmacy	Controlled Substance, FP0926521	3/31/2024

Inspector Notes: List states in which Non-Resident licenses are held - AZ and WI. See Doc01_PI_InspectorNotes_PandiaPharmacy_SanJose_CA for more information.

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Attachments

(NO PHI, including prescription numbers)

Attachment Name	Description
Doc01_PI_InspectorNotes_PandiaPharmacy_SanJose_CA	Notes of findings during the Pandia Pharmacy Survey
Photo01_Gen3.00_PandiaPharmacy_SanJose_CA	Photo of reception area prior to pharmacy space
Photo02_Gen34.00_PandiaPharmacy_SanJose_CA	Photo of pharmacy entry
Photo03_Gen37.01_PandiaPharmacy_SanJose_CA	Photo of Pandia Pharmacy Ops Area
Photo04_Gen39.00_PandiaPharmacy_SanJose_CA	Photo depicting "chicken-wire" open ceiling

Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply	
Traditional retail		Telepharmacy	
Open to the Public	X	Central Fill/Processing/Shared Services	
Closed Door		Specialty Pharmacy	X
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	
HMO/PBM only		Nonsterile Hazardous Drug Compounding	
Internet Pharmacy (New Rx)		Sterile Compounding	
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	~200 Sq Ft	Total Pharmacists:	1
Nonsterile Compounding Room size:	N/A	Number of Compounding Pharmacists	0
Nonsterile Compounding powder hoods number:	N/A	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	N/A	Total Student Interns:	0
Nonsterile HD Compounding BSC/CACI hoods number:	N/A	Total Technicians:	0
Sterile Compounding Ante Room size:	N/A	Number of Compounding Technicians	0
Sterile Compounding Clean/Buffer Room size:	N/A	Of technicians, how many are certified?	0
Sterile Compounding Number LAFW hoods/areas:	N/A	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:	N/A	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	N/A	Total Other Unlicensed Personnel:	0
Negative Pressure Sterile HD Room size:	N/A	Ratio #tech:#RPh present at time of inspection:	0:1
Sterile HD Compounding Number of BSC hoods:	N/A	Total Pharmacist Hours Per Week:	6
Sterile HD Compounding Number of CACI hoods:	N/A	Total Technician Hours Per Week:	0
Volume Dispensed			**Volume Distributed**
Total Prescriptions Dispensed/day:	~7	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	0%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	0%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	0%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: If not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK			
AL			
AR			
AZ	91	0	Month (3/2022)
CA	124	0	Month (3/2022)
CO			
CT			
DC			
DE			
FL			
GA			
HI			
IA			
ID			
IL			
IN			
KS			
KY			
LA			
MA			
MD			
ME			
MI	9	0	Month (3/2022)
MN			
MO			
MS			
MT			

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC			
ND			
NE			
NH			
NJ			
NM			
NV			
NY			
OH			
OK			
OR			
PA			
RI			
SC			
SD			
TN			
TX			
UT			
VA			
VT			
WA			
WI	0	0	Month (3/2022)
WV			
WY			
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Pandia Pharmacy Inc. dba Pandia Pharmacy
e-Profile ID: 1626912
Inspection Date: 04/04/2022 & 04/13/2022

		Finding	Notes
General Pharmacy			
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	No	PIC works 6-8 hours per week.
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	Yes	Silicon Valley Property Management, HomeSmart Platinum Living, B&R Accounting, etc. See Photo01_Gen3.00_PandiaPharmacy_SanJose_CA.
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	
8.00	Are photographs allowed during the inspection (no PHI)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		James Wong, Pharm D. - Pharmacy Consultant
Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**			
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	No	
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	

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		Finding	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	No	Pharmacist licenses, DEA and CA pharmacy licenses posted; Arizona license not posted.
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	No	No CA BOP inspection performed to date.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	N/A	
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	Yes	DEA visited Pharmacy in October-November 2021 timeframe, no report created. DEA only left a business card.

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Facility Name: Pandia Pharmacy Inc. dba Pandia Pharmacy
e-Profile ID: 1626912
Inspection Date: 04/04/2022 & 04/13/2022

		Finding	Notes
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	No	
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	Per PIC prescription files kept indefinitely (electronically), invoices are kept for 3 years.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	N/A	Prescriptions are only received electronically.
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronic
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronic
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Deleted prescriptions are maintained in the Pharmacy database system (Best Rx) as "CANCELLED".
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	No off-site storage.
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	Links to legal and regulatory references listed on P&Ps (electronic and hardcopy).

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e-Profile ID: 1626912
Inspection Date: 04/04/2022 & 04/13/2022

		Finding	Notes
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	PIC is only employee at this time.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Per policy - upon hire and monthly thereafter.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	PIC only
	Facility and Security **If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	Door and cameras. See Photo02_Gen34.00_PandiaPharmacy_SanJose_CA
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	Pharmacy only dispenses oral contraceptives.
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	No	PIC unable to address.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	No	See Photo03_Gen37.01_PandiaPharmacy_SanJose_CA
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	No destruction onsite.

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e-Profile ID: 1626912
Inspection Date: 04/04/2022 & 04/13/2022

		Finding	Notes
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Plan is to utilize Stericycle, however no returns to date.
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	N/A	Pharmacy only dispenses oral contraceptives.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	No	Currently Mail Order prescriptions only.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	No	Pharmacy processing, filling, inventory and shipping are in a single, approximately 200 sq. ft. room. HVAC is controlled by Silicon Valley Property Management of which the pharmacy is one of many occupants. Temperature is monitored 24/7 by US.Govee.com, current temperature is 70.7 degrees F. See Photo04_Gen39.00_PandiaPharmacy_SanJose_CA.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	US.Govee.com monitors and records room temperature and humidity 24/7. Records are maintained electronically.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	N/A	Pharmacy does not inventory drugs requiring refrigeration/freezing.
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	No current need for refrigeration/freezer monitoring. Would use US.Govee.com when the need arises.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	N/A	
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	
42.01	Is the temperature in the freezer within the USP range (between -25° to -10°C or -13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	

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Inspection Date: 04/04/2022 & 04/13/2022

		Finding	Notes
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	N/A	
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	No	
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	Contact manufacturer with excursion details for guidance
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	No	
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	McKesson Corp. exclusively used.
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	No	
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	Purchases from McKesson only.
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	No	
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	No	

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		Finding	Notes
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	No	
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	None to date.
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	Current filing is less than one year.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	No	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	No	No controlled substances dispensed.
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	No	No controlled substances dispensed.
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	N/A	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	N/A	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	Per PIC - Due to limited opening times orders are requested for delivery at specific dates and times.
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Computer inventory amounts vs actual count.

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		Finding	Notes
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	None to date.
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	No controlled substances dispensed.
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	No controlled substances dispensed.
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	N/A	No controlled substances dispensed.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	No	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Inventory checked monthly. No OTCs are stocked.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		Monthly
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	No	Returns are discarded.
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	N/A	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Pandia Pharmacy Inc. dba Pandia Pharmacy
e-Profile ID: 1626912
Inspection Date: 04/04/2022 & 04/13/2022

		Finding	Notes
	Prescription Processing **If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Currently PIC verifies (pre and post fill), enters, checks, fills, packages and mails prescriptions.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	Only original manufacturer's product dispensed.
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Per PIC - currently prescriptions are attained electronically from Pandia Medical Group (no affiliation) physicians based on telemedicine visits.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	If outside the Pandia Medical group practitioners, prescribers are verified by NPI, DEA and/or State License Number. Prescriber verification is performed through State/Federal databases such as the DEA website.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	For all prescriptions.
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Accuracy of prescription information entered and verified by PIC.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	DUR performed during the primary prescription verification process.

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Facility Name: Pandia Pharmacy Inc. dba Pandia Pharmacy
e-Profile ID: 1626912
Inspection Date: 04/04/2022 & 04/13/2022

		Finding	Notes
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	PIC utilizes online Clinical Pharmacology reference.
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	Performed automatically by Best Rx database.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	If needed, not currently utilized due to lack of controlled substance prescriptions.
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Documented on the electronic prescription by the pharmacist (PIC).
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	PIC/Consultant unable to identify the computer system DUR database.
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	Yes	Any manual DUR is documented on the electronic prescription by the pharmacist.
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	Pharmacy does not dispense veterinary prescriptions.
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	Pharmacist/PIC documented on the electronic prescription.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Label contains all pertinent information.

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Inspection Date: 04/04/2022 & 04/13/2022

		Finding	Notes
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	Best Rx, access determined by job description.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	No	Per PIC - No testing of packing materials have been tested for integrity, stability and purity of medication shipped.
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	

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Facility Name: Pandia Pharmacy Inc. dba Pandia Pharmacy
e-Profile ID: 1626912
Inspection Date: 04/04/2022 & 04/13/2022

		Finding	Notes
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	All prescriptions are mailed.
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	N/A	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	N/A	
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Printed medication guides and a local telephone number are provided for questions.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	As available.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	Med guides are printed with the prescription label.
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	N/A	
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	No	
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	No	Local telephone number is provided for questions from 5AM-10 PM PST.
85.00	Are processes in place to handle a drug recall?	Yes	

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Inspection Date: 04/04/2022 & 04/13/2022

		Finding	Notes
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	Self created form utilized for capturing information - PIC oversees the program.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Hardcopy and electronic.
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	Documented on the Medication Error Report Form by the pharmacist (PIC).
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	Documented electronically on "MyHealthMart" website. Currently only PIC's initial training on file as pharmacy is less than one year old.
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Documented electronically.

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		Finding	Notes
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation includes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	Performed by PIC.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	No drug formulary.
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	Currently only the PIC, however upon growth of the operation the plan is to perform quality meetings monthly.
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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		Finding	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	Yes	Per PIC - None to date.
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	Per PIC - QREs would be reported to BOP, FDA and MedWatch. None to date.
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	N/A	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	Nothing to report at this time
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	PIC defaulted to James Wong for this question, but he never returned to the survey.
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	However, none to date.

Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review

EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement

QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmaty
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

Document I - Pandia Pharmacy San Jose, CA Surveyor's Notes 4/13/2022

General Facility Physical Description-

Pandia Pharmacy is a separate room located within the Silicon Valley Property Management building. This building hosts a number of different businesses and appears to lease permanent and temporary office space.

Pandia Pharmacy is comprised of approximately 200 sq. ft. located in the rear of a large open office area. The pharmacy has a locked door and an electronic security system. The space is open, as the walls do not reach the ceiling, the space between the top of the wall and the ceiling above is secured with "chicken wire". However, it should be noted that the pharmacy security system includes motion detectors which would alarm should the space be entered illegally.

Pharmacy Operations-

This is currently a one-person pharmacy operation. The PIC is the only employee of this pharmacy, and the pharmacy lists James D. Wong as a Consultant Pharmacist. There are no pharmacy technicians or other licensed/non-licensed personnel. The Policy and Procedures (P&P) manual is extensive but appears "canned" in nature. Several operational and procedural queries did not truly reflect the operations of the pharmacy. Additionally, the PIC appeared unfamiliar with the policies and procedures defined in the manual.

Prescription Processing-

An analysis of the prescriptions processed for the month of March 2022 resulted in the following:

Prescriptions for Arizona 91

Prescriptions for California 124

Prescriptions for Minnesota 1*

Prescriptions for Michigan 9**

* Denotes MN prescription was entered but not filled. Pharmacy is unlicensed in Minnesota.

** Denotes that MI prescriptions were filled and mailed. Pharmacy is unlicensed in Michigan. Pharmacy will cease prescription processing until properly licensed for this state.

The PIC and Pharmacy Consultant expressed that the PIC confused MI for WI (where they are licensed) and filled the prescriptions erroneously.

2861
Radiation Protection

2862



4MMM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada

■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Williams Bros. Health Care Pharmacy d/b/a Williams Bros. Rx Express

Physical Address: 1998 State Street

City: Washington State: IN Zip: 47501

Mailing Address (if different from physical address): 10 Williams Bros Drive

City: Washington State: IN Zip: 47501

Telephone: 812-642-1044 Toll Free # (NAC 639.708, NRS 639.23286): 833-391-0126

Fax: 8558993925 Contact Email: wbrxexpress@wbhcp.com

Website: wbrxexpress.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Matthew Pancake ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22928 ✓

Type of Pharmacy (check all applicable)

■ Retail/Community

☐ Hospital (# beds _____)

☐ Internet

☐ Nuclear

☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

☐ Retail/Community

☐ Non-sterile Compounding

☐ Sterile Compounding

■ Mail-Order Service

☐ Off-site Cognitive Services

☐ Long Term Care

☐ Hospital

☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Matthew Pancake	NV Pharmacist Registration #: 22928
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: Mark Williams	Credentials: Pharmacist	%: 50
Name: Charles C Williams	Credentials: Pharmacist	%: 50
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Indiana

Parent Company (if any): N/A

Corporation/Organization Name: Williams Bros. Health Care Pharmacy, Inc.

Mailing Address: 10 Williams Bros Drive

City: Washington State: IN Zip: 47501

Telephone: 812-254-2497 Email: wbrxexpress@wbhcp.com

Contact Person Name: Tony Akers

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Compliance Officer (title) for Williams Bros. Health Care Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Tony Akers

Print Name of Authorized Person

Original Signature of Authorized Person (copies or stamps not accepted)

6/30/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Tony Akers hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Compliance Officer (title) for Williams Bros. Health Care Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 30 day of June, 2022

Maria T. Doades
Notary Public

MARIA T. DOADES
Notary Public - Seal
Knox County - State of Indiana
Commission Number NP0649360
My Commission Expires Jan 22, 2030

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Matthew Pancake Pharmacist Registration #: 22928

Pharmacy Name: Williams Bros. Rx Express

Initial each statement below to indicate you have read and agree with the following:

MP I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MP I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MP I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MP I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MP I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Pancake
Original signature of Managing Pharmacist (copies or stamps not accepted)

6/30/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tony Akers

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

6/30/22
Date

Board Use Only	Date Received: _____	Amount: 500.00 CK - 13|980

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tony Akers

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/30/22

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Daviess

I, Tony Akers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/30/22

Date

Subscribed and Sworn to before me this 30 day of June, 2022.

Maria T. Doades

Notary Public Signature

MARIA T. DOADES
Notary Public - Seal
Knox County - State of Indiana (Seal)
Commission Number NP0649360
My Commission Expires Jan 22, 2030

Applicant's initials _____

Williams Bros.
HEALTH CARE PHARMACY
Focused on your health since 1899.

Owners/Officers

Mark A. Williams- 50% Owner/Executive Officer
[redacted]N. Wagner Drive, Washington, IN. 47501

Charles C. Williams – 50% Owner/Executive Officer
[redacted]E. 200 N., Washington, IN. 47501

Cheryl May- CIO/COO
[redacted]W. 150 S., Washington, IN. 47501

Jason Lents- CFO
[redacted]N. 750 W. Jasper, IN. 47546

Charles L. Williams- Executive Officer
[redacted]S. Essex Ct. Bloomington, IN. 47501

Tony Akers- Compliance Officer
[redacted]12th St., Lawrenceville, IL. 62439

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Williams Bros Health Care Pharmacy, Inc. d/b/a Williams Bros Rx Express

Physical Address: 1998 State Street

City: Washington State: IN Zip: 47501

Mailing Address (if different from physical address): 10 Williams Bros Drive

City: Washington State: IN Zip: 47501

Telephone: 812-642-1044 Website: wbrxexpress.com

Licensing Company Email: wbrxexpress@wbhcp.com

Section 2: Personal Information

First: Mark Middle: _____ Last: Williams

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] N. Wagner Drive

City: Washington State: IN Zip: 47501

Telephone: [redacted] Email: markw@wbhcp.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Purdue University		08-79 05-84	
Address	**City**	**State**	**Zip**
610 Purdue Mall	West Lafayette	IN	47907
Diploma/Degree obtained, if any			
Pharm D			
School Name		From - To (MM/YY – MM/YY)	
Washington High School		08-74 05-78	
Address	**City**	**State**	**Zip**
608 E. Walnut St.	Washington	IN	47501
Diploma/Degree obtained, if any			
Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06-15 06-22	[redacted]N. Wagner Dr.	Washington	IN	47501
07-05 06/15	[redacted] Southridge Dr.	Washington	IN	47501

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Williams Bros Health Care Pharmacy			07-88	06-22
Business Address	**City**	**State**	**Zip**	
10 Williams Bros Dr.	Washington	IN	47501	
Phone	**Title**			
812-254-2497	Executive Officer			
Description of Duties				
Owner/Officer of Pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Williams

Print Name (First, Last)

Mark Williams

Original Signature (electronic, copies or stamps not accepted)

06/29/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Daviess

I, Mark Williams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Mark Williams

Original Signature

6-29-22

Date

Subscribed and Sworn to before me this 29 day of June 2022.

Maria T. Doades

Notary Public Signature

MARIA T. DOADES
Notary Public - Seal
Knox County - State of Indiana
Commission Number NP0649360
My Commission Expires Jan 22, 2030
(Seal)

Applicant's initials MP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Williams Bros Health Care Pharmacy, Inc. d/b/a Williams Bros Rx Express

Physical Address: 1998 State Street

City: Washington State: IN Zip: 47501

Mailing Address (if different from physical address): 10 Williams Bros Drive

City: Washington State: IN Zip: 47501

Telephone: 812-642-1044 Website: wbrxexpress.com

Licensing Company Email: wbrxexpress@wbhcp.com

Section 2: Personal Information

First: Charles Middle: C Last: Williams

Alias(es, nicknames, name changes, etc.): CC Williams

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] E 200N

City: Washington State: IN Zip: 47501

Telephone: [redacted] Email: ccw@wbhcp.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Butler University		08-75	05-80
Address	**City**	**State**	**Zip**
4700 Sunset Ave.	Indianapolis	IN	46208
Diploma/Degree obtained, if any			
Pharm D			

School Name		From - To (MM/YY – MM/YY)	
Washington High School		08-71	05-75
Address	**City**	**State**	**Zip**
608 E. Walnut St.	Washington	IN	47501
Diploma/Degree obtained, if any			
diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04-96 06-22	[redacted] E. 200N	Washington	IN	47501
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Williams Bros Health Care Pharmacy			07-88	06-22
Business Address	**City**	**State**	**Zip**	
10 Williams Bros Drive	Washington	IN	47501	
Phone	**Title**			
812-254-2497				
Description of Duties				
Owner/Officer of Pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____ 4

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles C Williams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/29/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Daviess

I, Charles C. Williams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6-29-22

Date

Subscribed and Sworn to before me this 29 day of June 2022.

Maria T. Doades

Notary Public Signature

MARIA T. DOADES
Notary Public - Seal
Knox County - State of Indiana
Commission Number NP0649360
My Commission Expires Jan 22, 2030
(Seal)

Applicant's initials

RECEIVED
DEC 12 2022
NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Williams Bros. Rx Express

Physical Address: 1998 State Street

City: Washington State: IN Zip: 47501

Mailing Address (if different from physical address): 10 Williams Bros Drive

City: Washington State: IN Zip: 47501

Telephone: 812-642-1044 Website: wbrxexpress.com

Licensing Company Email: wbrxexpress@wbhcp.com

Section 2: Personal Information

First: Matthew Middle: Last: Pancake

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Apraw Road

City: Washington State: IN Zip: 47501

Telephone: [redacted] Email: matthewp@wbhcp.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: AP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Sullivan University College of Pharmacy		07/2015 - 06/2018	
Address	**City**	**State**	**Zip**
2100 Garndiner Lane	Louisville	KY	40205
Diploma/Degree obtained, if any			
PharmD, MBA			

School Name		From - To (MM/YY – MM/YY)	
Vincennes University		08/2013 - 05/2015	
Address	**City**	**State**	**Zip**
1002 N 1ST Street	Vincennes	IN	47591
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Washington High School		08/2009 - 05/2013	
Address	**City**	**State**	**Zip**
608 E Walnut Street	Washington	IN	47501
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2019 - current	[redacted]Apraw Road	Washington	IN	47501
01/2001 - 09/2019	[redacted]450S	Washington	IN	47501

Applicant's initials AP

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Williams Bros Health Care Pharmacy d/b/a Williams Bros Rx Express			05/05/2021 - Current
Business Address	**City**	**State**	**Zip**
1998 State Street	Washington	IN	47501
Phone	**Title**		**Number of Employed Hours**
812-254-2497	Specialty Pharmacy Manager		3120

Description of Duties

Oversees prescription filling and dispensing. Ensures documentation is complete regarding coverage criteria as well as for regulatory entities.

Business Name			From - To (MM/YY – MM/YY)
Williams Bros Health Care Pharmacy d/b/a Long Term Care Pharmacy			04/23/2019 - 05/05/2021
Business Address	**City**	**State**	**Zip**
2000 State Street	Washington	IN	47501
Phone	**Title**		**Number of Employed Hours**
812-254-2497	Director of Internal Operations		4160

Description of Duties

Oversees the prescription filling process and ensures deliveries are completed. Ensures proper processes are followed in regards to the filling of medications and prescriptions. Ensures that all documentation is in compliance.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's Initials AP

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Amy Ploff

Original Signature (electronic, copies or stamps not accepted)

12/8/22

Date

Applicant's initials AP

I, Matthew Pancake, **certify that as the designated representative for**

Williams Bros Health Care Pharmacy d/b/a Williams Bros Rx Express,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Matthew Pancake

Print Name (First, Last)

Matthew Pancake

Original Signature (electronic, copies or stamps not accepted)

12/7/22

Date

Applicant's initials AP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tony Akers / Amy Pfoff

Print Name (First, Last)

Amy Pfoff

Original Signature (electronic, copies or stamps not accepted)

12/8/22

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Daviess

I, Matthew Pancake, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Matthew Pancake

Original Signature

12/7/22

Date

Subscribed and Sworn to before me this 7 day of December, 2022

Maria T. Doades

Notary Public Signature

MARIA T. DOADES
Notary Public - Seal
Knox County - State of Indiana
Commission Number NP0649360
My Commission Expires Jan 22, 2030

(Seal)

Applicant's initials TA AP

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

WILLIAMS BROS. HEALTH CARE PHARMACY, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 21, 1990, and was in existence or authorized to transact business in the State of Indiana on June 22, 2022.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 22, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

1990120978 / 20222643496

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on July 22, 2022.

Pharmacy
402 W. Washington Street
Indiana Government Center South, Room W072

Indianapolis, IN 46204

FACILITY
Williams Bros. Rx Express
1998 State St.
Washington IN 47501
Phone: 8122572505
Owner:
Ownership Type:

LICENSE
License No: 60006799A
Profession: Pharmacy
License Type: Pharmacy
1998 State St.
Washington IN 47501
Phone: 8122572505

Inspection Type:	Pharmacy Inspection
Inspection Date:	6/17/2022 12:00:00 AM
Result:	Pass

Remarks: Routine Type III (Closed Door) Pharmacy inspection conducted on 06/17/2022 by C/O Ron Hinderliter. Assisting in the inspection was Matthew Pancake, Tony Akers and Kathy Arvin. **POA wasn't availed, but documentation was later obtained.** **Currently the mail-order pharmacy only deals with one (1) control, Sunosi C-IV, and has no intention of dispensing any other controls. Please ensure invoices for controls are signed and dated.**

Checklist Results
Pharmacy General Information
Absence of Pharmacist
Staff/Personnel
Pharmacy Equipment/Security
References
Automated Medication Systems & Automatic Counting
AMS Automated Packaging Systems
Drug storage/labeling/destruction
Dispensing/Records Retention
Fax/e-prescribing/Transfers
Remote Order Entry and Centralized Processing
Generic Substitution
Controlled Substances
DEA Forms
INSPECT
Sterile Compounding: Policies and Procedures
Sterile Compounding: Engineering Controls
Sterile Compounding: Personnel
Sterile Compounding: Labeling/Documentation
Non-sterile Compounding

Remote Locations (Type II only)
Emergency Drug Kits/Crash Carts
Quality-Related Events/Patient Own Medications
Special Medications
Immunization Rule
Patient Confidentiality (HIPAA)
Prescription Audit

As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility, and I am executing this inspection form as, or on behalf of the licensee.

In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@pla.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204.

Signature of Inspector	Date/Time	Signature of Owner/Representative
	6/20/2022 8:26:49 AM	

- Your pharmacy permit and reference card are enclosed. You must post this certificate in the designated premises where it can be easily seen. The permit may be placed in a picture frame.
- Please notify the Agency for appropriate forms for change of location or ownership.
- If you have any questions, email us at pla4@pla.in.gov or phone us at (317) 234-2067. Please provide your pharmacy permit number when contacting the Agency.

* REMOVE AT PERFORATION *

Indiana Professional Licensing Agency
402 West Washington Street, Room W072,
Indianapolis, Indiana 46204 (317) 234-2067

Pharmacy Permit Reference Card

Please retain this reference card at your practice office so that you will have a record of your pharmacy permit.

Permit number	Issue date	expiration date
60006799A	01/05/2021	12/31/2023

Williams Bros. Rx Express
1998 State St.
Washington IN 47501

Pharmacy Type	Closed Door (III)
Qualifying Pharmacist	Matthew Alan Pancake
Owner	

APPROVED BY STATE BOARD OF ACCOUNTS 1999

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 West Washington Street, Room W072
Indianapolis, Indiana 46204 (317) 234-2067

* REMOVE AT PERFORATION *

Pharmacy Permit - Closed Door (III)

Qualifying Pharmacist Manager	Owner	
Matthew Alan Pancake		
Permit Number	**Issue Date**	**Expiration Date**
60006799A	01/05/2021	12/31/2023

Williams Bros. Rx Express
1998 State St.
Washington IN 47501

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

This license is not transferable on change of ownership, control, location, or business activity

STATE FORM 49122 (R2 / 10-16)

Williams Bros Health Care Pharmacy, Inc.

d/b/a

Williams Bros Rx Express

To whom it may concern:

Please be advised that the State of Indiana Professional Licensing Agency (PLA) does not mail or email licensure certifications to anyone else on our behalf. Please see their web page instructions at: PLA: PLA Online Services: PLA Digital Certification

https://www.in.gov/pla/license/digital-certification/pla-digital-certification/

Please find with this application package the Digitally Certified pdf documents obtained from the Indiana Professional Licensing Agency for the IN Pharmacy license of Williams Bros Rx Express.

Thank you,

Tony Akers
Compliance Officer
Williams Bros Health Care Pharmacy
812-254-2497

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: Williams Bros. Rx Express

I, Deborah J. Frye, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to
https://secure.in.gov/apps/pla/search/verify/
and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Deborah J. Frye

Deborah J. Frye, Executive Director
Wed Jun 01 03:53:19 PM EST 2022

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record

Personal Information	
Facility Name:	Williams Bros RX Express
Address:	1908 State St New Albany, IN 47501
Owner Name:	

License Information	
Number Issued:	[redacted]
License Type:	Pharmacy - Closed Door - III
Status:	Active
Issue date:	01/05/2021
Expiration Date:	12/31/2023
Credential By:	Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at http://www.in.gov/pla/boards.htm.

Digitally Certified on: Wed Jun 01 03:53:19 PM EST 2022

4NNN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility		
■ Ambulatory Surgical Center (ASC)		
☐ Recovery Center (RC)		
Type of Application (check applicable box)		**Ownership Type (check applicable box)**
☐ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *	ASC03943	☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Medical and Dental Center of Nevada, LLC

Physical Address: 4275 Burnham Ave., Suite 101

City: Las Vegas State: NV Zip: 89119

Mailing Address (if different from physical address): n/a

City: State: Zip:

Telephone: (702) 489-3555 Fax: (702) 331-9220

Contact Email: tmontanari@mdcnv.com Website https://mdcnv.com

Nevada Business License # NV20181268665

Employed/Contracted Pharmacist Name: Mary Grear NV Pharmacist License #: 10687

Medical Director Name: Dodd Hyer,MD

Days of Operation						
■ Monday	■ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): Blue Cloud Pediatric Surgery Centers, LLC (50%) and Dr. Yevgeniy Khavkin (50%)

Corporation/Organization Name: Medical and Dental Center of Nevada, LLC

Mailing Address: 275 Burnham Ave., Suite 101

City: Las Vegas State: NV Zip: 89119

Telephone: 702-489-3555 Email: info@bluecloudpsc.com

Contact Person Name: Devin Larsen

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Mary Grear, RPh NV Pharmacist License #: 10687

As the employed/contracted pharmacist, for (ASC/RC Name): Medical and Dental Center of Nevada

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/24/2002	May 2002	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
02-036-RPH-S	NV State Board of Pharmacy

Reason/Charge
Complaint concerning records of PRN, Inc.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Mary Grear, RPh.	

Name of Business/Industry/Entity
PRN, Inc.

Provide explanation below:

A complaint was made concerning grants made by the Board of Pharmacy to PRN, Inc. in the care of Executive Director Mary Grear. The Board of Pharmacy sent notice of a request for hearing to the wrong mailing address even though the correct address was on file at the Board Office. This resulted in my not being aware that I needed to appear until after the Board Meeting. I subsequently prepared the requested documents and submitted them to the Board Auditors who found no discrepencies in the funds granted by the Board of Pharmacy to PRN, Inc. and the expense record under my administration. A rehearing was held and the case was closed finding all monies were accounted for the PRN, Inc grants.

Mary Grear, RPh

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

9/1/2022

Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Devan C. Larsen

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

6/22/22

Date

Board Use Only	Date Received: 4-19-22	Amount: 500.00 CC

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

MEDICAL AND DENTAL CENTER OF NEVADA LLC

Nevada Business Identification # NV20181268665
Expiration Date: 04/30/2023

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/15/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202202152408386
You may verify this certificate online at http://www.nvsos.gov

Effective Date : 01/01/2022
Expiration Date : 12/31/2022

State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health

License Number
9405-ASC-3

Please display this license conspicuou

This license was printed from an onlin licensing system. VERIFY LICENSE I VALID BY GOING TO: https:// nvdpbh.aithent.com/login.aspx. Go tc License Verification, Facility Locator I Inspection Reports "Click Here" and lo up by license number (Credential Number) to verify that the license is act and valid.

Should you have any changes such a Name, Administrator, Location, Chang of Ownership or Number of Beds go t https://nvdpbh.aithent.com/login.aspx

This Is To Certify That

MEDICAL AND DENTAL CENTER OF NEVADA, LLC

4275 BURNHAM AVE. #101
LAS VEGAS, NV 89119

Is hereby licensed as a(n)

SURGICAL CENTER FOR AMBULATORY PATIENTS

as provided for in Chapters 439 and 449 of the Nevada Revised Statutes and the Nevada Administrative Code and the standards, rules and regulations adopted by the Board of Health.

This facility is licensed to provide the following:

Facility Type : SURGICAL CENTER FOR AMBULATORY PATIENTS

Endorsement : CLASS - A, CLASS - B, CLASS - C

Bed Information : Operating Room - A - 4,Operating Room - B - 4,Operating Room - C - 3

DODD HYER / Administrator

MEDICAL AND DENTAL CENTER OF NEVADA, LLC,DODD HYER,YEVGENIY KHAVKIN

Lisa Sherych / Administrator

If your license is not completely accura Please contact us at (775) 684-1030 sc that we may resolve any problems.

2911

CLARK COUNTY BUSINESS LICENSE

LICENSE NUMBER: 2004866-062-101

LICENSE PERIOD: 08/01/2022 - 01/31/2023

POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION

ISSUED TO:
Medical and Dental Center of Nevada LLC
#101
4275 Burnham Ave
Las Vegas, NV 89119

BUSINESS LOCATION ADDRESS:
4275 Burnham Ave
Las Vegas, NV 89119

TYPE OF LICENSE: Healthcare & Social Services - Group 1

All signage must conform to standards set forth in Clark County Codes 30.72 and 30.48. Business owners are responsible to keep business property free of trash and graffiti, conform to all zoning codes requirements and, if applicable, all conditions set forth in a Notice of Final Action issued by Comprehensive Planning.

Current Planning Comments :

C-2 zone. Approved for outpatient surgical services.

DISCLAIMER

ISSUANCE OF A BUSINESS LICENSE IS NOT AN ENDORSEMENT OF THE BUSINESS PRACTICE OF THE LICENSEE.

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Vincent V. Queano

VINCENT V. QUEANO
DIRECTOR OF BUSINESS LICENSE

DEPARTMENT OF BUSINESS LICENSE
500 S GRAND CENTRAL PARKWAY
BOX 551810
LAS VEGAS NV 89155-1810
PHONE: (702) 455-4252

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MEDICAL AND DENTAL CENTER OF NEVADA LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/16/2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/31/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202208312969125
You may verify this certificate online at http://www.nvsos.gov

Medical and Dental Center of Nevada
Change of Ownership Application - Pharmacy License ASC03943

1. Officers and Directors: Devin Larsen, Caryl Hollinger, and Yevgeniy Khavkin will be the Managers of Medical and Dental Center of Nevada, LLC.

2. Top 4 Shareholders: Blue Cloud Pediatric Surgery Centers, LLC will own 50% of Medical and Dental Center of Nevada, LLC. Dr. Yevgeniy Khavkin, MD will own the remaining 50%. No other shareholder will maintain any direct interest in Medical and Dental Center of Nevada, LLC.

3. All Stockholders: the following individuals and entities maintain indirect or direct ownership interests in Medical and Dental Center of Nevada, LLC.
   a. Blue Cloud Pediatric Surgery Centers, LLC
   b. Dr. Yevgeniy Khavkin, MD
   c. Benson Topco
   d. The Rise Fund II Benson, LP
   e. Norwest Venture Partners XVI, LP
   f. Wells Fargo Bank N.A.
   g. The Rise Fund II DE AIV Finance, LP
   h. The Rise Fund II Benson BL, LLC
   i. The Rise Fund II Benson BDH, LP
   j. The Rise Fund II DE AIV I, LP
   k. The Rise Fund II DE AIV II, LP
   l. Washington State Investment Board
   m. Banc of Ameria Community Holdings, Inc.
   n. Kaiser Permanente Group Trust

Ownership

Name	Address	City	State	Zip	TIN/SSN	DOB
Blue Cloud Pediatric Surgery Centers LLC	182 Industrial Rd	Glen Rock	PA	17327	81-2751795	N/A
Benson Topco, LLC	182 Industrial Rd	Glen Rock	PA	76102	87-3743099	N/A
The Rise Fund II Benson, LP	301 Commerce Street, Suite 3300	Fort Worth	TX	76102	87-3733373	N/A
Norwest Venture Partners XVI, LP	525 University Avenue, Suite 800	Palo Alto	CA	94301	87-1925915	N/A
Wells Fargo Bank N.A.	420 Montgomery Street	San Francisco	CA	94104	26-0819763	N/A
The Rise Fund II DE AIV Finance, LP	301 Commerce Street, Suite 3300	Fort Worth	TX	76102	85-3011908	N/A
The Rise Fund II Benson BL, LLC	301 Commerce Street, Suite 3300	Fort Worth	TX	76102	87-3790706	N/A
The Rise Fund II BDH, LP	301 Commerce Street, Suite 3300	Fort Worth	TX	76102	85-3011300	N/A
The Rise Fund II DE AIV I, LP	301 Commerce Street, Suite 3300	Fort Worth	TX	76102	85-3009011	N/A
The Rise Fund II DE AIV II, LP	301 Commerce Street, Suite 3300	Fort Worth	TX	76102	85-3010079	N/A
Washington State Investment Board	2100 Evergreen Park Drive SW, Suite 100	Olympia	WA	98504	38-3736455	N/A
Banc of America Community Holdings, Inc.	401 N. Tryon St	Charlotte	NC	28202	43-1516602	N/A
Kaiser Permanente Group Trust	1 Kaiser Plaza	Oakland	CA	94612	94-6389453	N/A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler MEDICAL AND DENTAL CENTER OF NEVADA

Pharmacy/MDEG/Wholesaler License # (if applicable) ASC03943

Physical Address 4275 BURNHAM AVE., # 101

City LAS VEGAS State NV Zip 89119

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-489-3555 Website www.mdenv.com

Licensing Company Email tmontanari@mdenv.com

Section 2: Personal Information

First YEVGENIY Middle A Last KHAVKIN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]MEADOWHAWK LANE

City LAS VEGAS State NV Zip 89135

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Johns Hopkins University			07/05 - 06/06	
Address		City	State	Zip
1800 Orleans St		Baltimore	MD	21287
Diploma/Degree obtained, if any				
Complex Spine Fellowship				
School Name			From - To (MM/YY – MM/YY)	
University of Chicago			11/03 - 06/05	
Address		City	State	Zip
5801 S. Ellis Ave		Chicago	IL	60637
Diploma/Degree obtained, if any				
Neurosurgical Residency Training				
School Name			From - To (MM/YY – MM/YY)	
University of New Mexico			07/99 - 10/03	
Address		City	State	Zip
2211 Lomas Blvd.		Albuquerque	NM	87106
Diploma/Degree obtained, if any				
Neurosurgical Residency Training				
School Name			From - To (MM/YY – MM/YY)	
Beth Israel Deaconess Medical Center			07/98 - 06/99	
Address		City	State	Zip
330 Brookline Ave		Boston	MA	02215
Diploma/Degree obtained, if any				
Surgical Internship				
School Name			From - To (MM/YY – MM/YY)	
University of Chicago Medical School			08/95 - 06/98	
Address		City	State	Zip
5801 S. Ellis Ave		Chicago	IL	60637
Diploma/Degree obtained, if any				
M.D. Medical Degree				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/15/2022 - NOW	[redacted] MEADOWHAWK LANE	LAS VEGAS	NV	89135
8/11 - 1/22	[redacted] MEADOWHAWK LANE	LAS VEGAS	NV	89135
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
KHAVKIN CLINIC, PLLC			
Business Address	**City**	**State**	**Zip**
653 N. TOWN CENTER DR. SUITE 602	LAS VEGAS	NV	89144
Phone	**Title**		
702-888-1188	NEUROSURGEON / OWNER		

Description of Duties

Treat patients in clinic, perform surgery, run day-to-day operations of the medical practice.

Business Name			From - To (MM/YY – MM/YY)
MEDICAL & DENTAL SURGERY CENTER of NV			04/2018 - PRESENT
Business Address	**City**	**State**	**Zip**
4275 BURNHAM AVE SUITE 101	LAS VEGAS	NV	89119
Phone	**Title**		
702-489-3555	NEUROSURGEON / OWNER		

Description of Duties

Perform surgery, assist partners in day-to-day operations of the surgery center.

Business Name			From - To (MM/YY – MM/YY)
NUANCE AESTHETICS			04/2018 - PRESENT
Business Address	**City**	**State**	**Zip**
3605 S. TOWN CENTER DR. SUITE C	LAS VEGAS	NV	89135
Phone	**Title**		
702-762-3223	SHAREHOLDER		

Description of Duties

Assists partner with high-level practice management decisions.

Business Name			From - To (MM/YY – MM/YY)
KHAVKIN MEDICAL GROUP			08/13 - present
Business Address	**City**	**State**	**Zip**
653 N. Town Center Dr.	Las Vegas	NV	89144
Phone	**Title**		
702-888-1188	OWNER		

Description of Duties

Treat patients, perform surgeries

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

9/8/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

YEVGENIY KHAVKIN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/06/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, YEVGENIY KHAVKIN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/8/22

Date

Subscribed and Sworn to before me this 8th day of September. 2022

Bridget Kelly

Notary Public Signature

BRIDGET KELLY
Notary Public-State of Nevada
APPT. NO. 17-2952-1
My Appt. Expires 07-06-2025

(Seal)

waller

Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
P.O. Box 198966
Nashville, TN 37219-8966

615.244.6380 main
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Nina Wall
Nina.Wall@wallerlaw.com

September 15, 2022



VIA OVERNIGHT COURIER

Nevada Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, Nevada 89521

Re: Change of Ownership Application - Medical and Dental Center of Nevada, LLC (ASC03943)

Dear Nevada Board of Pharmacy:

Medical and Dental Center of Nevada, LLC (the "Licensee") currently operates under pharmacy permit ASC03943. Effective September 30, 2022 Blue Cloud Pediatric Surgery Centers, LLC (the "Buyer") intends to purchase fifty percent of the equity in the Licensee. Dr. Yevgeniy Khavkin will retain the remaining fifty percent interest in the Licensee. Enclosed, please find:

- A completed Ambulatory Surgery Center Application; and
- A completed Personal History Record Application.

In lieu of a Personal History Record Application for Blue Cloud Pediatric Surgery Centers, LLC, we have included an organizational chart.

Note that, shortly after closing, the Buyer intends to purchase an additional .1% of equity in the Licensee, resulting in the Buyer owning an aggregate of 50.1% of the equity in the Licensee. We do not believe that this additional .1% transfer will require any additional Board of Pharmacy filings, but please let me know if that understanding is incorrect.

It is our understanding that this submission meets the requirements for an Ambulatory Surgery Center Pharmacy Permit change of application. Please let me know if that understanding is incorrect. Please feel free to contact me at nina.wall@wallerlaw.com or 615.850.8012 for any additional information. Thank you for your assistance.

Sincerely,

Nina Wall (bmh)

Nina Wall

NRW: bmh

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ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – November 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
SS: Failure to meet controlled substance reporting requirements; failure to maintain adequate or accurate controlled substance records; inappropriate or unauthorized dispensing of medication; inappropriate acquisition or diversion of controlled substances/dangerous drugs. Practicing as a wholesaler without a license.	N/A	SS voluntarily surrendered his Pharmacist Certificate of Registration on August 2, 2021. SS may not apply for reinstatement of his pharmacist registration for a period of two (2) years; fined $5,000 and $595 in attorney's fees and costs.	PR: $10,000 fine; $1,785.77 in attorney's fees and costs.
KMC: Reprimanded for engaging in the business of furnishing medical devices in Nevada without a license.	N/A	N/A	Licensed suspended.
DF: Disciplined in CA for diversion and use of controlled substances, specifically Oxycodone and Amphetamine-dextroamphetamine from the pharmacy where he was employed as the pharmacist-in-charge.	N/A	Revocation; the revocation is stayed, and DF is placed on probation until April 27, 2025, with conditions.	N/A
LH-S: Practicing without a valid CS registration; failure to maintain adequate or accurate controlled substance records.	N/A	CS registration is suspended; the suspension is stayed and LH-S is placed on probation for one year; fined $5,000.00; $500.00 in attorney's fees and recoverable costs; and shall successfully pass quarterly inspections; LH-S to reimburse the Board for quarterly inspection costs.	N/A
RW: Failure to comply with Board Order; failure to comply with PMP monitoring requirements.	N/A	CS registration is suspended immediately for a period of 180 days. RW shall be re-trained as a prescriber in the PMP and the previous probation period shall be extended to 48 months beginning immediately.	N/A
MC: Practicing without a valid CS registration.	N/A	Revocation; $715.87 in attorney's fees and recoverable costs. MC	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – November 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		may not petition the Board for reinstatement for a period of one year from the effective date of the Order.	
MD: Practicing without a valid CS registration.	N/A	Fined $5,000.00 and $750.00 in attorney's fees and recoverable costs. Required to appear before the Board if he applies for renewal of his CS registration.	N/A
LO-S: Practicing without a valid CS registration.	N/A	Revocation. LO-S may not petition the Board for reinstatement for a period of two years from the effective date of the Order. In the event Respondent petitions for reinstatement, or applies for any other certificate, license or permit with the Board, she shall submit to an evaluation completed by the Nevada Professional Assistant Program or Professional Recovery Network.	N/A
AC: Practicing with expired TD registrations for 7 dispensing practitioners.	N/A	Fined $5,000; $250 in recoverable attorney's fees and costs.	N/A
SR, VR, EG, SA, TS, AB, JC: Respondents' TD practiced with expired TD registration for 145 days.	N/A	Fined $5,000.00; $250 in recoverable attorney's fees and costs.	N/A
UG: Failed to disclose on his renewal application for the years 2019 and 2021, a criminal indictment and conviction for violation of Controlled Substances Act.	N/A	Revoked; $384.13 in recoverable attorney's fees and costs.	N/A
VCP: Compounding violations.	N/A	Fined $5,000; $1,500 in recoverable attorney's fees and costs; undergo Board inspection.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – November 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
ES: Dispensed clinical trial medications without a valid dispensing practitioner registration.	N/A	Fined $2,000.	N/A
SM: Practicing without a valid CS license; inadequate security for controlled substances; failure to properly secure expired drugs.	N/A	CS is suspended; the suspension is stayed and SM is placed on probation 1 year; fined $5,000; $500.00 in recoverable attorney's fees and costs; undergo quarterly Board inspections for one year.	N/A
JS: Unauthorized access to PMP. PH: Failed to log out of the pharmacy computer to prevent unlawful access to the PMP.	N/A	JS: revoked; revocation is stayed and JS is placed on 1 year probation. JS shall complete 2 additional hours of CE (ethics/HIPAA); attend in-person, the disciplinary component of two board meetings during the one-year probation period; fined $500; $793.89 in recoverable attorney's fees and costs. PH: $500 in recoverable attorney's fees and costs.	N/A
NZ: Failed to discontinue a medication which caused the erroneous dispensing of said prescription via auto-refill on 4 occasions	N/A	Fined $1,000; $500 in recoverable attorney's fees and costs; complete two additional hours of CE on error prevention.	WG: Fined $1,000; $500 in recoverable attorney's fees and costs.
AK: Surrendered his DEA Certificate of Registration for cause; license to practice medicine in Nevada revoked for cause.	N/A	Revoked.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – November 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
GD, IW, KG, MM: Practicing with an expired CS license.	N/A	Fined $5,000; $750 in recoverable attorney's fees and costs.	N/A
RH, RH: Practicing with an expired CS license.	N/A	Revoked; fined $5,000; $594.30 in recoverable attorney's fees and costs.	N/A
AG: Engaged in furnishing medical devices in Nevada without a license.	N/A	Fined $5,000; $500 in recoverable attorney's fees and costs.	N/A
AK: Practicing with an expired CS license.	N/A	Fined $5,000; $649.30 in recoverable attorney's fees and costs.	N/A
AM: Practicing with an expired CS license.	N/A	Fined $5,000; $750 in recoverable attorney's fees and costs.	N/A
KS & TS: Failure to keep complete and accurate records of nonsterile compounded drug products; failure to verify accuracy of dispensed compounded drug products; failure to establish policies and procedures for compounding/dispensing nonsterile drug products; failure to maintain accurate biennial inventories of controlled substances; KS: failure to report dispensing of controlled substances to the PMP.	N/A	KS placed on probation for 2 years fined $5000; $1,000 in recoverable attorney's fees and costs. KS shall not apply for the biennial renewal of Certificate of Registration No. PD00333, shall automatically forfeit that registration upon expiration on October 21, 2022. TS placed on probation for 2 years; fined $4000; $1,000 in recoverable attorney's fees and costs. TS shall not apply for the biennial renewal of Certificate of Registration No. TD01379, shall automatically forfeit that registration upon expiration on October 21, 2022.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – November 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
RB-R & AB: allowing and/or supervising the unlawful prescribing of controlled substances to two minor children without first establishing bona fide therapeutic relationships by a physician assistant under their supervision; failure to comply with PMP requirements.	N/A	RB-R & AB fined $10,000; $500 in recoverable attorney's fees and costs; 2 hours of CE regarding prescribing controlled substances.	N/A
JB: Prescribed controlled substances to two minor children without first establishing bona fide therapeutic relationships; failure to comply with PMP requirements.	N/A	Fined $5,000; $500 in recoverable attorney's fees and costs; 4 hours of CE regarding prescribing controlled substances.	N/A
RB-R & AB: Failure to comply with Board Order.	N/A	RB-R & AB controlled substance certificate of registrations revoked; the revocation is stayed and the previous probation period will be extended for an additional 24 months ending June 1, 2024. Both will be re-trained in the PMP.	N/A
ND admits that evidence exists to establish a factual basis for alleged violations related to a filling/dispensing error.	N/A	Fined $500.00 and assessed $500.00 in recoverable attorney's fees and costs.	N/A
RS surrendered his DEA Certificate of Registration.	N/A	Revoked.	N/A
AS, SW, WT: Practicing with an expired CS license.	N/A	AS, SW: Fined $5,000.00 and assessed $500.00 in recoverable attorney's fees and costs. WT: Fined $5,000.00 and assessed $750.00 in	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – November 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		recoverable attorney's fees and costs.	
HRX admits that evidence exists to establish a factual basis for alleged violations related to falsely certifying to the Board that they had not been subject to a board citation or administrative action.	N/A	N/A	Fined $5,000.00 and assessed $500.00 in recoverable attorney's fees and costs.
PS, 3Ms, VH operated without an administrator.	N/A	N/A	Fined $1,000.00 and assessed $500.00 in recoverable attorney's fees and costs.
NI admits that evidence exists to establish a factual basis for alleged violations related to failure to register a second location in Nevada and engaged in the business of furnishing medical devices to Nevada patients from that location without a license.	N/A	N/A	Fined $5,000.00 and assessed $500.00 in recoverable attorney's fees and costs.
QKI disciplined by the CA Board of Pharmacy for the loss of approximately 173,113ml of promethazine with codeine. QKI falsely certified to the Nevada Board on his 2019 renewal that he had not been the subject of a board citation or administrative action in any state.	N/A	Fined $10,000.00; assessed $750.00 in recoverable attorney's fees and costs.	N/A
WC admits that evidence exists to establish a factual basis for alleged violations related to the diversion of controlled substances. WC surrendered his DEA Certificate of Registration for cause.	N/A	Revoked.	N/A
KAN admits that evidence exists to establish a factual basis for alleged violations related to the failure to timely renew her DEA Certificate of Registration and wrote one or	N/A	Fined $5,000.00 and assessed $500.00 in recoverable attorney's fees and costs.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – November 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
more prescriptions for a controlled substance without a valid registration.			
AM: The Board approved PTT application on the condition that she provide a completed copy of the court-ordered mental health/substance abuse counseling report and confirmation that she had tested negative on her most recent drug and alcohol assessment. AM failed to submit the required documentation.	N/A	Revoked; assessed $304.41 in in recoverable attorney's fees and costs.	N/A
MH: The NSBME suspended Respondent's license to practice medicine. MH no longer qualifies for a controlled substance registration.	N/A	CS registration suspended; assessed $500.00 in recoverable attorney's fees and costs.	N/A
SW permitted persons not licensed as practitioners in Nevada to fraudulently issue prescriptions for controlled substances and/or dangerous drugs under his credentials; failure to query the PMP database; failure to disclose administrative actions to the Board on his 2020 biennial renewal application and on his applications for two additional controlled substance registrations.	N/A	Revoked; fined $5,000.00; assessed $4,600.00 in recoverable attorney's fees and costs.	N/A
RT & CT each pre-signed, pre-wrote or pre-dated controlled substance and/or dangerous drug prescriptions and allowed staff to complete information on written prescriptions for patients while they were engaged in overseas travel.	N/A	CS registrations are suspended; suspensions are stayed and RT/CT are placed on probation for 2 years; fined $4,000.00; assessed $2,000.00 in recoverable attorney's fees and costs.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – November 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
GS prescribed controlled substances, primarily in the form of testosterone, to Nevada patients during the period while his controlled substance registration no. and/or DEA Registration was expired; failed to disclose a board citation or an administrative action; failed to register with the Prescription Monitoring Program.	N/A	Fined $10,000.00; assessed $750.00 in recoverable attorney's fees and costs.	N/A
DE failed to timely renew his controlled substance registration and prescribed controlled substances to Nevada patients during the period his registration was expired.	N/A	Fined $5,000.00; assessed $500.00 in recoverable attorney's fees and costs.	N/A
AC dispensed study medications, consisting of controlled substances and dangerous drugs, without the required registration.	N/A	Fined $5,000.00 and assessed $500.00 in recoverable attorney's fees and costs.	N/A
NE compounded drug products in violation of law; filled prescriptions with copied signatures; and failed to document prescriptions received by telephone.	N/A	Revoked; the revocation stayed, and NE is placed on probation for 5 years. NE shall not be a managing pharmacist for 2 years; fined $5,000.00; assessed $900.00 in recoverable attorney's fees and costs.	LVS-Rx revoked; revocation stayed, and LVS-Rx is placed on probation for 2 years; quarterly inspections for a period of 2 years; all pharmacist staff who will engage in compounding shall complete a compounding training within 6 months; fined $10,000.00; assessed $940.50 in recoverable attorney's fees and costs.
RW: On Second Order to Show Cause for prescribing a controlled substance on a suspended registration in violation of previous orders, Respondent's controlled substance registration is revoked.	N/A	Revoked; may not petition for reinstatement for a period of 5 years.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – November 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
SD reprimanded for violations related to pre-signed, pre-written or pre-dated controlled substance and/or dangerous drug prescriptions and allowing staff to complete information on written prescriptions for patients while he was engaged in overseas travel.	N/A	2-year probation; fined $5,000.00; assessed $3,834.50 in recoverable attorney's fees and costs; 4 additional CEs regarding proper prescribing of controlled substances; 1 hour PMP training and 1 hour controlled substance prescribing with board staff.	N/A
CO failed to maintain accurate and complete records for controlled substance inventories and ensuring the security thereof in the operation of his pharmacy.	N/A	Revoked; the revocation is stayed, and CO is placed on probation for 5 years, during which time he may not work as a managing pharmacist at any pharmacy licensed by the Board or hold an ownership interest in any pharmacy licensed by the Board. Fined $5,000.00; assessed $500.00 in recoverable attorney's fees and costs.	N/A
MG: perform duties as a pharmaceutical technician while intoxicated.	N/A	Shall not apply for the biennial renewal of PT certificate and shall automatically forfeit that registration upon expiration on October 31, 2022; shall not engage in practice as a pharmaceutical technician.	N/A
HC: failed to put into practice policies and procedures to ensure that dangerous drugs were possessed, administered to patients, furnished or dispensed in compliance with all federal and state statutes	N/A	Fined $5,000.00; assessed $1,000.00 in recoverable attorney's fees and costs; establish policies and procedures to ensure compliance with all federal and state	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – November 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
and regulations regarding dangerous drugs.		statutes and regulations regarding controlled substances and dangerous drugs.	
DH & JR: filled a prescription with the incorrect quantity of medication and verified the final product as accurate, which caused the erroneous dispensing of said medication.	N/A	DH: Fined $500.00; two additional hours of CE on error prevention. JR: Fined $1,000.00; two additional hours of CE on error prevention.	WG: Fined $2,000.00; assessed $750.00 in recoverable attorney's fees and costs.
CH: made handwritten changes to the beyond use dating of dexamethasone syringes without clearing this practice with the supervisor or managing pharmacist.	N/A	Revoked; fined $1,000 and assessed $856.50 in recoverable attorney's fees and costs.	N/A
TR: failed to enter the correct patient's name and prescriber information during data entry resulting in the erroneous dispensing of a duplicate and mislabeled prescription. MN: failed to accurately verify medication at data entry review leading to dispensing a duplicate and mislabeled prescription.	N/A	TR: fined $1,000.00 and assessed $500.00 in recoverable attorney's fees and costs. MN: fined $1,000.00, assessed $500.00 in recoverable attorney's fees and costs, and two additional hours of CEs on proper dispensing practices and/or medication review.	Fined $2,000.00; assessed $1,000.00 in recoverable attorney's fees and costs.
SE: erroneously dispensed a prescription for sildenafil 20mg instead of montelukast 10mg as prescribed.	N/A	Fined $1,000.00; assessed $500.00 in recoverable attorney's fees and costs.	WG: Fined $2,000.00; assessed $1,000.00 in recoverable attorney's fees and costs.
GB: falsified her application for pharmaceutical technician in training by indicating she was a high school graduate or equivalent when she was not. Worked for 713 days without a valid registration.	N/A	Revoked; fined $1,000.00; assessed $116.25 in recoverable attorney's fees and costs.	WG: Fined $2,000.00; assessed $1,000.00 in recoverable attorney's fees and costs.
HT: dispensed the wrong dosage of Morphine Sulfate 30 mg instead of 15 mg,	N/A	HT & TW: Fined $1,000.00 and assessed $500.00 in recoverable	WG: Fined $2,000.00 and assessed $1,000.00 for

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – November 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
failure to accurately verify medication at data entry review and final product review. TW: overrode a DUR alert(s) resulting in the erroneous dispensing of a medication.		attorney's fees and costs.	recoverable attorney's fees and costs.
CVS 8779: failure to maintain prescription records.	N/A	N/A	Fined $1,000.00 and $500.00 in recoverable attorney's fees and costs.
CVS 9841: failure to maintain prescription records.	N/A	N/A	Fined $1,000.00 and $500.00 in recoverable attorney's fees and costs.
WS: surrendered his NVBME to practice medicine and no longer qualifies for a controlled substance registration.	N/A	Revoked	N/A
CPMS Rx: disciplined by CA Board for violations related to compounding pharmacy regulations.	N/A	N/A	Revoked; assessed $955.01 in recoverable attorney's fees and costs.
SM-T: allowed RN staff and/or other unlicensed persons to access, possess, administer, dispense, and/or prescribe dangerous drugs to patients while Respondent was out of the office; failed to maintain properly locked security of drugs.	N/A	Fined $5,000.00; assessed $500.00 for recoverable attorney's fees and costs.	N/A
ADC: diverted, acquired, possessed and/or used controlled substances.	N/A	Revoked; assessed $499.52 in recoverable attorney's fees and costs.	N/A
RAR: failed to complete her registration to dispense controlled substances and wrote controlled substances for Nevada patients without first obtaining a Controlled Substance Registration; failed	N/A	Fined $5,000.00; assessed $500.00 in recoverable attorney's fees and costs.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – November 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
to comply with PMP monitoring requirements.			
KB: permitted his medical assistant to prescribe and authenticate controlled substances under his name by allowing access/providing authentication codes and second authentication passcodes to his medical assistant.	N/A	Fined $5,000.00; $500.00 in recoverable attorney's fees and costs.	N/A
SB: prescribed controlled substances to Nevada patients during the period where her controlled substance registration was expired.	N/A	Fined $5,000.00; $542.45 in recoverable attorney's fees and costs.	N/A
CS: prescribed controlled substances to Nevada patients during the period where her controlled substance registration was expired.	N/A	Fined $5,000.00 and $500.00 in recoverable attorney's fees and costs.	N/A

5A

FILED
AUG 31 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #10861,** **Pharmacy License No. PH03798,** **YUNA EUN, RPH,** **Certificate of Registration No. 19627, and** **CYNTHIA TO, RPH,** **Certificate of Registration No. 19604,** **Respondents.**	**CASE NOS. 18-008-PH-S** **18-008-RPH-A-S** **18-008-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent CVS Pharmacy #10861 ("CVS") held a Nevada Pharmacy License No. PH03798, Respondent Yuna Eun, RPh, ("Eun") held a Nevada Pharmacist Certificate of Registration No. 19627, and Respondent Cynthia To, RPh, ("To") held a Nevada Pharmacist Certificate of Registration No. 19604, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent CVS is located at 8491 Farm Road in Las Vegas, Nevada.

3. Respondent Eun was employed as the pharmacy manager of CVS during the alleged and relevant timeframes.

4. Respondent To was employed as a staff pharmacist of CVS during the alleged and relevant timeframes.

5. On or about January 10, 2018, Dr. N.H. wrote a prescription for patient E.R. for a quantity of sixty (60) trazodone HCI 50 mg tablets with instructions to take 1-2 tablets at bedtime. Trazodone is generally prescribed as a sleep aid, to treat depression, and/or to treat anxiety.

6. Patient E.R. presented the written prescription to CVS, and CVS designated prescription number 109100.

7. During the data entry process, Respondent To mistakenly selected tramadol instead of trazodone from the drop-down menu in the computer. A label was printed, and PT A.M. filled the prescription with tramadol 50 mg. Tramadol is a schedule IV strong opioid pain killer.

8. Respondent Eun performed data entry verification, drug utilization review ("DUR") overrides, and final verification. DURs included three (3) hard-stop warnings and twelve (12) soft-stop warnings. The three hard-stop warnings consisted of (1) drug allergy to Norco, (2) drug allergy to tramadol, and (3) duplicate therapy oxycodone-acetaminophen filled on December 29, 2017.

9. Prescription number 109100 containing the wrong medication ***tramadol*** 50mg instead of the correct medication, **trazodone HCI 50 mg,** was sold/dispensed to patient E.R. at 6:26 p.m. on January 10, 2018.

10. At the time of dispensing, Respondent Eun did not verbally provide counseling to patient E.R. and did not document whether counseling was provided or refused.

11. Patient E.R. experienced symptoms of itchiness and urinary retention after taking 4 total pills, so she discontinued taking the misfilled tramadol medication as it did not help her to fall sleep.

APPLICABLE LAW

12. A pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and personnel with all state, and federal laws and regulations regarding the operation of the pharmacy. NRS 639.220(1).

13. Unprofessional conduct includes a licensee failing strictly to follow the instructions of the prescribing practitioner in filling of and/or content of the label of the prescription. NAC 639.945(1)(d).

14. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

15. A pharmacist shall provide verbal counseling to a patient concerning the name and use of the drug, and shall document whether counseling was provided or refused. NAC 639.707(1), (2), and (6)(b).

16. A managing pharmacist is responsible for overseeing and verifying the work of employees. A managing pharmacist is also responsible for violations committed by the pharmacy's employees. NAC 639.702.

17. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230; NAC 639.702; NAC 639.945.

18. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT
Unprofessional Conduct – Failure to Strictly Follow Instructions of Prescribing Practitioner
(Respondents Eun and To)

19. Respondent To engaged in unprofessional conduct when she failed to enter the prescription data correctly, therefore failed to strictly follow the instructions of the prescribing practitioner N.H. to fill **trazodone** instead of the incorrect medication ***tramadol*** in violation of NAC 639.945(1)(d), and is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

20. Respondent Eun engaged in unprofessional conduct when she failed to recognize the incorrect filling of the prescription pursuant to the instructions of the prescribing practitioner upon data entry verification, DUR, and final verification resulting in the sale of tramadol instead of the correct prescribed medication trazodone in violation of NAC 639.945(1)(d), and is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

SECOND COUNT
Unprofessional Conduct – Incompetent, Unskillful and Negligent Conduct
(Respondents Eun and To)

21. Respondent To engaged in unprofessional conduct and conduct contrary to the public interest, and performed her duties in an incompetent, unskillful or negligent manner when she failed to enter the prescription of trazodone correctly, and is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

22. Respondent Eun engaged in unprofessional conduct and conduct contrary to the public interest, and performed her duties in an incompetent, unskillful or negligent manner when she failed to correctly verify the prescription of trazodone at data entry verification, DUR, and final verification, and is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

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THIRD COUNT
Failure to Provide/Document Counseling
(Respondent Eun)

23. Respondent Eun failed to provide counseling to patient E.R. and did not document if counseling was provided or refused in violation of NAC 639.707(1), (2), and (6)(b), and is therefore subject to discipline pursuant to NRS 639.210(12), (15), and/or NRS 639.255.

FOURTH COUNT
Pharmacy/Pharmacy Owner Responsibility
(Respondent CVS)

24. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, CVS is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.702, NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license(s)/registration(s) of these Respondents.

Signed this 31st day of August 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary
of the Nevada State Board of Pharmacy, for and on
behalf of J. David Wuest, R.Ph., Executive Secretary
of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #10861,** **License No. PH03798** **Respondent.**	**CASE NO. 18-008-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 31st day of August, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #10861,** **License No. PH03798,** **Respondent.**	**CASE NO. 18-008-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR CVS PHARMACY #10861

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of September 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

CVS Pharmacy #10861
8491 Farm Rd.
Las Vegas, NV 89131

Brian Convey, Esq.
Senior Legal Counsel – CVS Health
200 Campus Drive, Suite 310
Florham Park, NJ 07932

Yuna Eun, RPH
[redacted] Surfs Up Dr.
Las Vegas, NV 89128

Cynthia To, RPH
[redacted] Wellington Peak Road
Las Vegas, NV 89148

Cynthia To, RPH
[redacted] E Sunset Road #16
Las Vegas, NV 89119

Darlene Nases

DARLENE NASES

5B

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **YUNA EUN, RPH,** **Certification of Registration No. 19627,** **Respondent.**	**CASE NO. 18-008-RPH-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 31st day of August, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **YUNA EUN, RPH,** **Certification of Registration No. 19627,** **Respondent.**	**CASE NO. 18-008-RPH-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

YUNA EUN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of September 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

CVS Pharmacy #10861
8491 Farm Rd.
Las Vegas, NV 89131

Brian Convey, Esq.
Senior Legal Counsel – CVS Health
200 Campus Drive, Suite 310
Florham Park, NJ 07932

Yuna Eun, RPH
[redacted] Surfs Up Dr.
Las Vegas, NV 89128

Cynthia To, RPH
[redacted] Wellington Peak Road
Las Vegas, NV 89148

Cynthia To, RPH
[redacted] E Sunset Road #16
Las Vegas, NV 89119

Darlene Nases
DARLENE NASES

5C

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CYNTHIA TO, RPH,** **Certification of Registration No. 19604,** **Respondent.**	**CASE NO. 18-008-RPH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 31st day of August, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CYNTHIA TO, RPH,** **Certification of Registration No. 19604,** **Respondent.**	**CASE NO. 18-008-RPH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

CYNTHIA TO, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of September, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

CVS Pharmacy #10861
8491 Farm Rd.
Las Vegas, NV 89131

Brian Convey, Esq.
Senior Legal Counsel – CVS Health
200 Campus Drive, Suite 310
Florham Park, NJ 07932

Yuna Eun, RPH
[redacted] Surfs Up Dr.
Las Vegas, NV 89128

Cynthia To, RPH
[redacted] Wellington Peak Road
Las Vegas, NV 89148

Cynthia To, RPH
[redacted] E Sunset Road #16
Las Vegas, NV 89119

Darlene Nases
DARLENE NASES

5D

FILED
OCT 14 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913,** **Respondents.**	**CASE NOS. 19-100-PH-S** **19-100-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Walgreens Pharmacy #4854 ("Walgreens") held a Nevada Pharmacy License No. PH01293, Respondent Minhquang D. Nguyen, RPh, ("M. Nguyen") held a Nevada Pharmacist Certificate of Registration No. 15913, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Walgreens is located at 4771 W. Craig Road in North Las Vegas, Nevada.

3. Respondent Nguyen was employed as the pharmacy manager of Walgreens during the alleged and relevant timeframes.

4. On April 15, 2019, Board Inspector Leo Basch ("Basch") found certain violations, or expired drugs/medications.

Probiotic – expiration date 2/2019

Humalog mix 50/50 vial – expiration date 7/2018

Promethazine suppositories – expiration date 12/2018

5. In addition, there was a manufacturer's box of promethazine suppositories with an expiration date of 12/2018, which contained a partial quantity.

6. Eight (8) boxes of Protofoam were in the refrigerator, when the packaging specifically state "do not refrigerate".

7. MMR vaccine, expiration date 5/18/2018, and diluent, expiration date 4/21/2019 were found in the freezer. Even though the MMR box had the letters "EXP" written on it, the MMR was still in the pharmacy's active inventory.

8. In room temperature storage, numerous expired drugs were discovered. Some were in manufacturers' original bottles and some with Walgreens amber vials with patient labels that had apparently been returned to stock.

9. Inspector Basch notified Respondent Nguyen that corrective actions included removing expired refrigerated products within three (3) days and removing expired non-refrigerated products within fourteen (14) days. Further, staff was instructed to review all active inventory to remove expired medications/drugs.

10. On or about April 26, 2019, Respondent Nguyen sent an email to the Board inspector stating that the tasks to review expired drugs in refrigeration and active inventory was completed.

11. However, on May 1, 2019, when Board inspectors returned to re-inspect Walgreens, Board inspectors discovered six (6) expired medications in Walgreens' amber vials, and found an additional violation of unlabeled liquid in an amber bottle on a shelf of active

inventory. Further, it appeared that the same expired medications noted on the original inspection were still on the pharmacy shelves in active inventory.

APPLICABLE LAW

12. A pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and personnel with all state, and federal laws and regulations regarding the operation of the pharmacy. NRS 639.220(1).

13. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

14. Drugs are deemed adulterated if they consist in whole or in part any filthy or decomposed substance. NRS 585.370.

15. A prescription drug that is outdated, damaged, or deteriorated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601.

16. False statements to the Board or its representatives are grounds for the suspension or revocation of a license/registration. NRS 629.210(9).

17. A managing pharmacist is responsible for overseeing and verifying the work of employees. A managing pharmacist is also responsible for violations committed by the pharmacy's employees. NAC 639.702.

18. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230; NAC 639.702; NAC 639.945.

19. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT
Unprofessional Conduct – Failure to Separate and Remove Expired Drug Stock
(Respondent Nguyen)

20. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i) and performed his duties in an incompetent, unskillful or negligent manner when he failed to separate, and clear inventory of expired medications or adulterated drugs in violation of NRS 585.370, NAC 639.601, and is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

SECOND COUNT
Unprofessional Conduct – Providing False Statement to Board's Representative
(Respondent Nguyen)

21. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1) when he misrepresented to the Board's inspector that the expired medications were properly disposed when they were not, and is therefore subject to discipline pursuant to NRS 639.210(9) and/or NRS 639.255.

THIRD COUNT
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens)

22. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license/registration of these Respondents.

Signed this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WALGREENS PHARMACY #4854, License No. PH01293, Respondent.	CASE NO. 19-100-PH-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854,** **License No. PH01293,** **Respondent.**	**CASE NO. 19-100-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #4854

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreen's Pharmacy #4854
4771 W Craig Rd
North Las Vegas, NV 89032

Minquang Nguyen, RPH
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minquang Nguyen, RPH
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

KRISTOPHER MANGOSING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913,** **Respondents.**	**CASE NOS. 19-100-PH-S** **19-100-RPH-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Walgreens Pharmacy #4854 ("Walgreens"), Pharmacy License No. PH01293, and Respondent Minhquang D. Nguyen, RPh ("Nguyen"), Certificate of Registration No. 15913, jointly by and through counsel**,** William Stilling, Esq. of Stilling & Harrison,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over Respondents and these matters.

2. On or about October 14, 2022, Board Staff served Respondents Walgreens, and Nguyen with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. In lieu of filing an Answer through commonly retained counsel, William Stilling, Esq., this Stipulation and Order is being submitted for the Board's consideration.

4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS

Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i) and performed his duties in an incompetent, unskillful or negligent manner when he failed to separate, and clear inventory of expired medications or adulterated drugs in violation of NRS 585.370, NAC 639.601.

B. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1) when he misrepresented to the Board's inspector that the expired medications were properly disposed when they were not.

C. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for those violations, including those of the pharmacy's employees, pursuant to NRS 639.230, NAC 639.702, and/or NAC 639.945(2).

8. These violations are pleaded with particularity in the Accusation, and are grounds for disciplinary action against Respondents pursuant to NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Nguyen's, Certificate of Registration No. 15913, is hereby suspended. However, the suspension is immediately stayed. Respondent Nguyen shall be placed on probation for one (1) year from the date of entry of the Order. During the 1-year probationary period, Respondent Nguyen shall not violate any federal or state law pertaining to the dispensing of controlled substances and/or dangerous drugs. If Respondent Nguyen successfully completes the conditions of the probationary period, then after 1 year, Respondent's Certificate of Registration No. 15913 shall be fully restored. In addition, Respondent Nguyen agrees to stipulate to the following penalties and/or conditions:

A. Respondent Nguyen shall pay a fine of Three-Thousand Dollars ($3,000.00) for the violations; and

B. Respondent Nguyen shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens, Pharmacy License No. PH01293 stipulate to the following penalties and/or conditions:

A. Respondent Walgreens shall pay a fine of Two-Thousand Dollars ($2,000.00) for the violations; and

B. Respondent Walgreens shall pay One-Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

11. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on November 30, 2022. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**State of Nevada, Office of the Treasurer**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 17th **day of November, 2022**



WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this____day of November, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this____day of November, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this____day of November, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of November, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this 17 day of November, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this ___ day of November, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of November, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of November, 2022

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of November, 2022

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this 17th day of November, 2022

WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of November, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of November, 2022

_____
WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293

Signed this ___ day of November, 2022

_____
MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913

APPROVED AS TO FORM AND CONTENT
this ___ day of November, 2022

_____
WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of November, 2022

_____
COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Minhquang D. Nguyen, RPH, Certificate of Registration No. 15913, in Case Nos. 19-100-PH-S, 19-100-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of November, 2022.

_____
Helen Park, President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. MINHQUANG D. NGUYEN, RPH, Certification of Registration No. 15913 Respondent.	CASE NO. 19-100-RPH--S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MINHQUANG D. NGUYEN, RPH,** **Certification Of Registration No. 15913,** **Respondent.**	**CASE NO. 19-100-RPH--S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

MINHQUANG D. NGUYEN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreen's Pharmacy #4854
4771 W Craig Rd
North Las Vegas, NV 89032

Minquang Nguyen, RPH
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minquang Nguyen, RPH
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

KRISTOPHER MANGOSING

5F

FILED
OCT 10 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. JOSETTE ELLEN SPOTTS, MD, Certificate of Registration No. CS07110, Respondent.	CASE NO. 22-396-CS-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Josette Ellen Spotts, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS07110, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about September 16, 2022, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-10144-1, in which Respondent surrendered her NSBME License No. 6917 to practice medicine for violations of NRS Chapter 630.

3. On or about September 29, 2022, Board staff served Respondent with notice that the surrender of her NSBME License No. 6917 operated as an immediate suspension of her Certificate of Registration No. CS07110 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

APPLICABLE LAW

4. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03.

5. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

6. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

7. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, 454.00958 or 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

COUNT ONE

Commission of Acts that Render Registration Inconsistent with the Public Interest

8. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-10144-1, Respondent has committed acts that render her registration inconsistent with the public interest, no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

COUNT TWO
Surrender of License to Practice Medicine

9. By the surrender of her NSBME License No. 6917 to practice medicine, Respondent has committed acts that render her registration to dispense controlled substances inconsistent with the public interest, no longer qualifies for registration to dispense controlled substances under federal or state law, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

10. The pre-hearing suspension of Respondent's Certificate of Registration No. CS07110 pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

DATED this 10 day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. JOSETTE ELLEN SPOTTS, MD, Certificate of Registration No. CS07110, Respondent.	Case No. 22-396-CS-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 10 day of OCTOBER, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. JOSETTE ELLEN SPOTTS, MD, Certificate of Registration No. CS07110, Respondent.	Case NO. 22-396-CS-S ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

JOSETTE ELLEN SPOTTS, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Josette Ellen Spotts, MD
[redacted] Warm Springs Road [redacted]
Henderson, NV 89014

Josette Ellen Spotts, MD
[redacted] Villandry Ct.
Henderson, NV 89074

SHIRLEY HUNTING

Nevada State Board of Medical Examiners

IN THE MATTER OF CHARGES AND COMPLAINT AGAINST

JOSETTE ELLEN SPOTTS, M.D.

SETTLEMENT AGREEMENT

Case No: 21-10144-1

Board Meeting Date: September 16, 2022

ADJUDICATING MEMBERS

Victor M. Muro, M.D.
Ms. Maggie Arias-Petrel
Chowdhury H. Ahsan, M.D., Ph.D., FACC
Ms. Pamela J. Beal
Nicola (Nick) M. Spirtos, M.D., FACOG

INDEX

1. COMPLAINT

2. SETTLEMENT AGREEMENT

1

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **JOSETTE ELLEN SPOTTS, M.D., Respondent.**	**Case No. 21-10144-1**

FILED
JUL 14 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert G. Kilroy, Esq., Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Josette Ellen Spotts, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. At all times relative to this Complaint, Respondent held an active license to practice medicine in the State of Nevada (License No. 6917), and originally licensed by the Board on October 2, 1993.

2. Patient A[2] was a fifty-six (56) year-old female at the time of the events at issue.

3. On September 27, 2016, Patient A underwent a diagnostic mammogram and ultrasound, which revealed bilateral BI-RADS 4 breast masses. The radiologist recommended an ultrasound guided breast biopsy.

4. On October 5, 2016, Patient A was referred to Respondent. Patient A had an abnormal mammogram and breast ultrasound for which a biopsy was recommend. Respondent

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[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Mr. M. Neil Duxbury, and Aury Nagy, M.D.

[2] Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

examined Patient A, and based upon her evaluation of the patient and review of previous mammograms from 2016 and 2015, Respondent believed the patient's findings were more consistent with a heterogeneously dense breast described in the 2015 mammogram study instead of the bilateral BI-RADS 4 breast masses indicated on the 2016 mammogram report. Following Respondent's review of the ultrasound report of both of Patient A's breasts, it was her medical opinion that the findings were consistent with benign fibrocystic changes in both breasts. Respondent determined that the previously recommended biopsy by the radiologist was not necessary. Specifically, Respondent's records state "the findings are consistent with benign fibrocystic changes bilaterally and the findings in the breast, seen by ultrasound, are, in my opinion, not suspicious for malignancy, therefore biopsy is not recommended."

5. On February 15, 2017, Patient A presented to Respondent and reported that since her last visit on October 5, 2016, she felt a new mass on her right axilla. A biopsy was performed on the breast tissues on both sides and the pathology report listed an invasive ductal carcinoma in both breasts. When Patient A presented to Respondent to discuss the pathology results and treatment options, Respondent ordered an MRI with and without contrast on both breasts. Respondent did not note the inconsistent, discordant results of the right axillary biopsy and characterized Patient A as a Stage 1 breast cancer patient. Respondent did not recognize that her clinical exam of a firm right axillary lymph node, along with the biopsy result that did not reveal any lymph node tissue within the biopsy specimen, which should have warranted further evaluation by Respondent. Here, Respondent characterized Patient A as "T1c N0 MX" and documented that she was "lymph node negative" and based upon these two factors, Respondent recommended that Patient A proceed with surgery instead of a less-invasive treatment of neoadjuvant chemotherapy. Both factors were incorrect in Respondent's diagnosis and treatment plan and thus were in error.

6. On February 21, 2017, Patient A had the MRI on both breasts and the report from the MRI stated the following: a) the right breast had several masses with susceptibility characteristic of malignancy; b) the left breast had a mass most characteristic of malignancy. Respondent did not have any further involvement in her care since Patient A did not return.

On February 27, 2021, Patient A Informed Respondent that she was no longer comfortable continuing her care because Respondent did not conduct or order a biopsy of her breasts during the October 5, 2016 visit because Respondent misdiagnosed her condition as benign. Patient A was eventually diagnosed with Stage 3 breast cancer.

COUNT I

NRS 630.301(4) (Malpractice)

7. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

8. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

9. NAC 630.040 defines malpractice as the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

10. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when she provided medical services to Patient A by not recommending nor ordering a biopsy after the October 5, 2016 mammogram findings. Additionally, she failed to diagnose Patient A's clinical presentation of breast cancer. The inaction of not ordering a biopsy was unreasonable. Respondent made inappropriate recommendations regarding Patient A's treatment and ultimately causing the patient to make inappropriate and delayed decisions about her medical plan. Respondent acted unreasonably with her care, skill and knowledge regarding her characterization of Patient A as "T1c N0 MX" and when she documented that Patient A she was "lymph node negative." Based upon these incorrect two factors, Respondent recommended that Patient A proceed with surgery instead of a less-invasive treatment of neoadjuvant chemotherapy.

11. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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COUNT II

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

12. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

13. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating disciplinary action against a licensee.

14. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to document his actions when she treated Patient A, whose medical records were not timely, legible, accurate, and complete.

15. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.306(1)(b)(2) (Violation of Standards of Practice Established by Regulation)

16. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

17. Violation of a standard of practice adopted by the Board is grounds for initiating disciplinary action against a licensee pursuant to NRS 630.306(1)(b)(2).

18. NAC 630.210 requires a physician to seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services.

19. Respondent failed to timely seek consultation with another care provider regarding Patient A's medical condition and treatment plan. Respondent should have consulted with an appropriate care provider to address the proper treatment plan for Patient A based on the test results provided by the 2016 mammogram. This consultation could have enhanced Patient A's treatment and eliminated delay of the diagnosis of breast cancer.

20. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation(s) of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this matter as outlined in NRS 622.400.

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 13th day of July, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

ROBERT G. KILROY, J.D.
Senior Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 324-9349
Email: rkilroy@medboard.nv.gov
Attorney for the Investigative Committee

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 13th day of July, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

BRET W. FREY, M.D.
Chairman of the Investigative Committee

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BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **JOSETTE ELLEN SPOTTS, M.D., Respondent.**	**Case No. 21-10144-1**

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Sarah A. Bradley, J.D., Deputy Executive Director for the Board and attorney for the IC, and Josette Ellen Spotts, M.D. (Respondent), a licensed physician in Nevada, assisted by her attorney, Chelsea R. Hueth, Esq., of the law firm of McBride Hall, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in inactive status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. Her license was originally issued on October 2, 1993 (License No. 6917).

2. On July 14, 2021, in Case No. 21-10144-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.301(4), Malpractice (Count I); one (1) violation of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records (Count II); and one (1) violation of NRS 630.306(1)(b)(2), Violation of Standards of Practice Established by Regulation.

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

2. Respondent was properly served with a copy of this Complaint, has reviewed, and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

3. Respondent is hereby advised of her rights regarding this administrative matter, and of her opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B and 622A. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at her own expense, in the preparation and presentation of her defense, the right to confront and cross-examine the witnesses and evidence against her, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to her.

4. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

5. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon her and the Board.

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges she is represented by counsel and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that she knowingly, willingly, and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly, and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to her or that may apply to her in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

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Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, she has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I, one (1) violation of NRS 630.301(4) Malpractice.

b. Respondent agrees to voluntarily surrender her license to practice medicine in the State of Nevada, License No. 6917, pursuant to NAC 630.240. Respondent will submit a sworn written statement of such surrender, along with her actual license, to the Board by delivering the original statement to the Board's staff at 9600 Gateway Drive, Reno, NV 89521 or 325 E. Warm Springs Road, Suite 225, Las Vegas, NV 89119.

c. Respondent asserts that she has retired from the practice of medicine and that she placed her license on inactive status in May 2021. However, if she wishes to be licensed in the future, she agrees that she may not re-apply for licensure with the Board until three (3) years after the date of the Board's acceptance, adoption, and approval of this Agreement. Respondent agrees to reimburse the Board for its costs expended in investigating and prosecuting this case in the amount of four thousand seventy-four dollars and fifty-seven cents ($4,074.57) at the time of any re-application. Respondent also understands that she will need to meet any requirements of licensure in place under Nevada law at the time of any re-application, she may need to prove her competence to practice medicine to the Board at the time that she submits a re-application for

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licensure, and she may be required to appear before the Board in connection with any future license application.

d. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

e. Respondent shall receive a Public Letter of Reprimand.

f. The remaining counts of the Complaint (Counts II and III), and any other claims arising from the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

6. **Release from Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex-parté, without notice or opportunity to be heard on her part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may

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Nevada State Board of Medical Examiners
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include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves, and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that she shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the party's consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

13. **Failure to Comply with Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved, and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses, or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 9th day of August, 2022.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Sarah A. Bradley

SARAH A. BRADLEY, J.D., MBA
Deputy Executive Director
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: bradleys@medboard.nv.gov
Attorney for the Investigative Committee

DATED this 3rd day of August, 2022.

MCBRIDE HALL

By: _____

CHELSEA R. HUETH, ESQ.
8329 Sunset Road, Suite 260
Las Vegas, NV 89113
Tel: (702) 792-5855
Email: crhueth@mcbridehall.com
Attorney for Respondent

DATED this _____ day of _____, 2022.

By: _____

JOSETTE ELLEN SPOTTS, M.D.,
Nevada License No. 6917
Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

STEVE SISOLAK
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

September 29, 2022

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO:
josette.spotts@usoncology.com

Josette Ellen Spotts, MD
[redacted]Warm Springs Road [redacted]
Henderson, NV 89014

Re: Suspension of Registration No. CS07110 (Case No. 22-396-CS-S)

Dear Dr. Spotts:

The Nevada State Board of Pharmacy (Board) has been notified by the Nevada State Board of Medical Examiners (NSBME) that you surrendered your NSBME License No. 6917 to practice medicine in Nevada in a stipulated settlement of NSBME Case No. 21-10144-1.

Please be advised that pursuant to NRS 639.2107 your surrender of your NSBME License No. 6917 operates as an immediate suspension of your Certificate of Registration No. CS07110 with the Board. You may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until you petition the Board for reinstatement pursuant to NRS 639.2565 and the Board reinstates your certificate of registration. Your PMP account is also suspended pursuant to NAC 453.078.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSETTE ELLEN SPOTTS, MD,** **Certificate of Registration No. CS07110,** **Respondent.**	**CASE NO. 22-396-CS-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Josette Ellen Spotts, MD, Certificate of Registration No. CS07110, by and through counsel**,** T. Charlotte Buys, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about October 14, 2022, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives her rights to a

hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*:

A. On or about September 16, 2022, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-10144-1, in which Respondent surrendered her NSBME License No. 6917 to practice medicine for violations of NRS Chapter 630;

B. On or about October 31, 2022, Board staff served Respondent with notice that the surrender of her NSBME License No. 6917 operated as an immediate suspension of her Certificate of Registration No. CS07110 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients;

C. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-10144-1, Respondent has committed acts that render her registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1); and

D. By the surrender of her NSBME License No. 6917 to practice medicine, Respondent no longer qualifies for registration to dispense controlled substances under federal or state law, and her Certificate of Registration No. CS07110 is subject to revocation pursuant to NRS 453.241(1)(b).

7. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210, NRS 639.23916(3)(b) and/or NRS 639.255.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. The certificate of registration of Josette Ellen Spotts, MD, Certificate of Registration No. CS07110, is hereby revoked pursuant to NRS 453.241(l)(b):

A. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until she has petitioned the Board for reinstatement pursuant to NRS 639.257 and the Board reinstates her certificate of registration;

B. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of her certificate of registration for a period of one (1) year from the effective date of this Order; and

C. In the event Respondent applies for reinstatement of her certificate of registration, or applies for any other certificate, license or permit with the Board, she shall appear before the Board to answer questions and give testimony regarding her application, her compliance with this Order, and the facts and circumstances underlying this matter.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on November 30, 2022. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of November, 2022

JOSETTE ELLEN SPOTTS, MD,
Certificate of Registration No. CS07110

Signed this ___ day of November, 2022

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of November, 2022

T. CHARLOTTE BUYS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Josette Ellen Spotts, MD, Certificate of Registration No. CS07110, in Case No. 22-396-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of November, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JONATHAN R. SORELLE, MD, Certificate of Registration Nos. CS16072 and PD00567,** **Respondent.**	**Case No. 22-027-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Jonathan R. Sorelle, MD, held a controlled substance registration, Certificate of Registration No. CS16072, and dispensing practitioner registration, Certificate of Registration No. PD00567, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about May 9, 2019, Board conducted an annual inspection of Respondent's practice, the Minimally Invasive Hand Institute, located at 9080 W. Post Road #200 in Las Vegas. The inspection revealed that Respondent failed to properly segregate and/or dispose of expired dangerous drugs, including, without limitation:

A. Losartan 50mg – Expiration 12/2017

B. Ciprofloxacin 500mg – Expiration 12/2018

C. Marcaine 50ml vial – Expiration 12/2018

3. The inspection also revealed that Respondent failed to verify the accuracy of dispensed prescriptions filled by dispensing technicians.

4. A subsequent investigation revealed one-hundred twenty-one (121) fraudulent prescriptions for Oxycodone 30mg, 90 tablets were issued from July 13, 2020, to September 9, 2021, falsely documenting Respondent as the prescribing physician, resulting in the unlawful diversion of a total of 10,890 Oxycodone tablets.

5. Respondent last reviewed his prescriber activity in the Prescription Monitoring Program (PMP) on September 23, 2016.

APPLICABLE LAW

6. It is unlawful for any person to have in his or her possession, or under his or her control, for the purpose of resale, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation, drug or chemical which . . . is no longer safe or effective for use, as indicated by the expiration date appearing on its label. NRS 639.282(1)(d); 21 CFR § 211.137.

7. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

8. A dispensing practitioner who allows a dispensing technician to perform any function for filling and dispensing a prescription is responsible for the performance of that function by the dispensing technician. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon.

NAC 639.743(2) (a) & (b).

9. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); 21 CFR § 1306.04(a); NRS 453.381(1); NRS 639.235(1).

10. A practitioner with a controlled substance registration shall review his prescriber activity in the PMP at least once each 6 months and shall review a patient's utilization report as required before issuing a prescription for a controlled substance. NRS 453.164(7); NRS 639.23507.

11. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i); NRS 639.281(1); NRS 639.2813(1).

12. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

13. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

14. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

15. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

16. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 upon a finding that the registrant has committed an act that renders registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE
Violations of Federal Controlled Substances Act – Diversion

17. By failing to review his prescriber activity in the PMP and permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to fraudulently issue controlled substance prescriptions, thus making possible the unlawful diversion of 10,890 Oxycodone tablets as alleged in Paragraph 4 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, CFR §§ 1306.0321 and/or 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

COUNT TWO
Violations of State Law – Diversion

18. By failing to review his prescriber activity in the PMP and permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to fraudulently issue controlled substance prescriptions, thus making possible the unlawful diversion of 10,890 Oxycodone tablets as alleged in Paragraph 4 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed,

condoned or failed to report a violation of NRS 453.331(1)(c), (d), (f), (h) and (i), NRS 453.381(1), NRS 453.401(l)(a), NRS 639.235(1), NRS 639.281(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

COUNT THREE
Violations of State Law - Prescription Monitoring Program

19. By failing to query the Prescription Monitoring Program (PMP) database since September 26, 2016, to review a patient's utilization report prior to issuing a prescription for a controlled substance and to review his prescriber activity, as alleged in Paragraph 5 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(7) and NRS 639.23507, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT FOUR
Violations of Law - Failure to Properly Segregate and Dispose of Expired Drugs

20. By failing to properly segregate and/or dispose of expired dangerous drugs to ensure they could not be administered or dispensed to patients as alleged in Paragraph 2 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 211.137, NRS 639.282(1)(d) and/or NAC 639.601(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

COUNT FIVE
Failure to Verify Accuracy of Dispensed Prescriptions

21. By failing to verify the accuracy of dispensed prescriptions and to initial each prescription as alleged in Paragraph 3 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.743(2) (a) & (b), and is subject to discipline pursuant to NRS 639.210 (12).

COUNT SIX

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

22. By his actions as alleged herein, Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT SEVEN

Commission of Acts that Render Registration Inconsistent with the Public Interest

23. By his actions as alleged herein, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

DATED this 8th day of July, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JONATHAN R. SORELLE, MD,** **Certificate of Registration Nos. CS16072 and PD00567,** **Respondent.**	**CASE NO. 22-027-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, September 7, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 8th day of July, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 12th day of July, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jonathan R. Sorelle, MD
[redacted] W. Post Rd [redacted]
Las Vegas, NV 89148

SHIRLEY HUNTING

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Attorneys for Respondent
Jonathan R. Sorelle, MD

FILED
SEP 16 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JONATHAN R. SORELLE, MD,
Certificate of Registration Nos. CS16072 and PD00567,

Respondent.

Case No. 22-027-CS-S

RESPONDENT JONATHAN R. SORELLE, MD'S ANSWER AND NOTICE OF DEFENSE

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

Respondent Jonathan R. Sorelle, MD ("Dr. Sorelle"), by and through his counsel of record, Bailey❖Kennedy, hereby answers the Nevada State Board of Pharmacy's Notice of Intended Action and Accusation as follows:

JURISDICTION

1. Answering paragraph 1, Dr. Sorelle states that the allegations contained therein constitutes a legal conclusion to which no response is required; to the extent a response is required, Dr. Sorelle denies it to the extent it is contrary to or inconsistent with the law.

FACTUAL ALLEGATIONS

2. Answering paragraph 2, Dr. Sorelle admits that on or about May 9, 2019, Board staff performed an annual inspection of Respondent's practice, The Minimally Invasive Hand Institute, located at 9080 W. Post Road #200 in Las Vegas. Dr. Sorelle further admits that a small number of the medications identified in paragraph 2, were expired. Dr. Sorelle further states that: (i) this was an

isolated incident related to a particular employee; (ii) this employee was relieved from full-time employment at the Minimally Invasive Hand Institute; (iii) these expired medications were promptly and properly disposed of; (iv) additional measures were put into place to ensure this does not happen again; and (v) no such issue has been identified in subsequent inspections.

3. Answering paragraph 3, Dr. Sorelle denies knowingly not verifying the accuracy of dispensed prescriptions filled by a dispensing technician. Dr. Sorelle further states that, as a matter of practice, he verifies each prescription. However, an isolated incident occurred where a now former employee (the same employee referred to above) did not present a small number of dispensed prescriptions to him for his initials. No such issue has been identified in subsequent inspections.

4. Answering paragraph 4, Dr. Sorelle does not have personal knowledge of what the investigation revealed. Dr. Sorelle denies any involvement in or knowledge of the false documentation that resulted in any unlawful diversion of Oxycodone tablets.

5. Dr. Sorelle denies the allegations contained in paragraph 5.

APPLICABLE LAW

6. Answering paragraph 6, Dr. Sorelle states that the allegations contained in paragraph 6 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

7. Answering paragraph 7, Dr. Sorelle states that the allegations contained in paragraph 7 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

8. Answering paragraph 8, Dr. Sorelle states that the allegations contained in paragraph 8 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

9. Answering paragraph 9, Dr. Sorelle states that the allegations contained in paragraph 9 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

10. Answering paragraph 10, Dr. Sorelle states that the allegations contained in paragraph 10 call for legal conclusions to which no response is required; to the extent a response is required,

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Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

11. Answering paragraph 11, Dr. Sorelle states that the allegations contained in paragraph 11 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

12. Answering paragraph 12, Dr. Sorelle states that the allegations contained in paragraph 12 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

13. Answering paragraph 13, Dr. Sorelle states that the allegations contained in paragraph 13 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

14. Answering paragraph 14, Dr. Sorelle states that the allegations contained in paragraph 14 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

15. Answering paragraph 15, Dr. Sorelle states that the allegations contained in paragraph 15 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

16. Answering paragraph 16, Dr. Sorelle states that the allegations contained in paragraph 16 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

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COUNT ONE
Violations of Federal Controlled Substances Act - Division

17. Dr. Sorelle denies the allegations contained in paragraph 17.

COUNT TWO
Violations of State Law - Diversion

18. Dr. Sorelle denies the allegations contained in paragraph 18.

COUNT THREE
Violations of State Law – Prescription Monitoring Program

19. Dr. Sorelle denies the allegations contained in paragraph 19.

COUNT FOUR
Violations of Law – Failure to Properly Segregate and Dispose of Expired Drugs

20. Dr. Sorelle denies the allegations contained in paragraph 20.

COUNT FIVE
Failure to Verify Accuracy of Dispensed Prescriptions

21. Dr. Sorelle denies the allegations contained in paragraph 21.

COUNT SIX
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

22. Dr. Sorelle denies the allegations contained in paragraph 22.

COUNT SEVEN
Commission of Acts that Render Registration Inconsistent with the Public Interest

23. Dr. Sorelle denies the allegations contained in paragraph 23.

AFFIRMATIVE DEFENSES

1. The Pharmacy Board fails to state a cognizable claim upon which relief may be granted.

2. The Pharmacy Board's claims are barred, in whole or in part, because at all relevant times Dr. Sorelle acted in compliance with all lawful requirements for the retention of his controlled substance and dispensing practitioner registrations.

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3. The Pharmacy Board's causes of action are barred, in whole or in part, because the Pharmacy Board is unable to prove the commission of the alleged violations by a preponderance of the evidence as required under Nevada law.

4. The Notice of Intended Action and Accusation violates Dr. Sorelle's right to due process by failing to sufficiently apprise him of the nature of the proceedings so that he has an adequate opportunity to prepare, as is required under Nevada law.

5. The Pharmacy Board's causes of action are barred, in whole or in part, because the applicable statutes and regulations are unconstitutional/unconstitutionally vague as applied to Dr. Sorelle's actions.

6. The applicable statute of limitations bars all and/or some of the Pharmacy Board's causes of action.

7. Any and all alleged problems and damages were proximately caused or contributed to by the acts of other persons and/or entities, and that said acts were an intervening and/or superseding cause of the problems and damages, if any.

8. The Pharmacy Board's claims are barred, in whole or in part, because Dr. Sorelle's actions were justified under the circumstances.

9. The Pharmacy Board's claims are barred, in whole or in part, by the equitable doctrines of laches, estoppel, and/or unclean hands.

10. The Pharmacy Board's claims are barred, in whole or in part, because the Pharmacy Board has acted in an arbitrary and capricious manner.

11. Dr. Sorelle reserves the right to assert additional affirmative defenses, and gives notice that he intends to rely upon, any other affirmative defense(s) that may become available or

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appear during discovery or otherwise in this matter, and reserves the right to amend this Answer to assert any such additional affirmative defenses.

DATED this 16th day of September, 2022.

BAILEY❖KENNEDY

By: */s/ Joshua M. Dickey*
JOSHUA M. DICKEY
REBECCA L. CROOKER

Attorneys for Respondent
Jonathan R. Sorelle, MD

BAILEY❖KENNEDY
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LAS VEGAS, NEVADA 89148-1302
702.562.8820

CERTIFICATE OF SERVICE

I certify that I am an employee of BAILEY❖KENNEDY and that on the 16th day of September, 2022, service of the foregoing **RESPONDENT JONATHAN R. SORELLE, MD'S ANSWER AND NOTICE OF DEFENSE** was made by depositing a true and correct copy in the U.S. Mail, first class postage prepaid, and addressed to the following at his last known address:

BRETT KANDT, GENERAL COUNSEL
NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Attorneys for Petitioner
Nevada State Board of Pharmacy

/s/ Joshua M. Dickey
An Employee of BAILEY❖KENNEDY

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5H

FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID LUDLOW, MD,** **Certificate of Registration No. CS21847,** **Respondent.**	**CASE NO. 22-067-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent David Ludlow, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS21847, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about March 4, 2022, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-42222-1, and imposed discipline upon Respondent's License No. 15226 to practice medicine on probation for engaging in conduct in violation of NRS 630.3062 related to the unauthorized or otherwise inappropriate prescribing schedule II controlled substance.

APPLICABLE LAW

3. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in conformance with the requirements of NRS 639.23507 and NRS 639.2391-.23914, *inclusive*. 21 CFR § 1306.04(a); NRS 453.381(1).

4. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

5. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

6. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

7. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT
Violation of Federal Controlled Substances Act

8. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-42222-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.23916(3)(b).

SECOND COUNT
Violations of State Law

9. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-42222-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1), NRS 639.23507 and/or NRS 639.2391-.23914, *inclusive*,

and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

THIRD COUNT

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

10. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-42222-1, and by violating 21 CFR § 1306.04(a), NRS 453.381(1), NRS 639.23507 and/or NRS 639.2391-.23914, *inclusive*, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(4) and/or NRS 639.23916(3)(b).

FOURTH COUNT

Commission of Acts that Render Registration Inconsistent with the Public Interest

11. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-42222-1, and by violating 21 CFR § 1306.04(a), NRS 453.381(1), NRS 639.23507 and/or NRS 639.2391-.23914, *inclusive*, Respondent has committed acts that render his registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID LUDLOW, MD,** **Certificate of Registration No. CS21847,** **Respondent.**	CASE NO. 22-067-CS-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

David Ludlow, MD
[redacted] N. Tenaya Way #165
Las Vegas, NV 89133

SHIRLEY HUNTING

KEITH A. WEAVER
Nevada Bar No. 10271
Keith.Weaver@lewisbrisbois.com
NAUSHEEN K. PETERS
Nevada Bar No. 12984
Nausheen.Peters@lewisbrisbois.com
LEWIS BRISBOIS BISGAARD & SMITH LLP
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Telephone: 702.893.3383
Facsimile: 702.893.3789
Attorneys for David Ludlow, M.D.

FILED
NOV 15 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. DAVID LUDLOW, MD, Certificate of Registration No. CS21847, Respondent.	CASE NO. 22-067-CS-S **ANSWER AND NOTICE OF DEFENSE**

DAVID LUDLOW, M.D. ("Dr. Ludlow" and/or "Respondent"), by and through his counsel LEWIS BRISBOIS BISGAARD & SMITH, LLP hereby submits his Answer and Notice of Defense.

JURISDICTION

1. Answering Paragraph 1, Respondent admits that he held a Board-issued controlled substance registration, Certificate of Registration No. CS21847.

FACTUAL ALLEGATIONS

2. Answering Paragraph 2, Respondent denies discipline was entered by the Nevada State Board of Medical Examiners relative to prescribing controlled substances.

APPLICABLE LAW

3. Answering Paragraphs 3 through 7, Respondent need not admit or deny this paragraph as it contains legal conclusions.

FIRST COUNT
Violation of Federal Controlled Substances Act

8. Answering Paragraph 8, Respondent denies these allegations.

SECOND COUNT
Violations of State

9. Answering Paragraph 9, Respondent denies these allegations.

THIRD COUNT
Unprofessional Conduct- Incompetent, Unskillful or Negligent Performance of Duties

10. Answering Paragraph 10, Respondent denies these allegations.

FOURTH COUNT
Commission of Acts that Render Registration Inconsistent with the Public Interest

11. Answering Paragraph 11, Respondent denies these allegations.

FIRST AFFIRMATIVE DEFENSE

The Board's Complaint fails to state a claim on which relief may be granted.

SECOND AFFIRMATIVE DEFENSE

The Board's Complaint, and each cause of action therein, is barred by the doctrine of laches, estoppel, and the doctrine of unclean hands.

THIRD AFFIRMATIVE DEFENSE

Respondent denies each and every allegation of the Board's Complaint not specifically admitted or otherwise pled to herein.

WHEREFORE, Respondent prays for judgment as follows:

1. That all charges against him be dismissed;

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2. For such other and further relief as may be deemed just and proper in these premises.

DATED this 15th day of November, 2022

LEWIS BRISBOIS BISGAARD & SMITH LLP

By */s/ Nausheen K. Peters*

KEITH A. WEAVER
Nevada Bar No. 10271
Nausheen K. Peters
Nevada Bar No. 12984
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Attorneys for David Ludlow, M.D.

CERTIFICATE OF SERVICE

I hereby certify that on this 15th day of November, 2022, a true and correct copy of **ANSWER AND NOTICE OF DEFENSE** was sent via electronic mail and U.S. Mail to the following:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521
Office: (775) 850-1440, ext. 134
Email: bkandt@pharmacy.nv.gov

/s/ Tina Sims
An Employee of
LEWIS BRISBOIS BISGAARD & SMITH LLP

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DAVID VICTOR LUDLOW, M.D.** **Respondent.**	**Case No. 21-42222-1**

FILED
NOV - 2 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that David Victor Ludlow, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 15226). Respondent was originally licensed by the Board on March 21, 2014.

2. Pursuant to NRS 630.3062(1)(h), fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV, is grounds for initiating disciplinary action or denying licensure.

3. NRS 630.3062 provides that failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating disciplinary action or denying licensure.

/ / /

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Mr. M. Neil Duxbury, Aury Nagy, M.D., and Michael C. Edwards, M.D., FACS.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COUNT I

NRS 630.3062(1)(h) – Unauthorized and Otherwise Inappropriate Prescribing of a Schedule II Controlled Substance

4. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

5. Respondent, a urologist, prescribed Adderall, a schedule II controlled substance, in an unauthorized and otherwise inappropriate manner when he issued at least twenty-one (21) prescriptions to Patient A for Dextroamp-Amphetamin, 30 mg tablets, from July 2018 through June 2020 (e.g., on July 16, 2018, August 15, 2018, September 13, 2018, October 11, 2018, November 9, 2018, December 10, 2018, January 11, 2019, February 8, 2019, March 11, 2019, April 29, 2019, May 29, 2019, June 28. 2019, July 29, 2019, August 26, 2019, September 27, 2019, October 24, 2019, December 2, 2019, January 31, 2020, March 9, 2020, April 20, 2020, and June 15, 2020) without documenting any patient visits, encounters, examinations, tests or diagnoses of Patient A. Respondent further failed to provide justification for the medication, failed to monitor the effectiveness of the medication, failed to monitor Patient A for elevated blood pressure, among other conditions, and prescribed such medication without first and periodically checking the Nevada Prescription Monitoring Program for signs of duplicate prescriptions, abuse or diversion, among other failures to satisfy requirements established by Nevada statutes and regulations.

6. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.3062(1)(a) – Failure to Maintain Proper Medical Records

7. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

8. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A by failing to maintain any records of his diagnosis, treatment and care of Patient A.

9. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 2 day of November, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON BART FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 1 day of November, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
BRET W. FREY, M.D.
Chairman of the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 2nd day of November, 2021, I served a file-stamped copy of the foregoing **COMPLAINT** via U.S. Certified Mail, to the following parties:

DAVID VICTOR LUDLOW, M.D.
P.O. Box 35380
Las Vegas, NV 89133
Tracking No.:
9171 9690 0935 0252 1578 56

Courtesy copy by electronic mail to:

KEITH A. WEAVER, ESQ.
Keith.Weaver@lewisbrisbois.com

DATED this 2nd day of November, 2021.

MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **DAVID VICTOR LUDLOW, M.D.** **Respondent.**	**Case No. 21-42222-1** FILED MAR 0 4 2022 NEVADA STATE BOARD OF MEDICAL EXAMINERS By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron B. Fricke, J.D., General Counsel for the Board and attorney for the IC, and David Victor Ludlow, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorneys, Keith A. Weaver, Esq., and Nausheen K. Peters, Esq., of the law firm of Lewis Brisbois Bisgaard & Smith LLP, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on March 21, 2014 (License No. 15226).

2. On November 2, 2021, in Case No. 21-42222-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.3062(1)(h), Unauthorized and Otherwise Inappropriate Prescribing of a Schedule II Controlled Substance (Count I), and one (1) violation of

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

NRS 630.3062(1)(a), Failure to Maintain Proper Medical Records (Count II). By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

3. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

4. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

5. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

6. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count II, as alleged in the Complaint.

b. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being two thousand seven hundred and one dollar and forty-nine cents ($2,701.49).

c. Respondent shall pay a fine of two thousand five hundred dollars ($2,500.00) within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement.

d. Respondent shall complete twenty (20) hours of continuing medical education (CME) regarding Best Practices in Prescribing of Controlled Substances within six (6) months of the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada, and shall be approved by the Board to meet this requirement prior to their completion, and proof of completion shall be provided to the Board.

e. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

f. Respondent shall receive a Public Letter of Reprimand.

g. The remaining counts of the Complaint, and any other claims arising from the Board's corresponding investigations of this matter, shall be dismissed with prejudice.

6. **Release from Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex-parté, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the party's consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply with Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may

result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 9th day of FEBRUARY, 2022.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON B. FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

DATED this 7th day of February, 2022.

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: /s/ Nausheen K. Peters

KEITH A. WEAVER, ESQ.
NAUSHEEN K. PETERS, ESQ.
6385 S. Rainbow Blvd., Suite 600
Las Vegas, NV 89148
Tel: (702) 893-3383
Email: keith.weaver@lewisbrisbois.com
Nausheen.Peters@lewisbrisbois.com
Attorneys for Respondent

DATED this 1 day of February, 2022.

By: _____

DAVID VICTOR LUDLOW, M.D.
Nevada License No. 15226
Respondent

ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 21-42222-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 4th day of March, 2022.

DATED this 4th day of March, 2022.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

VICTOR M. MURO, M.D.
Board President

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 895521
(775) 688-2559

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID LUDLOW, MD,** **Certificate of Registration No. CS21847,** **Respondent.**	**CASE NO. 22-067-CS-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent David Ludlow, MD, Certificate of Registration No. CS21847, and through counsel**,** Keith A. Weaver, Esq. and Nausheen K. Peters, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about October 14, 2022, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about November 15, 2022, Respondent filed an Answer and Notice of Defense to the Accusation.

4. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*:

A. On or about March 4, 2022, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-42222-1, and imposed discipline upon Respondent's License No. 15226 to practice medicine for a failure to maintain medical records related to prescribing a controlled substance, in violation of NRS 630.3062;

B. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-42222-1, Respondent violated NRS 453.381(1) and NRS 639.23507 and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b);

C. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-42222-1, and violating NRS 453.381(1) and/or NRS 639.23507, Respondent has engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) and (o) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210(4); and

D. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-42222-1, and violating NRS 453.381(1) and/or NRS 639.23507, Respondent has

committed acts that render his registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210, NRS 639.23916(3)(b) and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. The certificate of registration of David Ludlow, MD, Certificate of Registration No. CS21847, is hereby suspended for a period of one (1) year pursuant to NRS 453.241(1)(a). The suspension is stayed, subject to the following conditions:

A. Respondent shall pay a fine of Two Thousand Five Hundred Dollars ($2,500.00), by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order;

B. Respondent shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order; and

C. Respondent shall establish and put into practice all necessary policies and procedures to ensure that any controlled substance prescription complies with all applicable federal and state statutes and regulations, including, without limitation, 21 CFR § 1306.04(a), NRS 453.381(1) and NRS 639.23507.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on November 30, 2022. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of November, 2022

DAVID LUDLOW, MD,
Certificate of Registration No. CS21847

Signed this ___ day of November, 2022

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of November, 2022

KEITH A. WEAVER, ESQ.
NAUSHEEN K. PETERS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to David Ludlow, MD, Certificate of Registration No. CS21847, in Case No. 22-067-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of November, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
OCT 14 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIA CORAZON O. REGALADO, MD, Certificate of Registration No. CS09654,** **Respondent.**	**CASE NO. 22-066-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Maria Corazon O. Regalado, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS09654, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about March 4, 2022, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-12597-1, and placed Respondent's License No. 8966 to practice medicine on probation for engaging in conduct in violation of the standards of practice established by the NSBME, specifically for violation of NAC 630.230(1)(k) related to writing prescriptions for controlled substances to treat acute pain or chronic pain.

APPLICABLE LAW

3. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in conformance with the requirements of NRS 639.2391-.23914, *inclusive*. 21 CFR § 1306.04(a); NRS 453.381(1).

4. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

5. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

6. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

7. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT
Violation of Federal Controlled Substances Act

8. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-12597-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.23916(3)(b).

SECOND COUNT
Violations of State Law

9. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-12597-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1) and/or NRS 639.2391-.23914, *inclusive*, and is subject to

discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b)

THIRD COUNT

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

10. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-12597-1, and by violating 21 CFR § 1306.04(a), NRS 453.381(1) and/or NRS 639.2391-.23914, *inclusive*, Respondent has performed her duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(4) and/or NRS 639.23916(3)(b).

FOURTH COUNT

Commission of Acts that Render Registration Inconsistent with the Public Interest

11. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-12597-1, and by violating 21 CFR § 1306.04(a), NRS 453.381(1) and/or NRS 639.2391-.23914, *inclusive*, Respondent has committed acts that render her registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. MARIA CORAZON O. REGALADO, MD, Certificate of Registration No. CS09654, Respondent.	CASE NO. 22-066-CS-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIA CORAZON O. REGALADO, MD, Certificate of Registration No. CS09654,** **Respondent.**	**CASE NO. 22-066-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

MARIA CORAZON O. REGALADO, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Maria Corazon O. Regalado, MD
[redacted] S Rainbow Blvd., Suite 108
Las Vegas, NV 89146

SHIRLEY HUNTING

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **MARIA CORAZON O. REGALADO, M.D., Respondent.**	**Case No. 21-12597-1**

FILED
NOV - 4 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Maria Corazon O. Regalado, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 8966). Respondent was originally licensed by the Board on April 27, 1999.

A. RESPONDENT'S TREATMENT OF PATIENT A

2. Patient A[2] is an immediate family member of Respondent.

3. Respondent prescribed to Patient A controlled substances on more than twenty (20) occasions between 2008 and 2014, including eighteen (18) separate prescriptions for hydrocodone, an opioid analgesic, totaling one thousand six hundred ninety (1,690) tablets containing hydrocodone. Respondent prescribed Patient A multiple other scheduled medications,

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[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chair, Theodore Berndt, M.D., and Mr. M. Neil Duxbury.

[2] Patient A's true identity is not disclosed herein to protect his or her identity, but is disclosed in the Patient Designation contemporaneously served upon Respondent along with a copy of this Complaint.

including codeine cough syrup and muscle relaxants, on numerous occasions without examination, work-up, justification, or a treatment plan, and without any documentation of the same.

4. Respondent saw Patient A as a patient on at least four (4) occasions between June 7, 2012, and May 28, 2014.

5. Respondent maintained some medical records of the four (4) encounters in 2012 through 2014 documenting "low backpain" on all of these visits, and a "foot sprain" during the two (2) visits that occurred in 2014.

6. Respondent did not otherwise document her encounters with Patient A, nor did she order any additional studies, evaluations, consultations, or referrals for Patient A.

COUNT I

NRS 630.301(4) - Malpractice

7. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

8. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

9. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

10. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A.

11. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

12. All of the allegations in the preceding paragraphs are hereby incorporated by reference as though fully set forth herein.

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13. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

14. Pursuant to NAC 630.187, the Board adopted by reference the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc. (Model Policy).

15. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the Model Policy.

16. Respondent failed to conduct any detailed neurologic or musculoskeletal examinations that would establish medical reasoning for Patient A to receive long-term opioid medication for pain control.

17. Respondent failed to recommend other conservative treatments before or concurrent with long-term opioid therapy including, but not limited to, physical therapy, exercise and movement, or massage therapy, among others, which may have alleviated these findings on physical examination.

18. Pursuant to the Model Policy, a physician's patient evaluation should include, without limitation: a complete medical history and a physical examination targeted to the pain condition, evaluation of the nature and intensity of the pain, and history of current and past treatments, including interventional treatments. Respondent maintained records of only four (4) patient encounters, and otherwise consistently failed to include such information in Respondent's medical records for Patient A.

19. Respondent's records do not contain or show any indication of recent or contemporaneous imaging (e.g. X-rays, MRIs, or CT scans) that would substantiate the need for long-term opioids for pain control.

20. Based on, but not limited to, the foregoing, Respondent wrote prescriptions to Patient A for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

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21. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.3062(1)(a) - Failure to Maintain Complete Medical Records

22. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

23. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

24. Respondent failed to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of Patient A.

25. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

B. RESPONDENT'S TREATMENT OF PATIENT B

26. Patient B[3] is an immediate family member of Respondent.

27. Respondent maintained medical records for only one (1) visit with Patient B on July 24, 2015, at which time Respondent evaluated Patient B for hypertension, "panic attacks," and a history of a stroke with left sided hemiplegia. Respondent wrote numerous prescriptions to Patient B at that visit, including alprazolam (Xanax) for Patient B's "panic attacks."

28. Although Respondent maintained medical records for only one (1) formal office visit, Respondent prescribed numerous medications to Patient B on numerous occasions, including twenty (20) prescriptions for Xanax tablets, sixty (60) count, totaling one thousand two hundred (1,200) tablets, between just January 27, 2014 and October 16, 2015. Respondent did not order additional visits, evaluations, diagnostic tests, consultations or referrals, and no treatment plans were documented.

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[3] Patient B's true identity is not disclosed herein to protect his or her identity, but is disclosed in the Patient Designation contemporaneously served upon Respondent along with a copy of this Complaint.

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Nevada State Board of Medical Examiners
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Reno, Nevada 89521
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COUNT IV

NRS 630.301(4) - Malpractice

29. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

30. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

31. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

32. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient B.

33. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT V

NRS 630.3062(1)(a) - Failure to Maintain Complete Medical Records

34. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

35. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

36. Respondent failed to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of Patient B.

37. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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C. RESPONDENT'S TREATMENT OF PATIENT C

38. Patient C[4] was a patient of Respondent between March 13, 2013, and December 17, 2014.

39. Patient C died of acute oxycodone and morphine toxicity on January 17, 2015.

40. Patient C had multiple medical conditions, and Respondent saw Patient C approximately once a month between March 2013 and December 2014. Despite Patient C having multiple severe medical conditions, including chronic obstructive pulmonary disease (COPD), an abdominal "mass," severe and chronic renal insufficiency, seizures, and demonstrated opiate dependence and drug seeking behavior; Respondent routinely prescribed to Patient C multiple sedating and dangerous medications, in very large doses, on a monthly basis with minimal or no additional work-ups, referrals, consultation requests, diagnostic tests, treatment plans, or evaluations of Patient C's chronic "pain" or other problems.

41. On at least one (1) visit, Respondent documented a "RLQ MASS – HUGE," yet on subsequent visits the "mass" was not even mentioned. On at least one (1) visit, Respondent documented "back pain," but also documented a normal physical exam (e.g., "Back- normal, no tenderness"). Respondent did refer the patient for an abdominal CT scan on one (1) occasion and to a surgeon on another occasion, however these referrals were not completed, and Respondent did not follow-up on them.

42. In September of 2014, a laboratory evaluation ordered by Respondent revealed severe chronic kidney disease with a serum creatinine of over 6 and a BUN of over 70. These abnormal test results were also documented in a Valley Hospital laboratory result the same month (BUN 81 and creatinine 6.9). Respondent referred Patient C to a nephrologist, but was informed in writing that Patient C never made an appointment.

43. Despite being informed that Patient C did not see the nephrologist as referred, Respondent documented the next month, on a visit on October 22, 2014, that Patient C "was seen by a nephrologist and told her kidneys were ok." By this point in time, Respondent knew or should have known, by lab reports that she possessed, that Patient C was essentially in "end stage"

[4] Patient C's true identity is not disclosed herein to protect his or her identity, but is disclosed in the Patient Designation contemporaneously served upon Respondent along with a copy of this Complaint.

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Nevada State Board of Medical Examiners
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Reno, Nevada 89521
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kidney disease, yet Respondent did nothing more to address Patient C's obvious and serious renal failure.

44. Each and every month that Respondent saw Patient C, almost without exception, Respondent prescribed Patient C very large volumes and high doses of opioids (usually between ninety (90) and one hundred twenty (120) tablets of thirty (30) mg oxycodone) and benzodiazepines (usually ninety (90) tablets of the two (2) mg Xanax). In addition, Respondent often prescribed ninety (90) pills of the muscle relaxant carisoprodol (Soma) concurrently. Patient C's other medical conditions noted herein, including COPD, renal failure, and seizure disorder, were not addressed by Respondent at all or only in a cursory fashion.

45. Respondent documented during a visit on April 15, 2013, that Patient C was "still on methadone," yet, went on to prescribe large doses and volumes of opioids, benzodiazepines and muscle relaxants routinely, every month (alprazolam, clonazepam, and Ativan were all prescribed) for another full year. In such a situation, the standard of care dictates that only the pain management physician should be providing opioid analgesics for Patient C.

46. Patient C, who had COPD and was obese, was at a particularly high risk for morbidity and mortality from respiratory depression from the combination of high-dose sedative medications prescribed by Respondent. In addition, Patient C's severe and chronic kidney disease further increased her risk of morbidity and mortality. Additional necessary evaluations for her pain, anxiety, kidney disease, abdominal "mass," and COPD were not undertaken, and appropriate specialty consultations and referrals were not pursued

COUNT VI

NRS 630.301(4) - Malpractice

47. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

48. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
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Reno, Nevada 89521
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49. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

50. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient C.

51. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VII

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

52. All of the allegations in the preceding paragraphs are hereby incorporated by reference as though fully set forth herein.

53. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

54. Pursuant to NAC 630.187, the Board adopted by reference the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc. (Model Policy).

55. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the Model Policy.

56. Respondent failed to conduct any detailed neurologic or musculoskeletal examinations that would establish medical reasoning for Patient C to receive long-term opioid medication for pain control.

57. Respondent failed to recommend other conservative treatments before or concurrent with long-term opioid therapy including, but not limited to, physical therapy, exercise and movement, or massage therapy, among others, which may have alleviated these findings on physical examination.

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58. Pursuant to the Model Policy, a physician's patient evaluation should include, without limitation: a complete medical history and a physical examination targeted to the pain condition, evaluation of the nature and intensity of the pain, and history of current and past treatments, including interventional treatments. Respondent consistently failed to include such information in Respondent's medical records for Patient C.

59. Respondent's records do not contain and show no indication of recent or contemporaneous imaging (e.g. X-rays, MRIs, or CT scans) that would substantiate the need for long-term opioids for pain control.

60. Based on, but not limited to, the foregoing, Respondent wrote prescriptions to Patient C for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

61. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VIII

NRS 630.3062(1)(a) - Failure to Maintain Complete Medical Records

62. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

63. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

64. Respondent failed to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of Patient C.

65. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against her and give him notice that she may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 4 day of November, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON BART FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 4 day of November, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
BRET W. FREY, M.D.
Chairman of the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 4th day of November, 2021, I served a file-stamped copy of the foregoing **COMPLAINT** via U.S. Certified Mail, to the following parties:

MARIA CORAZON O. REGALADO, M.D.
[redacted] S. Rainbow Blvd., Ste. 108
Las Vegas, NV 89146
Tracking No.: 9171 9690 0935 0252 1579 24

DATED this 4th day of November, 2021.

MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: MARIA CORAZON O. REGALADO, M.D., Respondent.	Case No. 21-12597-1

FILED

MAR 0 4 2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: LHall

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron B. Fricke, J.D., General Counsel for the Board and attorney for the IC, and Maria Corazon O. Regalado, M.D. (Respondent), a licensed physician in Nevada, assisted by her attorney, Bridget Kelly, J.D., M.S., of the law firm of Nutile Law, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

2. Respondent is a medical doctor currently licensed in active by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. Her license was originally issued on April 27, 1999 (License No. 8966).

3. On November 4, 2021, in Case No. 21-12597-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges three (3) violations of NRS 630.301(4), Malpractice (Counts I, IV, and VI); two (2) violations of NRS 630.306(1)(b)(2), Violation of Standards of Practice (Counts II and VII); and three (3) violations of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records (Counts III, V,

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

and VIII). By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

5. Respondent is hereby advised of her rights regarding this administrative matter, and of her opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at her own expense, in the preparation and presentation of her defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to her.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon her and the Board.

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B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges she is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that she knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to her or that may apply to her in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges that Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential

subsequent litigation. Respondent asserts if this matter were to proceed to hearing, she has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Counts II and VII, consisting of two (2) violations of NRS 630.306(1)(b)(2), Violation of Standards of Practice, and admits to Counts III, V, and VIII, consisting of three (3) violations of NRS 630.3062(1)(a), Failure to Maintain Complete Medical Records, as alleged in the Complaint.

b. Respondent's license to practice medicine shall be placed on probation for a period of forty-eight (48) months from the date of the Board's acceptance, adoption and approval of this Agreement (the "Probation Period"). During the Probation Period, should Respondent commit any new violations of the Medical Practice Act or fail to comply with any term or condition of this Agreement, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in the State of Nevada pending an Order to Show Cause Hearing, maintaining the suspension pending final adjudication by the Board of the alleged violation. Specifically, during the Probation Period, the Respondent shall comply with the following terms and conditions, which hereby constitute specific orders of the Board:

i. Respondent shall pay a fine in the amount of five thousand dollars ($5,000.00) within sixty (60) days of the Board's acceptance, adoption, and approval of this Agreement.

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Nevada State Board of Medical Examiners
9600 Gateway Drive
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(775) 688-2559

ii. Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, in the amount of three thousand seven hundred seventy dollars and eighty-four cents ($3,770.84).

iii. Respondent shall complete twenty-one (21) hours of continuing medical education (CME) regarding best practices in prescribing of controlled substances, pain management, and addiction, within six (6) months of the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada, and shall be approved by the Board to meet this requirement prior to their completion, and proof of completion shall be provided to the Board.

iv. Respondent shall complete seveteen (17) hours of CME regarding best practices in medical recordkeeping within six (6) months of the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada, and shall be approved by the Board to meet this requirement prior to their completion, and proof of completion shall be provided to the Board.

v. Respondent shall complete ten (10) hours of CME regarding best practices in hospice and palliative care within six (6) months of the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME may be used to fulfill the twenty (20) hours of CME within Respondent's scope of practice or specialty, pursuant to NAC 630.153(1), which are regularly required of Respondent as a condition of licensure in the State of Nevada, and shall be approved by the Board to meet this requirement prior to their completion, and proof of completion shall be provided to the Board.

c. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

d. Respondent shall receive a Public Letter of Reprimand.

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e. The remaining counts of the Complaint, and any other claims arising from the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

6. **Release from Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex-parté, without notice or opportunity to be heard on her part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

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Nevada State Board of Medical Examiners
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(775) 688-2559

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that she shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the party's consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply with Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may

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result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 2nd day of February, ~~2021~~ 2022.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON B. FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (702) 786-3813
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

DATED this 28th day of December 2021.

NUTILE LAW

By: _____

BRIDGET KELLY, J.D., M.S.
7395 S. Pecos Rd., Suite 103
Las Vegas, NV 89120
Tel: (702) 307-4871
Email: Bridget@NutileLaw.com
Attorney for Respondent

DATED this 28th day of DEC, 2021.

By: _____

MARIA CORAZON O. REGALADO, M.D.,
Nevada License No. 8966
Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 21-12597-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 4th day of March, 2022.

DATED this 4th day of March, 2022.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
VICTOR M. MURO, M.D.
Board President

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIA CORAZON O. REGALADO, MD, Certificate of Registration No. CS09654,** **Respondent.**	**CASE NO. 22-066-CS-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Maria Corazon O. Regalado, MD, Certificate of Registration No. CS09654, by and through counsel**,** Bridget Kelly, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about October 14, 2022, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about December 16, 2022, Respondent filed an Answer and Notice of Defense to the Accusation.

4. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*:

A. On or about March 4, 2022, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-12597-1, and placed Respondent's License No. 8966 to practice medicine on probation for engaging in conduct in violation of the standards of practice established by the NSBME, specifically for violation of NAC 630.230(1)(k) related to writing prescriptions for controlled substances to treat acute pain or chronic pain.

B. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-12597-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 1306.04(a) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210(11).

C. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-12597-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210(12).

D. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-12597-1, and by violating 21 CFR § 1306.04(a) and NRS 453.381(1), Respondent has

engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i) and (o) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210(4).

E. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-12597-1, and by violating 21 CFR § 1306.04(a) and NRS 453.381(1), Respondent has committed acts that render her registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210, NRS 639.23916(3)(b) and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. The certificate of registration of Maria Corazon O. Regalado, MD, Certificate of Registration No. CS09654, is suspended for a period of two (2) years pursuant to NRS 453.241(1)(a). The suspension is stayed, and Respondent is placed on probation subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding her duties and responsibilities as a practitioner under NRS Chapter 453 and Chapter 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, through monthly payments pursuant to the following schedule:

Due Date	Amount
3/1/2023	1000.00
4/1/2023	1000.00
5/1/2023	1000.00
6/1/2023	1000.00
7/1/2023	1000.00
TOTAL	**$5,000.00**

Respondent shall make the monthly payments of the fine amount by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Respondent has the right to pre-pay any or all of the payments;

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order;

D. Respondent shall establish and put into practice all necessary policies and procedures to ensure that any controlled substance prescription issued for the treatment of acute or chronic pain complies with the provisions of 21 CFR § 1306.04(a), NRS 453.381(1), NRS 639.23507 and NRS 639.2391-.23914, *inclusive*, and all applicable regulations; and

E. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.

Upon successful completion of probation, Respondent's Certificate of Registration No. CS09654 will be fully restored.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 11, 2023. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of December, 2022

MARIA CORAZON O. REGALADO, MD,
Certificate of Registration No. CS09654

Signed this ___ day of December, 2022

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of December, 2022

BRIDGET KELLY, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Maria Corazon O. Regalado, MD, Certificate of Registration No. CS09654, in Case No. 22-066-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of January, 2023.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5J

FILED
OCT 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ESAN NIGEL FORDE, RPH** **Certificate of Registration No. 20050,** **Respondent.**	**CASE NO. 22-081-RPH-O** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Esan Nigel Forde ("Forde"), Certificate of Registration No. 20050, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. On or about November 14, 2018, the Board issued Forde a Nevada Pharmacist license, Certificate of Registration No. 20050.

3. On or about April 6, 2020, the California Department of Consumer Affairs, through its Board of Pharmacy filed an accusation in Case No. 6724 against Forde, acting in the capacity of the managing pharmacist for Complete Pharmacy and Medical Solutions LLC, which alleged violations of California's compounding pharmacy sterility regulations. A copy of the Accusation in Case No. 6724 is attached hereto as Exhibit 1 and incorporated herein by reference.

4. On or about May 10, 2021, the California Board of Pharmacy entered its Decision and Order in Case No. 6724 accepting a Stipulated Settlement and Disciplinary Order For Public

Reproval ("Stipulation") wherein Forde admitted the truth of each and every charge and allegation in the California in Case No. 6724. Forde further agreed that his Original Pharmacist License Number RPH 57162 was subject to discipline. The California Board of Pharmacy's disciplinary Decision and Order became effective of June 9, 2021. A copy of the Stipulation and Decision and Order and is attached hereto as Exhibit 2 and incorporated herein by reference.

5. In the Stipulation in Case No. 6724, the California Board of Pharmacy disciplined Forde by:

a. imposing costs upon Forde in the amount of $6,356.50;

b. prohibiting Forde from Compounding any drugs that are intended to/or result in, the shipment into California for three (3) years from the effective date of the Decision and Order;

c. prohibiting Forde from serving as a pharmacist-in-charge for any business for a period of three (3) years from the effective date of the Decision and Order; and

d. prohibiting Forde from owning or having any legal or beneficial interest in any business licensed by the California Board of Pharmacy for a period of three (3) years from the effective date of the Decision and Order.

APPLICABLE LAW

6. Pursuant to NRS 47.130 the Board may take judicial notice of matters of fact, including the disposition of prior administrative actions. *See Britton v. North Las Vegas,* 106 Nev. 690 (1990).

7. The Board may suspend or revoke a certificate, license, registration, or permit issued pursuant to NRS Chapter 639 for violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any of the provisions of NRS Chapter 639 or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

8. The Board may suspend or revoke a certificate, license, registration, or permit issued pursuant to NRS Chapter 639 if a managing pharmacist engages in unprofessional conduct or conduct contrary to the public interest or violates any provision of NRS Chapter 639 or other state or federal laws or regulations relating to the practice of pharmacy or has knowingly allowed a violation of any provision of NRS Chapter 639 or other state or federal laws of regulations relating to the practice of pharmacy by the personnel of the pharmacy under his or her supervision. NRS 639.210(4); NRS 639.210(6); NRS 639.210(15).

9. The Board may also impose a disciplinary fine for each count in an accusation for which the Board finds a Respondent guilty. NRS 639.255; NAC 639.955.

ALLEGED VIOLATIONS

10. In the Stipulation, Forde admitted to the following factual allegations and violations of California Law, which constitute the following parallel violations of Nevada law:

a. Failing to maintain proper expiration date of component, in violation of NAC 639.282(1)(d), NAC 639.6702 and/or NAC 639.6703.

b. Failing to maintain sterile compounding environmental standards during production in violation of NAC 639.6705(2)(d) and (e), including allowing *inter alia*: the ears of the production technician to be uncovered; the technician's hands to go in and out of the ISO 5 air several times without being resprayed with isopropyl alcohol 70%; operator J. to load vials into the depyrogenation oven with his mask below his nose and actively chewing gum; Operator A. to spill a non-sterile produce on his/her gloves during production and not sanitize or change his/her gloves.

c. Failing to maintain sterile compounding environmental standards within the compounding pharmacy in violation of NAC 639.6705(2)(b) and (f) and (g) including *inter alia*: allowing the ISO 8 area of the Pharmacy to have a thermostat hanging by a wire, exposed raw drywall, and a hole in the ceiling of the ISO 9 space directly above the depyrogenation oven; allowing the lights in the ISO 7 and ISO 8 to be unsealed and unwashable; failing to ensure that the primary engineering controls and the ISO 7 space

were cleaned with a germicidal agent daily; allowing the door to the anteroom to have peeling Formica on it and metal on the door face surface peeling off; allowing the doors to the buffer room and anteroom to be unsealed and porous on top; and allowing cracks in the floor making it porous.

d. Failing to maintain sterile compounding environmental standards in violation of NAC 639.6705(2)(g) by allowing the flat surfaces in the ISO 8 formulation area of the Pharmacy to be dirty and dusty.

e. Allowing non-sterile to sterile products to be compounded in a room with ISO 8 air quality and allowing lyophilized Human Chorionic Gonadotropin ("HCG") for sale into California which was introduced into ISO 7 air during the compounding process in violation of NRS 639.2807, NAC 639.6705, NAC 639.67067, and NAC 639.67069.

f. Allowing the use of a non-USP 71 method for sterility testing, in violation of NRS 639.2807, NAC 639.6677, NAC 639.670, NAC 639.67067, NAC 639.67069, and NAC 639.67071.

g. Allowing the compounding and dispensing of commercially available drug in violation of NAC 639.67019 and NAC 639.757(4)(b)(1), including HCG and testosterone 200 mg pellets, from at least November 2017 to November 2018, without documenting the shortage and specific medical need in the pharmacy records for three years from the date of receipt of the documentation for products that were essentially a copy.

h. Allowing the use of master formulas that did not have justification for beyond use dates ("BUDs"), specific and essential compounding steps used to prepare the drugs, quality reviews required at each step of preparation for the drugs and required post-compounding processes and procedures in violation of NAC 639.67015, NAC 639.6702, NAC 639.67035 – NAC 639.67037, and NAC 639.67077 - NAC 639.67079.

i. Allowing labels on compounded drug preparations lacking the full name and strength of each ingredient in violation of NAC 639.6703 and NAC 639.680.

j. Allowing sterile water for irrigation to be opened and left on top of the hood with no date of opening and not date of expiration in violation of NAC 639.67057.

k. Allowing Testosterone and Naltrexone pellets to be sent to California consumers that had no potency testing to ensure the labeled strength of the compounded drug preparation in violation of NAC 639.67061, NAC 639.67065, and NAC 639.67067.

l. Allowing hand washing to be skipped during the formulation, filling, and crimping of a sterile product and allowing staff to donner their garb incorrectly and leave the hood edges on the outside of a sterile jumpsuit in violation of NAC 639.6705(d).

m. Allowing the labels for certain drugs to have reconstitution information but no administration information, and not information for a BUD once the product was reconstituted in violation of NAC 639.680.

n. Failing to send information to CURES for California consumers, the equivalent of Nevada's Prescription Monitoring Program ("PMP"), who received controlled substances such as testosterone and HCG products, in violation of NRS 453.163.

o. Allowed the dispensing of compounded preparations (oral Erectile Disfunction troches vardenafil, tadalafil, and sildenafil) for prescriber office use, to Performance-RC and Performance-SD's ("Performance") Medical Director, without obtaining a purchase order for each furnishing, listing the number of patients seen in the prescriber's office and quantity sufficient for each patient in violation of NRS 639.23284 and NRS 639.233.

COUNT ONE

Unsanitary Compounding Practices/Violation of State Law

11. The violations Forde admitted to in the California Board of Pharmacy's Stipulation for Case No. 6724, as detailed above, are grounds for the Board to impose a discipline against Forde, including: the suspension or revocation of his Certificate of Registration No. 19893 pursuant to NRS 639.210(6) and/or NRS 639.210(12) and/or NRS 639.210(15), as well as a fine against Forde pursuant to NRS 639.255 and NAC 639.955(5).

COUNT TWO

Unsanitary Compounding/Unprofessional Conduct

12. The violations Forde admitted to in the California Board of Pharmacy's Stipulation for Case No. 6724, as detailed above in Count One, are grounds for the Board to impose a discipline against Forde, including the suspension or revocation of his Nevada Pharmacist Certificate of Registration No. 19893 pursuant to NRS 639.210(4), NAC 639.945(1)(a), and or NAC 639.945(1)(i), as well as a fine against Forde pursuant to NRS 639.255 and NAC 639.955(5).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent.

DATED this 18th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. ESAN NIGEL FORDE, RPH Certificate of Registration No. 20050, Respondent.	CASE NO. 22-081-RPH-O STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ESAN NIGEL FORDE, RPH** **Certificate of Registration No. 20050,** **Respondent.**	**CASE NO. 22-081-RPH-O** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

ESAN NIGEL FORDE, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Esan Nigel Forde, RPH
[redacted] S. Park Road Unit 210
Hollywood, FL 33021

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ESAN NIGEL FORDE, RPH** **Certificate of Registration No. 20050,** **Respondent**	**Case No. 22-082-PH-O** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Peter Keegan, Esq., and Respondent Esan Nigel Forde, RPH ("Respondent") Certificate of Registration No. 20050, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about October 11, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On November 3, 2022, Respondent submitted his response to the Accusation.

4. Respondent is fully aware of his right to seek the advice of counsel in this matter prior to entering into this Stipulation.

5. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of paragraphs below, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him

by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. On or about May 10, 2021, Respondent admitted the truth of each and every charge and allegation in California's Board of Pharmacy Case No. 6724, and the California State Board of Pharmacy and Respondent stipulated to imposition of disciplinary penalties upon his California Pharmacist License No. RPH 57162, effective June 9, 2021, for violations of California's sterile compounding environmental standards discovered through an October 2018 inspection of Complete Pharmacy and Medical Solutions, LLC, located in Miami Lakes, Florida, where Respondent was employed as the managing pharmacist.

B. The violations of California's sterile compounding environmental standards discovered through the California State Board of Pharmacy's inspection and stipulated to by Respondent constitute parallel violations of Nevada's sterile compounding laws including:

i. Failing to maintain proper expiration date of component, in violation of NAC 639.282(1)(d), NAC 639.6702 and/or NAC 639.6703.

ii. Failing to maintain sterile compounding environmental standards during production in violation of NAC 639.6705(2)(d) and (e), including allowing *inter alia*: the ears of the production technician to be uncovered; the technician's hands to go in and out of the ISO 5 air several times without being resprayed with isopropyl alcohol 70%; operator J. to load vials into the depyrogenation oven with his mask below his nose and actively chewing gum; Operator A. to spill a non-sterile produce on his/her gloves during production and not sanitize or change his/her gloves.

iii. Failing to maintain sterile compounding environmental standards within the compounding pharmacy in violation of NAC 639.6705(2)(b) and (f) and (g) including *inter alia*: allowing the ISO 8 area of the Pharmacy to have a thermostat hanging by a wire, exposed raw drywall, and a hole in the ceiling of the ISO 9 space directly above the depyrogenation oven; allowing the lights in the ISO 7 and ISO 8 to be unsealed and unwashable; failing to ensure that the primary engineering controls and the ISO 7 space were cleaned with a germicidal agent daily; allowing the door to the anteroom to have peeling Formica on it and metal on the door face surface peeling off; allowing the doors to the buffer room and anteroom to be unsealed and porous on top; and allowing cracks in the floor making it porous.

iv. Failing to maintain sterile compounding environmental standards in violation of NAC 639.6705(2)(g) by allowing the flat surfaces in the ISO 8 formulation area of the Pharmacy to be dirty and dusty.

v. Allowing non-sterile to sterile products to be compounded in a room with ISO 8 air quality and allowing lyophilized Human Chorionic Gonadotropin ("HCG") for sale into California which was introduced into ISO 7 air during the compounding process in violation of NRS 639.2807, NAC 639.6705, NAC 639.67067, and NAC 639.67069.

vi. Allowing, the use of a non-USP 71 method for sterility testing, in violation of NRS 639.2807, NAC 639.6677, NAC 639.670, NAC 639.67067, NAC 639.67069, and NAC 639.67071.

vii. Allowing the compounding and dispensing of commercially available drug in violation of NAC 639.67019 and NAC 639.757(4)(b)(1), including HCG and testosterone 200 mg pellets, from at least November 2017 to November 2018, without documenting the shortage and specific medical need in the pharmacy

records for three years from the date of receipt of the documentation for products that were essentially a copy.

viii. Allowing the use of master formulas that did not have justification for beyond use dates ("BUDs"), specific and essential compounding steps used to prepare the drugs, quality reviews required at each step of preparation for the drugs and required post-compounding processes and procedures in violation of NAC 639.67015, NAC 639.6702, NAC 639.67035 – NAC 639.67037, and NAC 639.67077 - NAC 639.67079.

ix. Allowing labels on compounded drug preparations lacking the full name and strength of each ingredient in violation of NAC 639.6703 and NAC 639.680.

x. Allowing sterile water for irrigation to be opened and left on top of the hood with no date of opening and not date of expiration in violation of NAC 639.67057.

xi. Allowing Testosterone and Naltrexone pellets to be sent to California consumers that had no potency testing to ensure the labeled strength of the compounded drug preparation in violation of NAC 639.67061, NAC 639.67065, and NAC 639.67067.

xii. Allowing hand washing to be skipped during the formulation, filling, and crimping of a sterile product and allowing staff to donner their garb incorrectly and leave the hood edges on the outside of a sterile jumpsuit in violation of NAC 639.6705(d).

xiii. Allowing the labels for certain drugs to have reconstitution information but no administration information, and not information for a BUD once the product was reconstituted in violation of NAC 639.680.

xiv. Failing to send information to CURES for California consumers, the equivalent of Nevada's Prescription Monitoring Program ("PMP"), who

received controlled substances such as testosterone and HCG products, in violation of NRS 453.163.

xv. Allowed the dispensing of compounded preparations (oral Erectile Disfunction troches vardenafil, tadalafil, and sildenafil) for prescriber office use, to Performance-RC and Performance-SD's ("Performance") Medical Director, without obtaining a purchase order for each furnishing, listing the number of patients seen in the prescriber's office and quantity sufficient for each patient in violation of NRS 639.23284 and NRS 639.233.

8. These violations are grounds for disciplinary action pursuant to NRS 639.210(4), NRS 639.210(6), NRS 639.210(12), NRS 639.210(15), NRS 639.255(3), as well as NAC 639.945(1)(a), NAC 639.945(1)(i), and NAC 639.955(5).

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following concurrent disciplinary penalties imposed by the California State Board of Pharmacy against Respondent Esan Nigel Forde, RPH, including:

A. Within thirty (30) days of the effective date of this decision, pay Seven Hundred and Fifty Dollars ($750.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

B. Within ninety (90) days of the effective date of this decision, Respondent Forde shall submit to the Board, original transcripts, or certificates of completion for remedial educational courses involving at least 5 hours in pharmacy operations and pharmacy law, and 5 hours in USP 797, which shall be completed at Respondent Forde's own expense. All remedial education shall be in addition to, and shall not be credited toward, continuing education ("CE") courses used for license renewal purposes for pharmacists;

C. Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the Board for three (3) years, to run

concurrently from the effective date of the California Board of Pharmacy's Decision. Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the Board within ninety (90) days following the effective date of this decision and shall immediately thereafter provide written proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide documentation thereof shall be considered a violation of the terms of this agreement;

D. Respondent Forde shall not compound any drugs that are intended to/or result in, the shipment into Nevada for three (3) years, to run concurrently from the effective date of the California Board of Pharmacy's Decision; and

E. Respondent Forde shall not be the registered managing pharmacist for any business, firm, partnership, or corporation currently or hereinafter licensed by the Board for three (3) years, to run concurrently from the effective date of the California Board of Pharmacy's Decision.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

11. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on November 30, 2022, in Las Vegas, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or his counsel are not present at the meeting.

12. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this

matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 13 day of November 2022.

ESAN NIGEL FORDE, RPH
Certificate of Registration No. 20050

Signed this 14th day of November 2022.

NEVADA STATE BOARD OF PHARMACY

PETER K. KEEGAN, ESQ.
Nevada State Bar No. 12237
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Esan Nigel Forde, RPH, Certificate of Registration No. 20050, in Case No. 22-082-RPH-O and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of November 2022.

_____
Helen Park, President
Nevada State Board of Pharmacy

5K

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDEL M. KHALEK, MD,** **Certificate of Registration Nos. CS19745 and PD00722,** **ROBERT CHANCELLOR, MD,** **Certificate of Registration Nos. CS22616 and PD27416, and** **LINDSAY HOFFMAN, PA-C,** **Certificate of Registration Nos. CS18262 and PD00177,** **Respondents.**	**Case Nos. 19-003-CS-A-S** **19-003-CS-B-S** **19-003-CS-C-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Abdel M. Khalek, MD (Khalek), held a controlled substance registration, Certificate of Registration No. CS19745, and dispensing practitioner registration, Certificate of Registration No. PD00722; Respondent Robert Chancellor, MD (Chancellor), held a controlled substance registration, Certificate of Registration No. CS22616, and dispensing practitioner registration, Certificate of Registration No. PD27416; and Lindsay Hoffman, PA-C (Hoffman), held a controlled substance registration, Certificate of Registration No. CS18262, and dispensing practitioner registration, Certificate of Registration No. PD00177, all issued by the Board.

FACTUAL ALLEGATIONS

2. Vinay Kumar Bararia, MD (Bararia) was not registered with the Board at the time of the events alleged herein.

3. Bararia voluntarily surrendered his license to practice medicine, License No. 11355, to the Nevada State Board of Medical Examiners (NSBME) on March 8, 2013, and was sentenced in federal court for distribution of controlled substances in September 2014.

4. Bararia has owned and operated Nevada Health Services, LLC aka Trimcare (Trimcare), located at 5375 South Fort Apache Road, Suites 102 and 103, in Las Vegas, since August 2018.

5. Khalek co-owned and/or was employed at Trimcare from October 2018 to April 2019.

6. Chancellor co-owned and/or was employed by Trimcare from November 2018 to the present.

7. Hoffman was employed by Trimcare from August 2018 to present.

8. Ageless Aesthetics (Ageless Aesthetics), an unnamed third party, is a medical spa that operates at 5375 South Fort Apache Road, Suite 101, Las Vegas, Nevada 89148, next door to Trimcare, for which Khalek was the medical director from approximately October 2018 to April 2019.

9. Investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation of Trimcare and found evidence of misconduct and violations involving the unlawful possession, administration, prescribing and dispensing of controlled substances and/or dangerous drugs.

10. Khalek, Chancellor and Hoffman permitted Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another

practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state.

11. Khalek unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Testosterone, Phentermine, Phendimetrazine, Topamax, Botox, and Juvederm, for at least two-hundred ninety-eight (298) patients with whom he did not have a bona fide therapeutic relationship from September 2018 to April 2019 by pre-signing prescriptions, providing his log-on information to e-scribing systems to Bararia, and/or failing to secure his secondary authenticator for e-scribing CII medications.

12. Chancellor unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Adderall, Phentermine, and Topamax, for at least ten (10) patients with whom he did not have a bona fide therapeutic relationship from November 2018 to present by pre-signing prescriptions, his log-on information to e-scribing systems to Bararia, and/or failing to secure his secondary authenticator for e-scribing CII medications.

13. Hoffman unlawfully prescribed controlled substances/dangerous drugs, including, but not limited to, Phentermine, and Topamax for at least two (2) patients with whom she did not have a bona fide therapeutic relationship in April 2019 by pre-signing prescriptions.

14. Khalek, Chancellor and Hoffman permitted access of their inventory of controlled substances and dangerous drugs to unlicensed employees of Trimcare and/or Ageless Aesthetics.

15. Khalek, Chancellor and Hoffman failed to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failed to maintain complete, accurate and readily retrievable records of all controlled substances and dangerous drugs purchased and dispensed, failed to inventory controlled substances at least once every two (2) years, failed to properly store and maintain the inventory, failed to maintain the

security of the inventory from unauthorized access, and failed to segregate and/or dispose of adulterated and/or expired dangerous drugs.

16. Chancellor and Hoffman had possession of pre-drawn, unlabeled syringes containing an unidentified dangerous drug.

17. On or about July 7, 2020, Board staff served Bararia with an order pursuant to NRS 639.2895(1) to immediately cease and desist possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from Trimcare.

APPLICABLE LAW

18. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

19. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

20. It is unlawful for a practitioner to prescribe or dispense a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 454.215; NRS 454.301, NRS 639.100(1); NRS 639.23505; NAC 453.410; NAC 639.742; NAC 639.745.

21. It is unlawful for a person to purchase, possess, administer or furnish a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321 and/or NRS 454.356.

22. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

23. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 639.2813(1).

24. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

25. A dispensing practitioner must issue a written prescription for each medication dispensed, verify medications for accuracy prior to dispensing, maintain complete, accurate and readily retrievable records of all controlled substances and dangerous drugs purchased and dispensed, inventory controlled substances at least once every two (2) years, properly store and maintain the inventory, maintain the security of the inventory from unauthorized access, and segregate and/or dispose of adulterated and/or expired dangerous drugs. NRS 453.246; NRS 585.370; NRS 585.420; NRS 639.282; NAC 453.400; NAC 453.410; NAC 453.475; NAC 454.040; NAC 639.475; NAC 639.476; NAC 639.510; NAC 639.601; NAC 639.742, NAC 639.743; NAC 639.745; 21 U.S.C. § 842(a)(5); 21 CFR 1304.11; 21 CFR 1304.21.

26. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

27. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

28. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to

NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

29. Dispensing a drug as a dispensing practitioner or prescribing a drug as a prescribing practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and (o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

30. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

31. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

32. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

33. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-

signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

34. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman performed their duties as the holders of controlled substance registrations and dispensing practitioner registrations in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION
Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

35. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the

practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman aided or abetted a person not licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(j), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION
Unprofessional Conduct – Prescribing/Dispensing Without Bona Fide Therapeutic Relationship

36. By unlawfully prescribing and dispensing controlled substances to patients with whom they did not have a bonda fide therapeutic relationship, Khalek, Chancellor and Hoffman engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(n) and (o), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION
Violations of Federal Controlled Substances Act

37. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and

Hoffman violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

SIXTH CAUSE OF ACTION
Violations of State Law for Unlicensed Practice

38. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813 and NRS 639.310, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

SEVENTH CAUSE OF ACTION
Failure to Maintain Security of Controlled Substances or Dangerous Drugs

39. By failing to maintain proper locked security of their inventory of controlled substances and dangerous drugs and/or permitting unauthorized access to their inventory by Bararia and/or other unlicensed employees of Trimcare and/or Ageless Aesthetics, Khalek,

Chancellor and Hoffman violated NAC 453.400, NAC 453.410(1)(d), NAC 454.040, NAC 639.742(3)(c), NAC 639.742(3)(a)(b)(c)&(e), and NAC 639.745(1)(c), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

EIGHTH CAUSE OF ACTION
Failure to Maintain Records for Controlled Substances Dispensed

40. By failing to keep complete, accurate, and readily retrievable records of all controlled substances dispensed, including failing to issue a written prescription for each medication dispensed and failing to inform the patient that he or she may request a written prescription to have it filled at another location of their choice, Khalek, Chancellor, and Hoffman violated NRS 453.246, NAC 453.410(1)(a)(B) and (2), NAC 639.745(2) and (3)(b)(2), 21 U.S.C. § 842(a)(5), 21 CFR 1304.11 and 21 CFR § 1304.21, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11), (12) and (17).

NINTH CAUSE OF ACTION
Failure to Verify Dispensed Medications for Accuracy

41. By failing to verify medications for accuracy prior to dispensing, Khalek, Chancellor, and Hoffman violated NAC 639.743(2)(a) and (b), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

TENTH CAUSE OF ACTION
Failure to Inventory Controlled Substances Every Two Years

42. By failing to inventory controlled substances at least once every two (2) years, Khalek, Chancellor, and Hoffman violated NRS 453.246, NAC 453.475(1)(b), 21 U.S.C. § 842(a)(5), 21 CFR 1304.11 and 21 CFR § 1304.21 and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11), (12) and (17).

ELEVENTH CAUSE OF ACTION

Failure to Properly Segregate/Dispose Adulterated/Expired Drugs

43. By failing to properly segregate and/or dispose of adulterated and/or expired dangerous drugs for administration, Khalek, Chancellor, and Hoffman violated NRS 585.370(1), NRS 639.282(1)(d), NAC 639.050(2), NAC 639.473(1) and (3), NAC 639.510(3) and NAC 639.601(1), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

TWELFTH CAUSE OF ACTION

Failure to Properly Label Pre-Filled Syringes Against

44. By pre-filling syringes without proper labels and/or temperature control, Chancellor and Hoffman violated NRS 585.420, NRS 639.282 (1)(e), NAC 639.476 and NAC 639.510, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210 (12).

THIRTEENTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

45. By their actions as set forth herein, Khalek, Chancellor and Hoffman have committed acts that render their registrations to prescribe or otherwise dispense a controlled substance inconsistent with the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

DATED this 24th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDEL M. KHALEK, MD,** **Certificate of Registration Nos. CS19745 and PD00722,** **Respondent.**	**CASE NO. 19-003-CS-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek, MD
5375 S Ft Apache Rd #102-103
Las Vegas, NV 89148

Robert Chancellor, MD
7975 W Sahara Ave #104
Las Vegas, NV 89117

Lindsay Hoffman, PA-C
5375 S FT Apache Rd #102-103
Las Vegas, NV 89148

Jill Chase, Esq.
Lewis Brisbois
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118

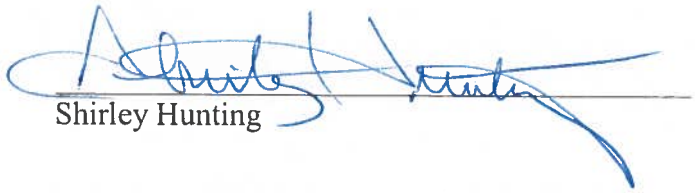
E. Brent Bryson, Esq.
7730 W. Sahara Ave., Ste. 109
Las Vegas, NV 89117

SHIRLEY HUNTING

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of August, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel M. Khalek, MD
8600 Starboard Avenue
Las Vegas, NV 89117



Shirley Hunting

FILED
AUG 28 2020
NEVADA STATE BOARD OF PHARMACY

LEWIS BRISBOIS BISGAARD & SMITH LLP
JILL M. CHASE
Nevada Bar No. 5250
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Telephone: 702.893.3383
Facsimile: 702.893.3789
Email: Jill.Chase@lewisbrisbois.com
Attorney for Abdel M. Khalek, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. ABDEL M. KHALEK, M.D., Certificate of Registration No. CS19745 and PD00722 Respondent.	CASE NO. 19-090-CS-S ANSWER AND NOTICE OF DEFENSE

ABDEL M. KHALEK, M.D., ("Dr. Khalek"), by and through his counsel, JILL M. CHASE, ESQ. of the law firm of LEWIS BRISBOIS BISGAARD & SMITH, LLP hereby submits his Answer and Notice of Defense.

JURISDICTION

1. Answering Paragraph 1, Respondent objects to this paragraph as it calls for a legal conclusion; notwithstanding, Respondent admits that he held a Board-issued controlled substance registration, Certificate of Registration No. CS19745 and PD00722.

FACTUAL ALLEGATIONS

2. Answering Paragraph 2, Respondent admits that Vinay Kumar Bararia, M.D. was not registered with the Board at the time of the alleged events herein.

3. Answering Paragraph 3, Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph III and therefore denies these allegations.

4. Answering Paragraph 4, Respondent is without sufficient knowledge,

information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 4 and therefore denies these allegations. .

5. Answering Paragraph 5, Respondent admits he was employed at Trimcare from October 2018 to April 2019.

6. Answering Paragraph 6, Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 6 and therefore denies these allegations.

7. Answering Paragraph 7, Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 7 and therefore denies these allegations.

8. Answering Paragraph 8, Respondent denies that he was the medical director of Ageless Aesthetics from October 2018 to April 2019.

9. Answering Paragraph 9, Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 9 and therefore denies these allegations.

10. Answering Paragraph 10, Respondent denies these allegations as to this Respondent, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the remaining allegations contained in Paragraph 10 and therefore denies these allegations.

11. Answering Paragraph 11, Respondent denies these allegations.

12. Answering Paragraph 12, Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 12 and therefore denies these allegations.

13. Answering Paragraph 13, this allegation is not directed to this Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 13 and therefore denies these allegations.

14. Answering Paragraph 14, Respondent denies these allegations as to this

Respondent, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the remaining allegations contained in Paragraph 14 and therefore denies these allegations.

15. Answering Paragraph 15, Respondent denies these allegations as to this Respondent, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the remaining allegations contained in Paragraph 15 and therefore denies these allegations.

16. Answering Paragraph 16, Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 16 and therefore denies these allegations.

17. Answering Paragraph 17, Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 17 and therefore denies these allegations

APPLICABLE LAW

18. Answering Paragraph 18, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

19. Answering Paragraph 19, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

20. Answering Paragraph 20, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

21. Answering Paragraph 21, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

22. Answering Paragraph 22, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

23. Answering Paragraph 23, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

24. Answering Paragraph 24, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

25. Answering Paragraph 25, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

26. Answering Paragraph 26, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

27. Answering Paragraph 27, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

28. Answering Paragraph 28, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

29. Answering Paragraph 29, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

30. Answering Paragraph 30, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

31. Answering Paragraph 31, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

32. Answering Paragraph 32, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

FIRST CAUSE OF ACTION

Unprofessional Conduct-Party to a Fraudulent/Deceitful Practice/Transaction

33. Answering Paragraph 33, Respondent denies that he permitted Bararia to perform any unlawful acts alleged in Paragraph 33, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 33 as to the remaining Respondents and therefore denies these allegations.

SECOND CAUSE OF ACTION

Unprofessional Conduct-Incompetent, Unskillful or Negligent Performance of Duties

34. Answering Paragraph 34, Respondent denies that he permitted Bararia to perform any unlawful acts alleged in Paragraph 34, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations

contained in Paragraph 34 as to the remaining Respondents and therefore denies these allegations.

THIRD CAUSE OF ACTION

Unprofessional Conduct-Aiding and Abetting Unlicensed Practice

35. Answering Paragraph 35, Respondent denies that he permitted Bararia to perform any unlawful acts alleged in Paragraph 35, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 35 as to the remaining Respondents and therefore denies these allegations.

FOURTH CAUSE OF ACTION

Unprofessional Conduct-Prescribing/Dispensing Without Bona Fide Therapeutic Relationship

36. Answering Paragraph 36, Respondent denies that he performed any unlawful acts alleged in Paragraph 36, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 36 as to the remaining Respondents and therefore denies these allegations.

FIFTH CAUSE OF ACTION

Violations of Federal Controlled Substances Act

37. Answering Paragraph 37, Respondent denies that he permitted Bararia to perform any unlawful acts alleged in Paragraph 37, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 37 as to the remaining Respondents and therefore denies these allegations.

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SIXTH CAUSE OF ACTION

Violations of State Law for Unlicensed Practice

38. Answering Paragraph 38, Respondent denies that he permitted Bararia to perform any unlawful acts alleged in Paragraph 38, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 38 as to the remaining Respondents and therefore denies these allegations.

SEVENTH CAUSE OF ACTION

Failure to Maintain Security of Controlled Substances or Dangerous Drugs

39. Answering Paragraph 39, Respondent denies that he permitted Bararia and/or other unlicensed employees of Trimcare and/or Ageless Aesthetics to perform any unlawful acts alleged in Paragraph 39, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 39 as to the remaining Respondents and therefore denies these allegations.

EIGHTH CAUSE OF ACTION

Failure to Maintain Records for Controlled Substances Dispensed

40. Answering Paragraph 40, Respondent denies that he performed or committed any of the unlawful acts alleged in Paragraph 40, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 40 as to the remaining Respondents and therefore denies these allegations.

NINTH CAUSE OF ACTION

Failure to Verify Dispensed Medications for Accuracy

41. Answering Paragraph 41, Respondent denies that he performed any unlawful acts alleged in Paragraph 41, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 41 as to the remaining Respondents and therefore denies these allegations.

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TENTH CAUSE OF ACTION

Failure to Inventory Controlled Substances Every Two Years

42. Answering Paragraph 42, Respondent denies that he performed any unlawful acts alleged in Paragraph 42, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 42 as to the remaining Respondents and therefore denies these allegations.

ELEVENTH CAUSE OF ACTION

Failure to Properly Segregate/Dispose Adulterated/Expired Drugs

43. Answering Paragraph 43, Respondent denies that he performed or committed any of the unlawful acts alleged in Paragraph 43, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 43 as to the remaining Respondents and therefore denies these allegations.

TWELFTH CAUSE OF ACTION

Failure to Properly Label Pre-Filled Syringes Against

44. Answering Paragraph 44, Respondent states that this allegation seeks information about other Respondents for which he is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 44 as to the remaining Respondents and therefore denies these allegations.

THIRTEENTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

45. Answering Paragraph 45, Respondent denies this paragraph as to himself, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 45 as to the remaining Respondents and therefore denies these allegations.

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AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE

The Board's Complaint fails to state a claim on which relief may be granted.

SECOND AFFIRMATIVE DEFENSE

The Board's Complaint, and each cause of action therein, is barred by the doctrine of laches, estoppel, and the doctrine of unclean hands.

THIRD AFFIRMATIVE DEFENSE

Respondent denies each and every allegation of the Board's Complaint not specifically admitted or otherwise pled to herein.

WHEREFORE, Respondent prays for judgment as follows:

1. That all charges against him be dismissed;

2. For such other and further relief as may be deemed just and proper in these premises.

DATED: August 28, 2020

Respectfully submitted,

Jill M. Chase
LEWIS BRISBOIS BISGAARD & SMITH LLP

By: */s/ Jill M. Chase*
Attorneys for Abdel Khalek, M.D.

FILED
APR 13 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDEL M. KHALEK, MD,** **Certificate of Registration Nos. CS19745 and PD00722,** **Respondent.**	**Case No. 22-019-N** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, April 13, 2022. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Abdel M. Khalek, MD, Certificate of Registration Nos. CS19745, and PD00722, failed to appear. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. At the time of the events set forth herein, Respondent Abdel M. Khalek, MD, held a controlled substance registration, Certificate of Registration No. CS19745, and dispensing practitioner registration, Certificate of Registration No. PD00722, issued by the Board.

2. On or about July 24, 2020, Respondent was served with a Notice of Intended Action and Accusation (Accusation) in Case No. 19-003-A-S, alleging violations of federal and state law, including NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS

639.23505, NRS 639.281, NRS 639.2813, NRS 639.310, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05.

3. On or about February 23, 2021, Respondent was served with an Order of Summary Suspension of his Certificate of Registration No. CS19745 pursuant to NRS 233B.127(3) and NRS 453.241(3).

4. On February 25, 2021, Respondent surrendered his DEA Certificate of Registration No. FK2904793 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

5. By executing the DEA Surrender for Cause, Respondent acknowledged in pertinent part the following:

> In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

6. On or about December 7, 2021, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-8734-1 and revoked Respondent's License No. 6899 to practice medicine for cause.

7. On or about February 25, 2022, and March 25, 2022, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

8. On or about March 15, 2022, Respondent was served with another notice of this hearing by mail.

9. Respondent failed to file a Notice of Defense to the Accusation.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this Respondent, because at the time of the events herein, Respondent held a controlled substance registration and a dispensing practitioner registration, both issued by the Board.

2. The applicable law in this matter is as follows:

A. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03.

B. A practitioner must hold a license to practice his or her profession in this State to possess, administer and any dangerous drug, and must be registered with the Board to dispense a dangerous drug. NRS 454.213; NRS 454.215; NRS 454.221; NRS 454.321; NRS 454.356; NRS 639.100; NRS 639.23505; NAC 639.742.

C. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, 454.00958 or 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

D. Failure to file a Notice of Defense constitutes a waiver of the respondent's right to a hearing. NRS 639.244.

E. If a respondent fails to appear at a scheduled hearing and the Board finds that the respondent was given sufficient legal notice of the hearing, it may accept the allegations as true. NRS 622A.350.

3. By surrendering his DEA Certificate of Registration No. FK2904793 for cause, Respondent has admitted to failing to comply with federal requirements pertaining to controlled substances, has committed acts that render his registration to dispense controlled substances inconsistent with the public interest, is no longer authorized to possess, administer, prescribe or dispense controlled substances under federal or state law, and his Certificate of Registration Nos. CS19745 and PD00722 are subject to revocation pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(11) and (12) and/or NRS 639.255(1).

4. Due to the revocation for cause of his License No. 6899 by the NSBME, Respondent is no longer a licensed practitioner qualified for registration to possess, administer, prescribe and/or otherwise dispense controlled substances or dangerous drugs under federal or state law, has committed acts that render his registration to dispense controlled substances or dangerous drugs inconsistent with the public interest, and his Certificate of Registration Nos. CS19745 and PD00722 are subject to revocation pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(11) and (12) and/or NRS 639.255(1).

5. Board staff satisfied the notice and service requirements of NRS 233B.127(3), NRS 639.242 and NRS 639.245, and Respondent was given sufficient legal notice of the hearing.

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The certificates of registration of Respondent Abdel M. Khalek, MD, Certificate of Registration Nos. CS19745, and PD00722, are hereby revoked pursuant to NRS 453.241(l)(b).

2. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement pursuant to NRS 639.257 and the Board reinstates his certificates of registration.

3. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of his certificates of registration for a period of two (2) years from the effective date of this Order.

4. In the event Respondent applies for reinstatement of his certificates of registration, or applies for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

5. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 453 and Chapter 639.

6. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5), and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

7. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 13th day of April, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of April 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek
5375 S. Fort Apache Rd Unit 102
Las Vegas, NV 89148

9171 9690 0935 0271 8351 48

Abdel Khalek
8600 Starboard Ave.
Las Vegas, NV 89117

9171 9690 0935 0271 8351 55

KRISTOPHER MANGOSING

5L

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT CHANCELLOR, MD,** **Certificate of Registration Nos. CS22616 and PD27416,** **Respondent.**	**CASE NO. 19-003-CS-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek, MD
5375 S Ft Apache Rd #102-103
Las Vegas, NV 89148

Robert Chancellor, MD
7975 W Sahara Ave #104
Las Vegas, NV 89117

Lindsay Hoffman, PA-C
5375 S FT Apache Rd #102-103
Las Vegas, NV 89148

Jill Chase, Esq.
Lewis Brisbois
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118

E. Brent Bryson, Esq.
7730 W. Sahara Ave., Ste. 109
Las Vegas, NV 89117

SHIRLEY HUNTING

FILED
AUG 17 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. ROBERT CHANCELLOR, MD, Certificate of Registration No. CS22616 and PD27416, Respondent.	Case No.: 19-003-CS-B-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: None.

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Respondent Denies the allegations contained in the Notice of Intended Action and Accusation, Case No. 19-003-CS-B-S.

I hereby, declare under penalty or perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

Date this 11th day of August, 2020.

Robert Chancellor MD
ROBERT CHANCELLOR, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** ABDEL M. KHALEK, MD, Certificate of Registration Nos. CS19745 and PD00722, ROBERT CHANCELLOR, MD, Certificate of Registration Nos. CS22616 and PD27416, and LINDSAY HOFFMAN, PA-C, Certificate of Registration Nos. CS18262 and PD00177, Respondents.	Case Nos. 19-003-CS-A-S 19-003-CS-B-S **19-003-CS-C-S** **STIPULATED FACTS AS TO RESPONDENTS ROBERT CHANCELLOR, MD AND LINDSAY HOFFMAN, PA-C ONLY**

Courtney K. Lee, General Coun0sel for Petitioner, the Nevada State Board of Pharmacy ("Board"), Respondent Robert Chancellor, MD ("Chancellor"), Certificate of Registration Nos. CS22616, and PD 27416, Respondent Lindsay Hoffman, PA-C, ("Hoffman"), Certificate of Registration Nos. CS18262 and PD00177, by and through counsel, E. Brent Bryson, Esq., **HEREBY STIPULATE AND AGREE TO THE FOLLOWING FACTS**:

1. The Board has jurisdiction over Respondents and this matter.

2. Vinay Kumar Bararia, MD ("Bararia") was not registered with the Board at the time of the events alleged herein.

3. Khalek co-owned and/or was employed at Trimcare from October 2018 to April 2019.

4. Chancellor co-owned and/or was employed by Trimcare from November 2018 to the present.

5. Hoffman was employed by Trimcare from August 2018 to present.

6. On or about July 7, 2020, Board staff served Bararia with an order pursuant to NRS 639.2895(1) to immediately cease and desist possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from Trimcare.

AGREED:

APPROVED AS TO FORM AND CONTENT
this 11 day of ~~September~~ November, 2021

BRENT BRYSON, ESQ.
Counsel for Respondents Robert Chancellor, MD and Lindsay Hoffman, PA-C

Signed this 11th day of ~~September~~ November, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Exhibit 1

702-486-6420 Joe Dodgy ?

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway Suite 206 • Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

INSPECTION NOTICE

INNOVATIVE CARE PHYSICIANS
5375 ST FT APACHE RD #103
LAS VEGAS, NV 89148

License: DS00206-CS
Inspector: L. Bowcly/D. McClish/Cerra
Month of Inspection: May 2019
Inspection #: 99053
Date of Inspection: 6/13/19

INSTRUCTIONS

This Notice is provided to INNOVATIVE CARE PHYSICIANS to inform you that your dispensing site will be inspected sometime in the month of May. These instructions are intended to assist you to be prepared for the inspection. **You must have completed the following by the first business day of May:**

- ✓ Review and make any needed changes to information shown below
- ✓ Download and print from our website the correct forms. Be advised, in order to complete the inspection process, you will be printing more than one document. Carefully read directions below:
  - Go to http://bop.nv.gov
  - From the Homepage, click on the tab labeled: **"FORMS"**
  - Under the section labeled **"Inspection Forms"**, locate, click on and print the **Dispensing Practitioner Inspection Form and Instruction Sheet.**
- ✓ Attach this page to the front of the inspection forms. Complete the Inspection Form and have the completed form available for review by the Inspector.
- ✓ The dispensing practitioner is responsible to assure compliance with all of the instructions in this matter.
- ✓ If your dispensing practitioner(s) are not on site all hours your facility is open, please keep all dispensing records, invoices and documents in a secure location separate from the medications that are being dispensed. The key to this secure area can be kept in a secure area for access to records by the inspector. The key to the medications can only be in possession of the practitioner.
- ✓ Failure to fully comply with the instructions will be noted as a deficiency and may result in disciplinary action against the dispensing practitioner.
- ✓ **The Board will *not* provide copies of the necessary Inspection Forms by mail or fax. The dispensing practitioner is responsible to obtain the Inspection Forms through the Board's website.**

DISPENSING SITE INFORMATION

Our records show the following information regarding your dispensing site. Please review the information carefully and make any changes by striking through any information that is incorrect and adding corrected information in the blanks next to the incorrect information. **You must have this Inspection Notice available which must be completed by the first business day of May and made available to the inspector when he visits.**

Make needed changes below:

Dispensing Site Telephone #: 702-367-0808

Dispensing Site Fax #: 702-367-1339

Dispensing Site E-mail: pharmacy@innv.com

Practitioner(s) Name/License#/License Type:

HOFFMAN, LINDSAY: PD00177 ✓

KHALEK, ABDEL MALICK: PD00722 → Not here anymore

LUCKETTE, ADAM JAMES: PD00246 → Not here anymore

Robert S. Chancellor PD27416 ✓

Dispensing Tech(s)/Trainee(s):

ANDERSON, MARISSA B: TD00682 → not here anymore

DEVER-GOLDSMITH, MONA L: TD00275 → not here anymore

MEDEIROS, JENNIFER: TD01478 → not here anymore

SANCHEZ, CONSUELO: TD01206 → not here anymore

Ranesces, Vistacion TD01750 ✓

Kerrigan, Jason TD01763 ✓ Part Time

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201

Please read carefully and retain; it contains important information about your exclusion

You are excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 42 U.S.C. 1320a-7b(f) of the Social Security Act.

This exclusion significantly limits your ability to work in any capacity in the health care field in the United States. No payment will be made by any Federal health care program (such as Medicare, Medicaid, Veterans Administration, TRICARE, the Military Direct Care System, etc.) for any items or services furnished, ordered, or prescribed by you in any capacity. For example, you are prohibited from submitting or causing claims to be submitted to Federal health care programs for items or services which you provide, and you are also prohibited from being employed to provide items or services which are billed to a Federal health care program. Such items or services could include administrative, clerical, and other activities that do not directly involve patient care or the provision of any health care related services.

An excluded person cannot be employed by a provider to perform functions paid for, in whole or in part, by any Federal health care program. Generally speaking, with rare exceptions, you may not be employed by a hospital, nursing home, or any other institutional provider that participates in Federal health care programs.

This exclusion does not affect your rights or the rights of your family members to collect benefits to which you or they may be entitled as a beneficiary under any Federal program such as Medicare, Medicaid, or Social Security.

Under 42 U.S.C. 1320a-7(a)(1)(D), the Office of Inspector General (OIG) is required to notify all applicable State agencies of your exclusion, and they are required to exclude you for the same period of time. The OIG's exclusion is in addition to any sanction an individual State or other Federal agency may impose under its own authority. Notice will be provided to the public and other parties in accordance with 42 U.S.C. 1320a-7(d) and (e).

Any service you provide is a non-covered service. Therefore, notwithstanding 42 U.S.C. 1395w-4(g)(4), you cannot submit claims or cause claims to be submitted for payment under any Federal health care program. Violations of the conditions of your exclusion may subject you to criminal prosecution and/or the imposition of civil monetary penalties and the denial of your reinstatement to the programs. See 42 U.S.C. 1320a-7a(a)(1)(D) and 42 C.F.R. 1001.9002(g)(2).

YOUR REINSTATEMENT IS NOT AUTOMATIC. You will not be reinstated at the conclusion of the minimum period of exclusion, or anytime thereafter, **UNLESS YOU APPLY TO THE OIG AND ARE GRANTED REINSTATEMENT** to the Medicare, Medicaid, and all Federal health care programs under the provisions of 42 U.S.C. 1320a-7(g) and 42 C.F.R. 1001.3001-3005. If you were excluded because you lost your license, you may not apply for reinstatement until your license has been restored by the licensing board or agency which originally took the disciplinary action against you. A request for reinstatement may be made to the OIG no earlier than 90 days prior to the expiration of the minimum period of exclusion. The request must be made in writing and should be sent to the Director, Exclusions Branch, Office of Investigations, P.O. Box 23871, Washington, DC 20026. Upon receipt of the request, the OIG will notify you of the information and documentation it requires to reach a decision on your reinstatement.

Obtaining a license, staying in another State, or obtaining a provider number from a Medicare contractor, a State agency, or a Federal health care program does not relieve your obligation to participate in these programs.

(04/13 Edition)

Exhibit 2

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201

HOW TO APPEAL YOUR EXCLUSION

If you disagree with this action, you may request a hearing before an administrative law judge (ALJ). You may file a request for a hearing before an ALJ only on the issues of: (i) whether the Inspector General has a basis for the imposition of the sanction, and/or (ii) whether the length of exclusion is unreasonable.

A request for hearing must be made in writing within 60 days of receiving the OIG's notice of exclusion. The date you receive the Inspector General's notice of exclusion will be presumed to be five (5) days after the date of such notice unless there is a reasonable showing to the contrary.

Your request for hearing must be accompanied by a copy of the Inspector General's notice of exclusion, a statement as to the specific issues or findings with which you disagree, along with the basis for your contention that the specific issues and/or findings are incorrect.

Your request for hearing should be filed with the Departmental Appeals Board electronic filing system website (DAB E-File) at https://dab.efile.hhs.gov. To file a new appeal using DAB E-File, you must first register a new account, by: (1) clicking "Register" on the DAB E-File home page; (2) entering the information requested on the "Register New Account" form; then (3) clicking "Register Account" at the bottom of the form. If you have more than one representative, each representative must register separately to use DAB E-File on your behalf.

The e-mail address and password provided during registration must be entered on the login screen https://dab.efile.hhs.gov/login to access DAB E-File. A Registered User's access to DAB E-File is restricted to the appeals for which he or she is a party or authorized representative. Once registered, you may file your appeal by:

- Clicking the "File New Appeal" link on the "Manage Existing Appeals" screen, then clicking "Civil Remedies Division" on the "File New Appeal" screen; and
- Entering and uploading the requested information and documents on the "File New Appeal – Civil Remedies Division" form.

All documents must be submitted in Portable Document Format ("PDF"). Any document, including a request for hearing, will be deemed to have been filed on a given day, if it is uploaded to DAB E-File on or before 11:59 p.m. Eastern Standard Time of that day. A party that files a request for hearing via DAB E-File will be deemed to have consented to accept electronic service of appeal-related documents that OIG files, or CRD issues on behalf of the Administrative Law Judge, via DAB E-File. Correspondingly, OIG will also be deemed to have consented to electronic service. More detailed instructions on DAB E-File for CRD cases can be found on the link to CRD E-File Procedures on the File New Appeal Screen for CRD appeals.

In the event you are unable to file a hearing request using the DAB E-File system, you may submit all of the required information by mail to:

Director, Civil Remedies Division
Departmental Appeals Board, MS 6132
Room G-644, Cohen Building,
330 Independence Avenue, SW
Washington, D.C. 20201

(1/12 Edition)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

Washington, D.C. 20201

Administrator, Department of Human Resources
Division of Health Care Financing/Policy
1100 E. William Street, Suite 101
Carson City, NV 89701

NOV 28 2014

Dear Administrator:

RE: Vinay Kumar Barara, M.D., #46626-048
FCI Lompoc
3600 Guard Road
Lompoc, CA 93436

Medical Doctor
License No.: 11355
DOB: [redacted]
SSN: [redacted]
NPI No.: [redacted]
Medicare Prov. No.: 101625
Medicaid Prov. No.: Unknown

OI File No.: H-14-41075-9
Exclusion Authority: 1128(a)(4)

The subject identified above is being excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128(f) of the Social Security Act (Act). This action is effective 20 days from the date shown on this letter.

If you have not already done so, please take the necessary action in accordance with section 1902(a)(39) of the Act to exclude the subject from participation in the title XIX programs as of the effective date of this action.

Please note that reinstatement to program reimbursement is not automatic. Therefore, no provider number should be issued to the subject or to any employer on behalf of the subject until you have been notified by the Office of Inspector General that the subject has been reinstated.

In the interim, if the subject submits claims or causes claims to be submitted for items or services furnished under the Medicaid program after the effective date, the subject may be liable for additional civil penalties. Therefore, please notify the U.S. Department of Health and Human Services, Office of Inspector General, ATTN: Exclusions Staff, P.O. Box 23871, Washington, D.C. 20026.

Sincerely,

Charles Grant

Charles Grant
Director
Exclusions Staff
Office of Investigations

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

[redacted]

Executive Secretary
Nevada State Board of Medical Examiners
P.O. Box 7238
Reno, NV 89510

NOV 28 2014

Dear Executive Secretary:

RE:	Vinay Kumar Bansia, M.D., #46526-048	Medical Doctor
	FCI Lompoc	License No.: 11355
	3600 Guard Road	DOB: [redacted]
	Lompoc, CA 93436	SSN: [redacted]
		NPI No.: [redacted]
	OI File No.: 15-14-41075-9	Medicare Prov. No.: 181625
	Exclusion Authority: 1128(a)(4)	Medicaid Prov. No.: Unknown

The subject identified above is being excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). These actions are effective 20 days from the date of this letter, and are the result of a felony conviction as defined in section 1128(i) (42 U.S.C. 1320a-7(i)), in the United States District Court, District of Nevada, of a criminal offense related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance as defined under Federal or State law. This applies to any individual or entity that is, or has ever been, a health care practitioner, provider, or supplier; holds a direct or indirect ownership or control interest (as defined in section 1124(a)(3) of the Act) in an entity that is a health care provider or supplier or is, or has ever been, an officer, director, agent or managing employee (as defined in section 1126(b) of the Act) of such an entity; or is, or has ever been, employed in any capacity in the health care industry.

Section 1128(e) of the Act requires that the appropriate licensing or certification authority be notified of such an exclusion, requested to make appropriate investigations and invoke sanctions in accordance with State law and policy, and asked to inform the Inspector General of this Department with respect to any actions taken in response to this request.

Accordingly, if you have not already done so, we request you to make appropriate investigations and invoke sanctions pursuant to applicable State law and policy. We also ask that you fully and currently inform us with respect to any action taken. The information to be supplied should be sent to the U.S. Department of Health and Human Services, Office of Inspector General, ATTN: Exclusions Staff, P.O. Box 23871, Washington, D.C. 20026.

Sincerely,

Charles Grant

Charles Grant
Director
Exclusions Staff
Office of Investigations

Department of Health and Human Services

DEPARTMENTAL APPEALS BOARD

Civil Remedies Division

Vinay Kumar Bararia,
(OI File No.: H-14-4-1075-9),

Petitioner,

v.

The Inspector General

Docket No. C-15-1108

Decision No. CR3863

Date: May 14, 2015

DECISION

I sustain the determination of the Inspector General (I.G.) to exclude Petitioner, Vinay Kumar Bararia, from participating in Medicare and other federally funded health care programs for a period of at least ten years.

I. Background

The I.G. excluded Petitioner, a physician, for a minimum period of ten years pursuant to the requirements of section 1128(a)(4) of the Social Security Act (Act). This section mandates the exclusion of any individual who is convicted of a felony occurring after August 21, 1996, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance. The I.G. based the minimum ten-year exclusion period on the presence of certain aggravating factors that I shall describe.

Petitioner requested a hearing. The I.G. filed a brief and a reply brief, plus exhibits that are identified as I.G. Ex. 1 – I.G. Ex. 7. Petitioner filed a brief plus two exhibits. I identify these exhibits as P. Ex. 1 and P. Ex. 2. I receive the parties' exhibits into the

record. Neither party requested that I convene a hearing in person and so I am deciding this case based on the parties' written filings.

II. Issues, Findings of Fact and Conclusions of Law

A. Issues

The issues are whether: the I.G. is mandated to exclude Petitioner; and, the ten-year minimum exclusion is reasonable.

B. Findings of Fact and Conclusions of Law

There is no dispute as to the I.G.'s mandate to exclude Petitioner. In his brief Petitioner admits that he was convicted of a felony as is described at section 1128(a)(4) of the Act. Petitioner's Brief at 1. Indeed, the evidence establishes that Petitioner was convicted of such an offense. On December 18, 2013, Petitioner pled guilty to a single felony offense under federal law consisting of unlawful distribution of a controlled substance. I.G. Ex. 5. In pleading guilty Petitioner explicitly admitted to selling unlawfully 500 hydrocodone pills (hydrocodone is a controlled substance) to an agent of the United States Drug Enforcement Administration. *Id.* at 4. The crime of which Petitioner was convicted falls squarely within the reach of section 1128(a)(4). It is a felony committed after August 21, 1996, consisting of the unlawful distribution of a controlled substance.

All that is left in dispute is whether the minimum ten-year exclusion imposed by the I.G. is reasonable. Exclusions imposed pursuant to section 1128(a) of the Act must be for a minimum period of five years. Act § 1128(c)(3)(B). Here, the I.G. opted to exclude for a term that is longer than the minimum period.

The I.G. has discretion to do so where there is evidence that proves that an excluded individual is so untrustworthy as to necessitate an exclusion that is for a longer period than the five-year statutory minimum. Evidence of untrustworthiness is admissible if it relates to one of the aggravating factors that is described at 42 C.F.R. § 1001.102(b).

In this case the I.G. asserts the presence of two aggravating factors. First, Petitioner was sentenced to a period of incarceration. 42 C.F.R. § 1001.102(b)(5). He was sentenced to 44 months' imprisonment. I.G. Ex. 2. Second, Petitioner was subject to another adverse action by a State government agency based on the same facts and circumstances that are the basis for his exclusion. 42 C.F.R. § 1001.102(b)(9). Petitioner voluntarily surrendered his license to practice medicine in the State of Nevada on March 13, 2013, after the Investigative Committee of the Nevada State Board of Medical Examiners (Nevada Board) had suspended his license. I.G. Exs. 6, 7. In suspending his license the Nevada Board cited Petitioner's "blatant violation" of federal laws regulating controlled substances. I.G. Ex. 6 at 2.

Evidence relating to the two aggravating factors is sufficient to justify a ten-year exclusion because it establishes Petitioner to be highly untrustworthy. Most damaging is evidence cited by the Nevada Board, which found that Petitioner had engaged in repeated unlawful sales of controlled substances. I.G. Ex. 6 at 2. This undisputed evidence proves that Petitioner was systematically selling controlled substances unlawfully. Moreover, the lengthy term of incarceration that the sentencing judge imposed on Petitioner – 44 months – is strong evidence of his untrustworthiness.

Evidence of aggravation may be offset by evidence of mitigation if it relates to one of the factors set forth at 42 C.F.R. § 1001.102(c). Petitioner argues that there is mitigating evidence in this case. I have examined Petitioner's arguments and the evidence that he offered in support, and I find no evidence relating to one of the regulatory mitigating factors.

Petitioner argues that a ten-year exclusion will have a devastating effect on him, personally, as well as on his family. That is not permissible mitigating evidence. The fact that Petitioner and his family may be affected personally by his exclusion simply cannot be considered in deciding whether the exclusion is reasonable. Adverse personal impact is not a mitigating factor nor should it be. It is likely that any period of exclusion may have an adverse financial impact on the excluded individual. But, that is the collateral consequence of a remedy that is designed to protect programs and their beneficiaries from untrustworthy individuals.

Petitioner also suggests that his culpability is diminished in this case by virtue of the fact that he suffers from a mental illness. Petitioner's Request for Hearing; Petitioner's Brief at 3. To that end, he offered two exhibits consisting of psychiatric evaluations of his mental state that discuss Petitioner's bipolar disorder. P. Exs. 1, 2.

The regulations governing exclusions recognize that a mitigating factor may exist where the sentencing judge determines that the excluded individual's culpability is reduced by virtue of mental illness. 42 C.F.R. § 1001.102(c)(2). The finding of diminished culpability must be memorialized in the record of the sentencing proceeding. *Id.* Petitioner has not offered evidence to prove that the sentencing judge in his case made such a finding. I cannot find the presence of a mitigating factor in the absence of such evidence. Indeed, what evidence exists suggests that the judge did not find diminished culpability. As I.G.'s counsel notes in her reply brief, the sentencing judge apparently denied Petitioner's argument of diminished mental capacity. I.G.'s Reply Brief at 4.

/s/
Steven T. Kessel
Administrative Law Judge

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Articles of Organization
Limited-Liability Company
(PURSUANT TO NRS CHAPTER 86)

Filed in the office of
Barbara K. Cegavske
Secretary of State
State of Nevada

Document Number: 20180375492-61
Filing Date and Time: 08/28/2018 11:00 AM
Entity Number: E0402282018-4

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: NEVADA HEALTH SERVICES LLC
Check box if a Series Limited Liability Company ☐ Check box if a Restricted Limited Liability Company ☐

2. Registered Agent for Service of Process: ☐ Commercial Registered Agent: Name
☒ Noncommercial Registered Agent (name and address below) OR ☐ Office or Position with Entity (name and address below)
VINAY BARARIA
Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity
[redacted] BRONZE RIVER AVE, LAS VEGAS, Nevada 89148
Street Address, City, State, Zip Code
[redacted] BRONZE RIVER AVE, LAS VEGAS, Nevada 89148
Mailing Address (if different from street address), City, State, Zip Code

3. Dissolution Date: (optional) Latest date upon which the company is to dissolve (if existence is not perpetual):

4. Management: Company shall be managed by: ☒ Manager(s) OR ☐ Member(s) (check only one box)

5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)
1) VINAY BARARIA
Name
[redacted] BRONZE RIVER AVE, LAS VEGAS, NV 89148
Street Address, City, State, Zip Code
2) Name, Street Address, City, State, Zip Code
3) Name, Street Address, City, State, Zip Code

6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer) I declare, to the best of my knowledge under penalty of perjury, that the information provided herein is correct and acknowledge that pursuant to NRS 239.330, it is unlawful for me to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.
VINAY BARARIA
Name
X VINAY BARARIA
Organizer Signature
[redacted] BRONZE RIVER AVE, LAS VEGAS, NV 89148
Address, City, State, Zip Code

7. Certificate of Acceptance of Appointment of Registered Agent: I hereby accept appointment as Registered Agent for the above named Entity.
X VINAY BARARIA 8/28/2018
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

This form must be accompanied by appropriate fees.

Nevada Secretary of State Profit LLC 4-Initial
Revised: 12-1-16

Exhibit 4

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION

NEVADA HEALTH SERVICES LLC

FOR THE FILING PERIOD OF: AUG. 2018 TO AUG. 2019

USE BLACK INK ONLY - DO NOT HIGHLIGHT

"YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov"

☐ Return one file stamped copy. If filing not done online by other instructions, the stamped copy will be sent to registered agent.

IMPORTANT: Read instructions before completing and returning this form.

1. Enter in the entire text of each box. If more than one manager or managing member, attach a list of names to this form.
2. Attach one additional manager or managing member, check box at right of name box.
3. Initial list must be filed with the Secretary of State. A fee of $85.00 must be paid by the due date. Subsequent annual lists must be received no later than the last day of the month in which the anniversary date of formation occurs each year. Failure to file will result in a penalty of $250.00.
4. Each business license is a separate transaction. Please complete a form for each business license. Fees are due at the time of application.
5. Make your check payable to the Secretary of State.
6. Complete legibly. If requested above, mail the stamped copy without attached or additional charge. To receive a certified copy, you may request it for an additional fee of $30.00 per document. A copy fee of $1.00 per page is required for each additional copy you request when ordering a certified copy. Any certified copy requested must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201 (775) 684-5708
8. Filing may be in the jurisdiction of the Secretary of State or in one of the 16 counties in Nevada. (Reference Nevada Revised Statutes (NRS) 76.200 for more information.) Please contact your local county clerk's office to determine if your business activity requires a filing with them.

Penalties for late filing of list: LATE FEES OF $75.00 ($250.00 effective [illegible])

BUSINESS LICENSE FEE: $200.00 LATE PENALTY: $100.00 (Effective [illegible])

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: [ ]

NRS 76.090 Exemption Codes:
001 - Governmental Unit
002 - NRS 680A.030 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be submitted. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME: VIJAY SARASIA — MANAGER OR MANAGING MEMBER

ADDRESS: [redacted] SILVER PEAK AVE — CITY: LAS VEGAS — STATE: NV — ZIP CODE: [illegible]

NAME: — MANAGER OR MANAGING MEMBER

ADDRESS: — CITY: — STATE: — ZIP CODE:

NAME: — MANAGER OR MANAGING MEMBER

ADDRESS: — CITY: — STATE: — ZIP CODE:

NAME: — MANAGER OR MANAGING MEMBER

ADDRESS: — CITY: — STATE: — ZIP CODE:

None of the managers or managing members listed on this list of managers and managing members has been convicted in connection with the activity of any business involving the power or authority of a manager or managing member in violation of any securities statutes.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is current as of the date I sign below and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X VIJAY SARASIA — Title: MANAGER — Date: 8/15/2018 11:01:31 AM

Signature of Manager, Managing Member or Other Authorized Signature

Nevada Secretary of State SOS Initial Annual
Revised: 1-1-17

Exhibit 5

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:

ENTITY NUMBER
E0462012018-4

NEVADA HEALTH SERVICES LLC
NAME OF LIMITED LIABILITY COMPANY

FOR THE YEARS PERIOD OF: AUG. 2018 to AUG. 2019

USE BLACK INK ONLY - DO NOT HIGHLIGHT

YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov

☐ Return one file stamped copy. If filing not accompanied by color instructions, the stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all members or managers.
2. If there are additional managers or managing members, attach a list of them to this form.
3. Annual recurring fees are due on 8/31/2018. A $25.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before the due date will be accepted but considered late for the previous year.
4. State business license fee is $200.00. Initial fee of $200.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. Certified Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, a request an additional $30.00 per certificate. A copy fee of $1.00 per page is required for each additional copy requested when ordering a certified copy. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. If mailed, date is not accepted as proof (only). Form received after due date will be returned for additional fees and penalties. Failure to submit annual list and business license fees will result in revocation of filing.

ANNUAL LIST FILING FEE $150.00 + LATE PENALTY $25.00 if applicable) | BUSINESS LICENSE FEE $200.00 + LATE PENALTY $ 200.00 if applicable

Filed in the office of
Barbara K. Cegavske
Secretary of State
State of Nevada

Document Number
20186454390-16
Filing Date and Time
10/18/2018 10:55 AM
Entity Number
E0462012018-4

(This document was filed electronically.)
LEAVE SPACE FOR OFFICE USE ONLY

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ Pursuant to NRS chapter 76, this entity is exempt from the business license fee. Exemption code: [ ]

Note: 76.100 Exemption Codes
GEN - Governmental Entity
ORG - Nonprofit Organization

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be submitted. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME: VINAY HARARIA
ADDRESS: [redacted] BRONZE RIVER AVE
CITY: LAS VEGAS
STATE: NV
ZIP CODE: 89148
MANAGER OR MANAGING MEMBER

NAME: ABDEL M KHALIL
ADDRESS: [redacted] LAKE EASY DR APT [redacted]
CITY: LAS VEGAS
STATE: NV
ZIP CODE: 89117
MANAGER OR MANAGING MEMBER

NAME:
ADDRESS:
CITY:
STATE:
ZIP CODE:
MANAGER OR MANAGING MEMBER

NAME:
ADDRESS:
CITY:
STATE:
ZIP CODE:
MANAGER OR MANAGING MEMBER

Each of the managers or managing members identified in the list of managers and managing members has been identified with the knowledge, intent or consent of the entity or person or persons exercising the power or authority of a manager or managing member in connection with any contract or conveyance.

I declare, to the best of my knowledge under penalty of perjury, that this document contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X VINAY HARARIA
Signature of Manager, Managing Member or Other Authorized Signature

Title: MANAGER

Date: 10/18/2018 10:55:43 AM

Nevada Secretary of State Life Amendment
Revised: 1-1-17

Exhibit 6

NEVADA HEALTH SERVICES LLC

Business Entity Information

Status:	Active	File Date:	3/26/2018
Type:	Domestic Limited Liability Company	Entity Number:	E0163572018-4
Qualifying State:	NV	List of Officers Due:	3/31/2019
Managed By:	Managers	Expiration Date:	
NV Business ID:	NV20181512554	Business License Exp:	3/31/2019

Additional Information

Central Index Key:	

Registered Agent Information

Name:	SHAYNA BARAFF	Address 1:	[redacted] BRONZE RIVER AVE
Address 2:		City:	LAS VEGAS
State:	NV	Zip Code:	89148
Phone:		Fax:	
Mailing Address 1:	[redacted] BRONZE RIVER AVE	Mailing Address 2:	
Mailing City:	LAS VEGAS	Mailing State:	NV
Mailing Zip Code:	89148		
Agent Type:	Noncommercial Registered Agent		

Financial Information

No Par Share Count:	0	Capital Amount:	$ 0

No stock records found for this company

Officers

Include Inactive Officers

Manager - VINAY NARAINA

Address 1:	9115 BRONZE RIVER AVE	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89148	Country:	
Status:	Active	Email:	

Manager - ABDEL MAHAL EK

Address 1:	[redacted] LAKE EAST DR APT [redacted]	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89117	Country:	
Status:	Active	Email:	

Actions/Amendments

Exhibit 7

Action Type:	Articles of Organization		
Document Number:	20180375492-61	# of Pages:	1
File Date:	8/26/2018	Effective Date:	
(No notes for this action)			

Action Type:	Initial List		
Document Number:	20180375493-72	# of Pages:	1
File Date:	8/26/2018	Effective Date:	
(No notes for this action)			

Action Type:	Amended List		
Document Number:	20180454390-16	# of Pages:	1
File Date:	10/18/2018	Effective Date:	
(No notes for this action)			

Business License Detail Information

License Number:	2005111.062-190
MJBL Number:	
Business:	Trimcare Suite 102 Suite 102 5375 S Fort Apache Rd Las Vegas, NV 89148
Business Telephone:	(702) 367-0808
License Category:	Professional Services - Healthcare & Social Assist
Status:	Licensed
Date of License:	11/07/2018
Out of Business Date:	
Business Owner(s)	
Nevada Health Services LLC	

Return to Previous Page
Return to Business License Database Search Options

ADDENDUM TO ASSET PURCHASE AGREEMENT

This is an addendum to the asset agreement between the Ivan Goldsmith on behalf of Goldsmith Health Care, Ltd. DBA Innovative Care Physicians DBA "Trimcare" hereafter known as the "Seller" and Vinay Bararia, MD and Imran S. Chaudhry hereafter known as the "Buyer" for the purchase of the Business Assets of Goldsmith Health Care conducting business on a leased premise located at 5375 S. Fort Apache Rd, Suite 102 Las Vegas NV 89148.

The original agreement stated the buyers were to be the individual Vinay Bararia, MD and Imran S. Chaudhry. The Buyer is now to be a Management Service Organization by the name of Nevada Health Services, LLC.

The sale of business assets has been concluded on 8/31/2018 with payment in full.

8-31-2018

Ivan Goldsmith, MD

On Behalf of

Goldsmith Health Care, Ltd

8/31/18

Vinay Bararia, MD

On behalf of

Nevada Health Services, LLC

Exhibit 8

Agreement

Agreement between Abdel M. Khalek, M.D. and Vinay K Bararia, MD. Regarding the terms and conditions of the Nevada Health Services, LLC/ Trimcare.

Vinay K Bararia, MD will return the sum of $75,000 given by Dr. Khalek towards the purchase of this practice from Goldsmith Healthcare, Ltd. This will be done within a timely manner allowing for Dr. Bararia to arrange the funds.

Abdel M. Khalek, M.D. Dr. Khalek will get $15,000 salary paid to him as per his initial agreement on 12/11/2018. After this he will draw a salary of $10,000 a month for working 6 hours per day 5 days a week. If there is a decrease in hours worked the monthly salary will be adjusted according to hours worked. This contracted rate of $10,000.00 per month is for the period starting December 11, 2018 till June 11, 2019.

The accounts recievable for insurance payments prior to collected prior to 12/11/2018 will be shared equally between Dr. Khalek and Dr. Bararia.

Upon execution of this agreement Dr. Khalek will have no ownership or interest in ownership of Nevada Health Services, LLC/ Trim care.

Abdel M. Khalek MD	Date	Vinay K. Bararia, MD	Date

Exhibit 9

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:	NEVADA HEALTH SERVICES LLC	Entity Number:	E0402202018-4
Entity Type:	Domestic Limited-Liability Company (86)	Entity Status:	Active
Formation Date:	06/26/2018	NV Business ID:	NV20181612084
Termination Date:	Perpetual	Annual Report Due Date:	6/31/2020
Series LLC:	☐	Restricted LLC:	☐

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:	BHAVNA BARARIA	Status:	Active
CRA Agent Entity Type:		Registered Agent Type:	Non-Commercial Registered Agent
NV Business ID:		Office or Position:	
Jurisdiction:			
Street Address:	9335 BRONZE RIVER AVE, LAS VEGAS, NV, 89149, USA		
Mailing Address:	9335 BRONZE RIVER AVE, LAS VEGAS, NV, 89149		
Individual with Authority to Act:			
Fictitious Website or Domain Name:			

OFFICER INFORMATION

☑ VIEW HISTORICAL DATA

Title	Name	Address	Last Updated	Status
Manager	VINAY BARARIA	5375 S. Fort Apache Rd Suite 102-103, Las Vegas, NV, 89148, USA	06/20/2019	Active
Manager	ROBERT CHANCELLOR	5375 S. FORT APACHE RD SUITE 102, LAS VEGAS, NV, 89148, USA	03/07/2019	Active
Manager	VINAY BARARIA	9335 BRONZE RIVER AVE, LAS VEGAS, NV, 89149, USA	03/07/2019	InActive
Manager	ABDELM KHALEK	3001 LAKE EAST DR APT 1216, LAS VEGAS, NV, 89117, USA	03/07/2019	InActive
Manager	VINAY BARARIA	9335 BRONZE RIVER AVE, LAS VEGAS, NV, 89149, USA	03/07/2019	InActive

Page 1 of 1, records 1 to 5 of 5

Filing History Name History Mergers/Conversions

Return to Search Return to Results

Exhibit 10

20070719100129290 20071108100199040 20071108100199050 20110304100036870 20181003117017A

201810311171563 HELP

Instrument Number: 201810311171563

Search Results

Record Date:	10/31/2018
Book Type:	FFN - FICTITIOUS FIRM NAMES
Instrument #:	201810311171563
Number of Pages:	1
Doc Type:	FFN - FFN CERTIFICATE
Business Name:	TRIMCARE
Mailing Addr 1:	5375 S. FORT APACHE ROAD
Mailing Addr 2:	SUITE 102
Mailing City:	LAS VEGAS
Mailing State:	NV
Mailing Zip:	89148
Owner Name:	NEVADA HEALTH SERVICES LLC
Expiration Date:	10/31/2023

Exhibit 11

Instrument Number: 202001291001530

Search Results

Record Date:	1/29/2020
Book Type:	FFN - FICTITIOUS FIRM NAMES
Instrument #:	202001291001530
Number of Pages:	1
Doc Type:	FFN - FFN CERTIFICATE
Business Name:	TRIMCARE
Mailing Addr 1:	5375 S. FORT APACHE RD, STE 102
Mailing City:	LAS VEGAS
Mailing State:	NV
Mailing Zip:	89148
Owner Name:	NEVADA HEALTH SERVICES LLC
Expiration Date:	1/29/2025

Clark County / Business License / Services / License Search

Business License: Services

License Search

Business License Detail Information

License Number:	20151119S7-192
MIBL Number:	
Business:	Trinicare Suite 102 Suite 102 5375 S Fort Apache Rd Las Vegas, NV 89148
Business Telephone:	(702) 367-0808
License Category:	Professional Services - Healthcare & Social Assist
Status:	Licensed
Date of License:	11/07/2019
Out of Business Date:	
Business Owner(s)	
Nevada Health Services LLC	

Return to Previous Page
Return to Business License Database Search Options

Exhibit 12

Policy and procedures for Ordering, storing and administering products

- **Product ordering**

  Medical director will be provided the list of items needed for the coming weeks patients.

  Manager will provide a complete inventory list of supplies and products currently in stock.

  Inventory will be done bi-weekly

  Review and approval to be ordered. A log will be kept with the orders that were placed and approval signature from the MD. Manager will order product.

- **Process of the order**

  Delivery of the products will be received by the office. MD will be provided the packing slip to confirm and sign off.

- **Storage of product**

  Product will be locked in a separate cabinet accessable only by the MD or his nurse.

- **Admistering products**

  MD will prescribe product to be used on the patient. RN will administer.

  All orders will be maintained and signed off by MD. Files will be stored in a locked file cabinet.

Exhibit 13

TRANCARE
Building Healthy Communities
(702) 367-0808 | PHONE
(702) 367-3189 | FAX
TRANCARECOM

NUTRITION CONSULT NOTES

PATIENT NAME: J[redacted] S[redacted] DATE: 1/5/19

DATE OF BIRTH: [redacted] WEIGHT: _____ GOAL WEIGHT: 165

CLINICAL NOTES

A: Here for follow up s/p c 9/2018 hx ESL between hx 3rd portion. Wound had reopened + Dehisced by surgeon. On regular-A nutritional exam.

current nutrition intake

- 60-70 gm carbs
- 50-60 protein
- 1500 cal/day

D: poor insulin habits. D with carbs post dinner

I: Reviewed - macro counting - phone app

- 40-50 gm carbs
- >75 gm protein
- <1200 cal/day

5/wk cardio 30-45 min wt lifting 3/wk

M/E:

SIGNATURE: [redacted]

FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] DATE OF VISIT: 1/5/19

DATE OF BIRTH: [redacted] AGE: 52 SEX: M CHART NO: 17613

DRUG ALLERGIES: NKDA ETOH/DOC: 0 ALCOHOL: 0 LAST LABS: LMP: 12/2018

VITAL SIGNS:
TIME: 0:51 SPO2: 92
BP: 126/84 TEMP: 97.4
PULSE: 71
HEIGHT: 5 IN 7 CM

REVIEW OF SYMPTOMS (PRIOR TO VISIT): DENIES ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
INITIAL WEIGHT: 275.8 lbs GOAL WEIGHT: 165 lbs
CURRENT WEIGHT: lbs STARTING BMI: 30.2
TOTAL WEIGHT LOSS: 110.4 lbs CURRENT BMI: 27.3
lbs WAIST MEAS: in

WEIGHT LOSS MEDICATIONS

INJECTIONS
DIET SHOT: L / R # ____ @ ____
L-CARNITINE: L / R # NO SHOTS @ ____
L / R # ____ @ ____
L / R # ____ @ ____

SERIOUS EVENTS

OTHER MEDICATIONS

PHYSICAL EXAM GENERAL - WNL / ABNL CV / PULM - WNL / ABNL ABDOMINAL - WNL / ABNL
HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:

DIET: ____ LO CARB ____ LO CALORIE OTHER:
DIET ADHERENCE: ____ EXCELLENT ____ MOD ADHERENT ____ X/WEEK COMMENTS:
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: ____ STRENGTH TRAINING ____ X/WEEK ____ AEROBIC/CARDIO ____ X/WEEK
OTHER:

REVIEWED:
____ DIETARY ____ BODY ANALYSIS ____ LABS ____ FOOD JOURNAL
____ METABOLIC SYNDROME ____ ANNULAR PROTEIN STAINS ____ HIDDEN CARB SOURCES
____ EFFECTS OF ALCOHOL ____ REQUIREMENT OF TREATMENT W/H ANOREXETIC AGENTS
____ DISCUSSED TREATMENT ALTERNATIVES ____ INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

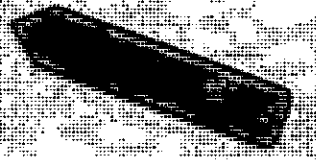
MEDICATIONS: REVIEWED WITH: ____ NO CHANGES ____ RECOMMENDED CHANGES BELOW

Rx PHENTERMINE	37.5 MG	# 1 PO	Q bid	60		HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx BONTRIL	30 MG	#	Q			
Rx BONTRIL	105 MG	#	Q			HCG CONSENT SIGNED
Rx TENUATE	75 MG	#	Q			TOPAMAX CONSENT REVIEWED
Rx TOPAMAX	25 MG	# 1 PO	Q HS	30		TOPAMAX CONSENT SIGNED
Rx TOPAMAX	50 AM / 100 MG	#	Q			FITNESS PATIENT (NO MEDS)
Rx SYNTHROID/LEVOTHYROXINE	25 MCG / 50 MCG	#	Q			TESTOSTERONE Rx:
Rx ____	____ MG	#	Q			LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

Seen by Nutritionist Reviewed by Dr Khalek
& Approved Meds

PROVIDER SIGNATURE: MA INITIALS: DP



CHANCELLORSVILLE

WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted]

DATE OF BIRTH: [redacted] AGE: 31 SEX: M/F

DRUG ALLERGIES: NKDA

DATE OF VISIT: 9/1/21

CHART NO: 1672

LAST LABS:

LNP:

VITAL SIGNS:

BMI: 40.2 SPO2: 99%

BP: 140/92 TEMP: 97.1

PULSE: 83

HEIGHT: 5' 7" IN 170 CM

SIGNS/SYMPTOMS SINCE LAST VISIT: PERSON HAS ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT: 225.8 lbs GOAL WEIGHT: 209 lbs

CURRENT WEIGHT: lbs STARTING BMI: 34.9

6 MO. RECENT LOSS: 10.0 lbs CURRENT BMI:

TOTAL WEIGHT LOSS: 15.6 lbs WAIST MEAS: in

WEIGHT LOSS MEDICATIONS

INJECTIONS

DIET SHOT: L / R #

L-CARNITINE L / R #

L / R #

L / R #

SUPPLEMENTS

OTHER MEDICATIONS

PERSONAL EXAM

HEART - WNL / ABNL

DIET: LO CARB LO CALORIE

DIET ADHERENCE: EXCELLENT GOOD ADHERENCE

EATING MEALS REGULARLY: Y / N SEEING SNACKS REGULARLY: Y / N

EXERCISE PLAN: STRENGTH TRAINING X/WEEK AEROBIC/CARDIO X/WEEK

OTHER:

GENERAL - WNL / ABNL

CVS PULSE - WNL / ABNL

EXTREMITIES - WNL / ABNL

OTHER:

ABDOMINAL - WNL / ABNL

COMMENTS:

REVIEWED:

DIETITIAN BIOBODY ANALYSIS LABS FOOD JOURNAL

METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIGHER CARB SOURCES

EFFECTS OF ALCOHOL REINFORCEMENT OF TREATMENT W/H ANOREXETIC AGENTS

DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS:

REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW

Rx: PHENTERMINE 37.5 MG # 60 Q

Rx: BONTRIL 30 MG # Q

Rx: BONTRIL 105 MG # Q

Rx: TENUATE 25 MG # Q

Rx: TOPAMAX 25 MG # Q

Rx: TOPAMAX 50 MG # Q

Rx: 3-HYDROXYBUPROPION 75 MG/ 3 MG # Q

Rx: MG # Q

HCG PROTOCOL (SEE HCG FLOW SHEET)

HCG CONSENT SIGNED

TOPAMAX CONSENT REVIEWED

TOPAMAX CONSENT SIGNED

PIONEER PATIENT (NO MEDS)

TESTOSTERONE Rx:

LABS:

FOLLOW UP: 1 WEEKLY FOR DIET SHOT 2 IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER AC

PROVIDER SIGNATURE: [signature] NA INITIALS:

FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: D[redacted] G[redacted] xFlu? DATE OF VISIT: 3/4/19
DATE OF BIRTH: [redacted] AGE: 62 SEX: M F COURT NO: 27715
DRUG ALLERGIES: PCN, Jwf-4 TOBACCO: D LAST LABS:
ALCOHOL: 3 Occasionally LMP:

VITAL SIGNS:
TIME: 11:10 SPO2: 96%
BP: 127/72 TEMP: 98.1
PULSE: 77
HEIGHT: 5 IN 157 CM

WEIGHT LOSS TRACKER
INITIAL WEIGHT: ___ lbs GOAL WEIGHT: ___ lbs
CURRENT WEIGHT: 166.4 lbs STARTING BMI: ___
$ KG WEIGHT LOSS: ___ lbs CURRENT BMI: 33.4
TOTAL WEIGHT LOSS: ___ lbs WAIST SIZE: ___ in

INJECTIONS
DIET SHOT: L/R # 20 # 20
L-CARNATINE L/R # ___ # ___
___ L/R # ___ # ___
___ L/R # ___ # ___

SUPPLEMENTS

OTHER MEDICATIONS
TOPAMAX
LASIX
SLEEP AID

PHYSICAL EXAM
GENERAL - WNL / ABNL CW PULM - WNL / ABNL ABDOMEN - WNL / ABNL
HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:

DIET: ___ LO CARB ___ LO CALORIE OTHER:
DIET ADHERENCE: ___ EXCELLENT ___ NON ADHERENT ___ XWEEK COMMENTS:
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: ___ STRENGTH TRAINING ___ XWEEK ___ AEROBIC/CARDIO ___ XWEEK
OTHER:

REVIEWED: ___ DIETNERD ___ IN-BODY ANALYSIS ___ LABS ___ FOOD JOURNAL
___ METABOLIC SYNDROME ___ REGULAR PROTEIN INTAKE ___ HIDDEN CARB SOURCES
___ EFFECTS OF ALCOHOL ___ RISK/BENEFIT OF TREATMENT W/H ANCORECTIC AGENTS
___ DISCUSSED TREATMENT ALTERNATIVES ___ INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ___ NO CHANGES ___ RECOMMENDED CHANGES BELOW

Rx PHENTERMINE	37.5 MG	# 30	1/2	Q AM & 1/2 QNOON	PRESS PROTOCOL (SEE HCG FLOW SHEET)
Rx BONTRIL	30 MG	#		Q	
Rx BONTRIL	150 MG	#		Q	HCG CONSENT SIGNED
Rx TENUATE	25 MG	#		Q	TOPAMAX CONSENT REVIEWED
Rx TOPAMAX	25 MG	#		Q	TOPAMAX CONSENT SIGNED
Rx TOPAMAX	50 MG or 100 MG	#		Q	FITNESS PATIENT (NO MEDS)
Rx SYMPCOMBOPHA	20 MG/5 MG	#		Q	TESTOSTERONE Rx:
Rx	MG	#		Q	LABS:

FOLLOW UP: 1 WEEKLY FOR DIET SHOT 2 IN 6 WEEKS FOR FOLLOW UP WITH PROVIDER
Pt will f/u in 2 weeks

RX

PROVIDER SIGNATURE: MA INITIALS:

CHANCELLOR011

TRACARE
5375 SOUTH FORT APACHE RD
LAS VEGAS, NV 89148
(702) 367-0808 | PHONE
(702) 367-1539 | FAX
TRACARE.COM

NUTRITION CONSULT NOTES

PATIENT NAME: D[redacted] G[redacted] DATE: 12/13/12

DATE OF BIRTH: [redacted] WEIGHT: 185 GOAL WEIGHT: 150-160

CLINICAL NOTES

S: Coming to restart medweight loss after stopping 6 months
was 179 Hx: borderline diabetic - walk diet &
exercise (cardio)

Cannot intake more > 2000 cal.
2 meals

O: >150 gm prot. <50 gm carbs
>85 gm fat

Recommend 50-60 gm carbs
75-100 gm prot
<1200 cal/day
3 meals per day

A/P: 5/wk cardio 30 min. Lift light weights
for tone 3/wk

VB

SIGNATURE: [redacted]

FORT APACHE TRIBECARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] G [redacted] * RE- SPECIFY
DATE OF BIRTH: [redacted] AGE: 59 SEX: M DATE OF VISIT: 12/13/12
DRUG ALLERGIES: SULFA, PCN TOBACCO: 0 CHART NO: 27713
ALCOHOL: SOCIAL LAST LABS:
LMP:

VITAL SIGNS:
TIME: SPO2: 100
BP: 122/62 TEMP: 95.6
PULSE: 65
HEIGHT: ____ IN ____ CM

SIDE EFFECTS (SINCE LAST VISIT) ____ CHECK ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY CONGRESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKER:
INITIAL WEIGHT: ____ lbs GOAL WEIGHT: ____ lbs
CURRENT WEIGHT: 125 lbs STARTING BMI: ____
WK WEIGHT LOSS: ____ lbs CURRENT BMI: 20.9
TOTAL WEIGHT LOSS: ____ lbs WAIST MEAS: ____ in

WEIGHT LOSS MEDICATIONS

INJECTIONS
DIET SHOT: L/D# 19 @ 20
L-CARNITINE: L / R # ____ @ ____
____: L / R # ____ @ ____
____: L / R # ____ @ ____

SUPPLEMENTS

OTHER MEDICATIONS

PHYSICAL EXAM GENERAL - WNL / ABNL CW PULM - WNL / ABNL ABDOMEN - WNL / ABNL
HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:
OTHER:

DIET: ____ LO CARB ____ LO CALORIE
DIET ADHERENCE: ____ EXCELLENT ____ NON ADHERENT ____ SWISH COMMENTS:
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: ____ STRENGTH TRAINING ____ X/WEEK ____ AEROBIC/CARDIO ____ X/WEEK
OTHER:

REVIEWED:
____ DIETARY ____ IN BODY ANALYSIS ____ LABS ____ FOOD JOURNAL
____ METABOLIC SYNDROME ____ REGULAR PROTEIN INTAKE ____ HIDDEN CARB SOURCES
____ EFFECTS OF ALCOHOL ____ RISK/BENEFIT OF TREATMENT W/H ANOREXIC AGENTS
____ DISCUSSED TREATMENT ALTERNATIVES ____ INDIVIDUALIZED MEAL PLANS WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ____ NO CHANGES ____ RECOMMENDED CHANGES BELOW

Rx PHENTERMINE	37.5 MG	# 30	12	D 1 AM & 12 NOON	PROTOCOL (SEE HCG FLOW SHEET)
Rx BONTRIL	35 MG	# ____		D ____	LEO 3 AM ON LABS
Rx BUMEX	1.05 MG	# ____		D ____	HCG CONSENT SIGNED
Rx TENUATE	75 MG	# ____		D ____	TOPAMAX CONSENT REVIEWED
Rx TOPAMAX	25 MG	# 30	1	D 1 PM - 2 WEEKS	TOPAMAX CONSENT SIGNED
Rx TOPAMAX	50 MG/ 1.00 MG	# ____		D ____	FITNESS PATIENT (NO MEDS)
Rx BITHYCARBODRA	25 MG/ 0.5 MG	# ____		D ____	TESTOSTERONE Rx:
Rx ____	____ MG	# ____		D ____	LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER
Seen by Nutritionist. Reviewed by Dr Kinsler
& approved Meds. ____

PROVIDER SIGNATURE: ____ MA INITIALS: ____

FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: J [redacted] (

DATE OF BIRTH: [redacted] AGE 21 SEX (M) F

DRUG ALLERGIES: NKDA

DATE OF VISIT: 5/6/19

CHART NO: 30962

TOBACCO: 0

ALCOHOL: Occ

LAST LABS:

LMP: None

VITAL SIGNS:

TIME: SPO2:

BP: 110/70 TEMP: 97.6 F

PULSE: 105

HEIGHT: 5 IN 9 CM

SIGNS/SYMPTOMS (SINCE LAST VISIT) CIRCLE ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING/ DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHES / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKER

INITIAL WEIGHT: 231.4 lbs

CURRENT WEIGHT: lbs

WK. WEIGHT LOSS: 5.2-0 lbs

TOTAL WEIGHT LOSS: lbs

GOAL WEIGHT: 205 lbs

STARTING BMI:

CURRENT BMI: 29.2

WAIST SIZE: in

WEIGHT LOSS MEDICATIONS

INJECTIONS

DIET SHOT: OD # 10 @ 12

L CARNATINE OD # 10 @ 12

L I R #

L I R #

SUPPLEMENTS

OTHER MEDICATIONS

PHYSICAL EXAM GENERAL - WNL / ABNL CV/ PULM - WNL / ABNL ABDOMINAL - WNL / ABNL

HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:

DIET: LO CARB LO CALORIE OTHER:

DIET ADHERENCE: EXCELLENT NON ADHERENT XWEEK COMMENTS:

EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: STRENGTH TRAINING XWEEK AEROBIC/CARDIO XWEEK

OTHER:

REVIEWED: GLUCOMETER HX BODY ANALYSIS LABS FOOD JOURNAL

METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES

EFFECTS OF ALCOHOL BENEFIT OF TREATMENT W/H ANOREXETIC AGENTS

DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MEALS WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW

Rx PHENTERMINE	37.5 MG	# 60	Q 1 QD		HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx BENEFIBER	30 MG	#	Q		
Rx BENEFIBER	120 MG	#	Q		HCG CONSENT SIGNED
Rx TENLIA/B	30 MG	#	Q		TOPAMAX CONSENT REVIEWED
Rx TOPAMAX	25 MG	#	Q		TOPAMAX CONSENT SIGNED
Rx TOPAMAX	50 MG (100 MG)	# 30	Q 1 QPM		FITNESS PATIENT (NO MEDS)
Rx BUPROPION/NALTREXONE	90 MG/ 8 MG	#	Q		TRT OUTCOME Rx:
Rx	MG		Q		LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

Telemedicine Visit

Verbal order by Kayla NP

R Pinson 5/9/19

PROVIDER SIGNATURE: MA INITIALS

CHANCELLOR(16

LAS VEGAS, NV 89145
(702) 367-0908 | PHONE
(702) 367-0339 | FAX
TRAMCARE.COM

NUTRITION CONSULT NOTES

PATIENT NAME: [redacted] DATE: 5/6/19

DATE OF BIRTH: [redacted] WEIGHT: 516. GOAL WEIGHT: 22

CLINICAL NOTES

A: patient here after 4 months. states last fall he lost his diet d/t his family issues. ate back to TV dinners / chow chips. put 70 lbs. since gets a 4-5 meals per day. eats 1 large meal. also has shit walking consultant. we were expecting a lot more weight gain.

Did not calculate diet info.

P: recommend also to some (no less than 1200 cal/day)

I: <250 gm carb
>100 gm protein

also if walking. advise shift additional to cardiac macros

M/E:

Dr. Chancellor

SIGNATURE:

TRIMCARE
5375 SOUTH FORT APACHE #101
LAS VEGAS, NV 89148
(702) 367-0808 | PHONE
(702) 367-0339 | FAX
TRIMCARECOM

NUTRITION CONSULT NOTES

PATIENT NAME: [redacted] DATE: 4/28/19

DATE OF BIRTH: [redacted] WEIGHT: 530 GOAL WEIGHT: ?

CLINICAL NOTES

A: Patient here for gastric sleeve 17 pounds lost (517-530). Pt has switched from TV dinners, canned soda & water. Drinks 1 L/day. Has lost weight pt has chips, fast food in her diet & started hardboiled eggs home.

Current kcal: 2000-2250 cal/day
< 60 gm carbs
< 60 gm fat
> 100 gm protein

P: Recommend: 1750-2000 cal/day
< 200 grams carbs
< 60 gm fat
> 100 gm protein
Continue weekly & increase distances time.

MVE: VB

SIGNATURE:

FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] DATE OF VISIT: 1/23/19
DATE OF BIRTH: [redacted] AGE: 24 SEX: M CHART NO: 30492
DRUG ALLERGIES: NKDA TOBACCO: D LAST LABS:
ALCOHOL: OCCAS URN: MALE

VITAL SIGNS:
TIME: 0955 SPO2: 100
BP: 122/76 TEMP: 96.3
PULSE: 62
HEIGHT: 5 FT 1 IN CM

MEDS SYMPTOMS (SINCE LAST VISIT) DENIES ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
INITIAL WEIGHT: 521.4 lbs GOAL WEIGHT: 120.9 lbs
CURRENT WEIGHT: lbs STARTING BMI:
8 WK. ACCEPT LOSS: lbs CURRENT BMI: 92.3
TOTAL WEIGHT LOSS: 526.4 lbs RANGE MEAS: IN

WEIGHT LOSS MEDICATIONS

INJECTIONS
DIET SHOT: (R) L / R # 1 at 12
L-CARNITINE: (L) L / R # 1 at 12
L / R # at
L / R # at

SUPPLEMENTS

OTHER MEDICATIONS

PHYSICAL EXAM
GENERAL - WNL / ABNL CV/PULM - WNL / ABNL ABDOMINAL - WNL / ABNL
HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:

DIET: LO CARB LO CAL DIET OTHER:
DIET ADHERENCE: EXCELLENT NON ADHERENT X WEEK COMMENTS:
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: STRENGTH TRAINING X WEEK AEROBIC/CARDIO X WEEK
OTHER:

REVIEWED: DIETARY BLOOD ANALYSIS LABS FOOD JOURNAL
METABOLIC SYNDROME REGULAR PHYSICAL ATTAC HIDDEN CARB SOURCES
EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT W/H ANOREXIC AGENTS
DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW

Rx PHENTERMINE	37.5 MG	# 1 PO	Q DAY	30	HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx BUPROPION	75 MG	#	Q		
Rx BUPROPION	150 MG	#	Q		HCG CONSENT SIGNED
Rx TOPAMAX	25 MG	#	Q		TOPAMAX CONSENT SIGNED
Rx TOPAMAX	50 MG 25 MG	# 1 PO	Q HS	30	FITNESS PATIENT (NO MEDS)
Rx SUPPOSITORY	25 MG 5 MG	#	Q		TESTOSTERONE Rx:
Rx	MG	#	Q		LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 6 WEEKS FOR FOLLOW UP WITH PROVIDER

seen by nutritionist. Reviewed by Dr Khalek.
Approved meds

PROVIDER SIGNATURE: MA INITIALS: LOS

CHANCELLOR(2)

TRAMCARE
Real Doctors. Real People. Real Medicine.
3575 SOUTH PORT APACHE #[redacted]
LAS VEGAS, NV 89148
(702) 367-0908 | PHONE
(702) 367-0939 | FAX
TRAMCARE.COM

NUTRITION CONSULT NOTES

PATIENT NAME: J[redacted] C[redacted] DATE: 11/1/2018

DATE OF BIRTH: [redacted] WEIGHT: 217.6 GOAL WEIGHT: ?

CLINICAL NOTES

A: Patient is 24 year old male. Been complaining of right side chest pain x 3 days. Pt states since her divorce he started comfort eating and when right between eating he has developed heartburn/indigestion. Pt eats fast food 4/7 days a week. Pt has some upset down over pain. Lives with brother alone. Pt drinks 2 cups of coffee daily. Pt eats - TV dinners, eating out, lots of sodium and fast food.

B: No exercise at all

- Educated pt on importance of DASH diet to help with right side chest pain
- Educated pt on importance of drinking water
- Stop sugary drinks - pt drinks 3 cans of soda a day
- Educated pt on importance of exercise
- Educated pt on importance of eating 3 meals a day
- Educated pt on importance of eating breakfast
- Educated pt on importance of eating 4 servings of fruits and vegetables a day
- Educated pt on importance of eating lean meats
- Educated pt on importance of eating whole grains
- Educated pt on importance of eating low fat dairy
- Educated pt on importance of eating 8 glasses of water a day
- Educated pt on importance of eating 30 minutes of exercise 5 days a week
- Educated pt on importance of eating 1500 mg sodium/day
- Educated pt on importance of eating 2000 mg sodium/day
- Educated pt on importance of eating 2300 mg sodium/day

I: Stop sugary drinks - pt drinks 3 cans of soda a day
- Educated pt on importance of eating breakfast
- Educated pt on importance of eating 3 meals a day
- Educated pt on importance of eating 4 servings of fruits and vegetables a day
- Educated pt on importance of eating lean meats
- Educated pt on importance of eating whole grains
- Educated pt on importance of eating low fat dairy
- Educated pt on importance of eating 8 glasses of water a day
- Educated pt on importance of eating 30 minutes of exercise 5 days a week
- Educated pt on importance of eating 1500 mg sodium/day
- Educated pt on importance of eating 2000 mg sodium/day
- Educated pt on importance of eating 2300 mg sodium/day

M/E: Reviewed

SIGNATURE: [redacted]

FORT APACHE TRINCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] DATE OF VISIT: 11/6/18
DATE OF BIRTH: [redacted] AGE: 50 yr CHART NO: 30912
DRUG ALLERGIES: NKDA TOBACCO: 0 LAST LABS:
ALCOHOL: Socially LMP: May

VITAL SIGNS:
TIME: 2:55 RPA: 95
BP: 124/78 TEMP: 98.0
PULSE: 114
HEIGHT: 5 IN 9 CM

REASON FOR ENCOUNTER LAST VISIT: _____ **DENIES ANY OF THE BELOW**
HUNGER / BEHAVIORS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING 10/30/17

INITIAL WEIGHT:	331.4 lbs	GOAL WEIGHT:	lbs
CURRENT WEIGHT:		STARTING BMI:	32.4
8 WK. WEIGHT LOSS:		CURRENT BMI:	30
TOTAL WEIGHT LOSS:		WAIST MEAS:	in

WEIGHT LOSS MEDICATIONS

INJECTIONS
DIET SHOT: L or R # 2 d 12
L-CARNITINE: L or R # 2 d 12
L or R # d
L or R # d

SUPPLEMENTS

OTHER MEDICATIONS

PHYSICAL EXAM GENERAL - WNL / ABNL CVT PULM - WNL / ABNL ABDOMINAL - WNL / ABNL
HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:

DIET: ____LO CARB ____LO CALORIE OTHER:
DIET ADHERENCE: ____EXCELLENT ____NON ADHERENT ____/WEEK COMMENTS:
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: ____STRENGTH TRAINING ____/WEEK ____AEROBIC/CARDIO ____/WEEK
OTHER:

REVIEWED: ____DIET/MENU ____BLOOD ANALYSIS ____LABS ____FOOD JOURNAL
____METABOLIC SYNDROME ____INSULIN PHYSIOLOGY ____HIDDEN CARB SOURCES
____EFFECTS OF ALCOHOL ____RISK/BENEFIT OF TREATMENT WITH ANOREXIGENIC AGENTS
____DISCUSSED TREATMENT ALTERNATIVES ____RECEIVED DIET MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ____NO CHANGES ____RECOMMENDED CHANGES BELOW

Rx: PHENTERMINE	37.5 MG	# 100	○ bid	____	W	HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx: BONTRIL	45 MG	#	○			
Rx: BONTRIL	105 MG	#	○			HCG CONSENT SIGNED
Rx: TENUATE	75 MG	#	○			TOPAMAX CONSENT REVISED
Rx: TOPAMAX	25 MG	#	○			TOPAMAX CONSENT SIGNED
Rx: TOPAMAX	50 MG x 100 MG	# 90	○ hs		3D	FITNESS PATIENT (NO MEDS)
Rx: RETROVIR/COMVIR	25 MG / 5 MG	#	○			TESTOSTERONE Rx:
Rx: _____	____MG	#	○			LABS:

FOLLOW UP: 1: WEEKLY FOR DIET SHOT. 2: IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

seen by nutritionist. Reviewed by Dr. khalik.
& Approved meds.

PROVIDER SIGNATURE: [redacted] MA INITIALS: CR

FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: S[redacted] R[redacted] DATE OF VISIT: 5/31/19

DATE OF BIRTH: [redacted] AGE: 29 SEX: M / F CHART NO: 26241

DRUG ALLERGIES: NKDA TOBACCO: Y / N LAST LABS:

ALCOHOL: Y / N LMP:

VITAL SIGNS:

TEMP: SPO2: 97

BP: 119/70 TEMP: 98.1

PULSE: 76

HEIGHT: 64 IN 163 CM

SYMPTOMS (SINCE LAST VISIT) _____ DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT: _____ lbs GOAL WEIGHT: 120 lbs to 130 lbs

CURRENT WEIGHT: 173 lbs STARTING BMI: 29.7

1 WK WEIGHT LOSS: _____ lbs CURRENT BMI: 29.7

TOTAL WEIGHT LOSS: 1.2 lbs WAIST MEAS: _____ in

WEIGHT LOSS MEDICATIONS

INJECTIONS

DIET SHOT: L / R # _____ ml

L-CARNITINE: L / R # _____ ml

_____ L / R # _____ ml

_____ L / R # _____ ml

SUPPLEMENTS

NO CHANGES

OTHER MEDICATIONS

PHYSICAL EXAM GENERAL - WNL / ABNL CV / PULM - WNL / ABNL ABDOMEN - WNL / ABNL

HEENT - WNL / ABNL EXTREMETIES - WNL / ABNL COMMENTS:

DIET: LO CARB LO CALORIE OTHER:

DIET ADHERENCE: EXCELLENT NON ADHERENT XWEEK COMMENTS:

EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: STRENGTH TRAINING XWEEK AEROBIC/CARDIO XWEEK

OTHER:

REVIEWED: DIET/MENU IN-BODY ANALYSIS LABS FOOD JOURNAL

METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES

EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WITH ANOREXETIC AGENTS

DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW

Rx PHENTERMINE	(7.5 MG)	# 15	Q	
Rx BUPROPION	75 MG	#	Q	
Rx PHENTERMINE	105 MG	#	Q	
Rx TENUATE	75 MG	#	Q	
Rx TOPAMAX	50 MG	#	Q	
Rx TOPAMAX	50 MG & 100 MG	#	Q	
Rx SYMLINPEDIA	60 MG & MG	#	Q	
Rx	MG	#	Q	

4 g/d PROTOCOL (SEE HCG FLOW SHEET)

HCG CONSENT SIGNED

TOPAMAX CONSENT REVIEWED

TOPAMAX CONSENT SIGNED

FITNESS PATIENT (NO MEDS)

TESTOSTERONE Rx: _____

LABS: _____

FOLLOW UP: 1 WEEKLY FOR DIET SHOT 2 IN 2 WEEKS FOR FOLLOW UP WITH PROVIDER

Wt Loss Assessment: Wt 30% of Starting Wt 3 wks - Start HCG Protocol Next Visit Labs

Discussed HCG + Exercise

PROVIDER SIGNATURE: RDM MA INITIALS:

CHANCELLOR DT

Fort Apache TrimCare

ALLERGIES: NKDA

Diet Shot Flow Sheet

PATIENT NAME: [redacted] K [redacted] Hall DOB: [redacted]

Date: 9/22/15	Date:	Date:	Date:	Date:	Date:	Date:
Time: 9:10	Time:	Time:	Time:	Time:	Time:	Time:
BP: 111/76	BP: /	BP: /	BP: /	BP: /	BP: /	BP: /
Pulse: 106	Pulse:	Pulse:	Pulse:	Pulse:	Pulse:	Pulse:
Resp: 17	Resp:	Resp:	Resp:	Resp:	Resp:	Resp:
Temp: 97.5	Temp:	Temp:	Temp:	Temp:	Temp:	Temp:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Change:	Change:	Change:	Change:	Change:	Change:	Change:
Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute
L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute
Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute
Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute
Other: RF shot	Other:	Other:	Other:	Other:	Other:	Other:
Meds:	Meds:	Meds:	Meds:	Meds:	Meds:	Meds:
Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:
MA:	MA:	MA:	MA:	MA:	MA:	MA:

Notes: 4/23/19 - OK to continue current Diet
Rx phen 37.5mg #45 1 PO q AM x 1 month
per Dr. Chancellor

FORT APACHE TRIM CARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] * F/U #5 DATE OF VISIT: 3/20/19

DATE OF BIRTH: [redacted] AGE: 72 SEX: M CHART NO: 21734

DRUG ALLERGIES: NKA TOBACCO: 0 LAST LABS:

ALCOHOL: 0 LMP:

VITAL SIGNS:

TIME: SPN: 97

BP: 122/76 TEMP: 97.6

PULSE: 74

HEIGHT: IN CM

SIGNS/SYMPTOMS (SINCE LAST VISIT) ____ DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING/ DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKER

INITIAL WEIGHT: ____ lbs GOAL WEIGHT: 214 lbs

CURRENT WEIGHT: ____ lbs STARTING BMI: 31

MO. WEIGHT LOSS: 14 lbs CURRENT BMI: ____

TOTAL WEIGHT LOSS: 14 lbs WAIST MEAS: ____ in

WEIGHT LOSS MEDICATIONS

INJECTIONS

DIET SHOT: L / R # ____ cc

L-CARNITINE L / R # ____ cc

____ L / R # ____ cc

____ L / R # ____ cc

SUPPLEMENTS

NO STIMS

OTHER MEDICATIONS

NONE

PHYSICAL EXAM GENERAL - WNL / ABNL CV/ PULM - WNL / ABNL ABDOMINAL - WNL / ABNL

HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS: ____

DIET: ____ LO CARB ____ LO CAL/FAT ____ OTHER:

DIET ADHERENCE: ____ EXCELLENT ____ NON ADHERENT ____ XINDEX COMMENTS: ____

EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: ____ STRENGTH TRAINING ____ X/WEEK ____ AEROBIC/CARDIO ____ X/WEEK

OTHER: ____

REVIEWED: ____ DIETMENU ____ # SOFT DRK/YR ____ LABS ____ FOOD JOURNAL

____ METABOLIC SYNDROME ____ REGULAR PROTEIN INTAKE ____ HIDDEN CARB SOURCES

____ EFFECTS OF ALCOHOL ____ RISK/BENEFIT OF TREATMENT W/H ANORECTIC AGENTS

____ DISCUSSED TREATMENT ALTERNATIVES ____ INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ____ NO CHANGES ____ RECOMMENDED CHANGES BELOW

Rx PHENTERMINE 37.5 MG # 1/2 qAM Q 1 qAM 45 HCG PROTOCOL (SEE HCG FLOW SHEET)

Rx BENTYL 20 MG # ____ Q ____ ____

Rx BONTRIL 105 MG # ____ Q ____ ____ HCG CONSENT SIGNED

Rx TENUATE 25 MG # ____ Q ____ TOPAMAX CONSENT REVIEWED

Rx TOPAMAX 25 MG # 1 qHS Q ____ 30 TOPAMAX CONSENT SIGNED

Rx TOPAMAX 50 MG or 100 MG # ____ Q ____ ____ FITNESS PATIENT (NO MEDS)

Rx SYMLINPEN 60 60 MG/ 6 MG # ____ Q ____ TESTOSTERONE Rx:

Rx CHROMIUM ____ MG ____ Q ____ TRACE LABS: ____

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. EVERY 4 WEEKS FOR FOLLOW UP WITH PROVIDER

Continue 225 Bench

Pushup 275

RSO

PROVIDER SIGNATURE: ____ MA INITIALS: ____

FORT APACHE TRIBCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] R [redacted] DATE OF VISIT: 1/22/19
DATE OF BIRTH: [redacted] AGE 42 SEX M F CHART NO: 2 to 24
DRUG ALLERGIES: NKA TOBACCO: LAST LABS:
ALCOHOL: LMP:

VITAL SIGNS:
TIME: 9:45 SPO2: 96
BP: 124/82 TEMP: 98.2
PULSE: 100
HEIGHT: 5 IN ____ CM

SIDE EFFECTS (SINCE LAST VISIT) ____ CIRCLE ANY OF THE BELOW IF
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
% TOTAL WEIGHT: 160.1 lbs GOAL WEIGHT: 140 lbs
CURRENT WEIGHT: lbs STARTING BMI:
% WK WEIGHT LOSS: 1536 lbs CURRENT BMI: 20.1
TOTAL WEIGHT LOSS: 1552 lbs WAIST MEAS: IN

WEIGHT LOSS MEDICATIONS
Wegovy 2.5 mg 1 mo

INJECTIONS
DIET SHOT: L / R # ____ of
LIPOTROPIC: L / R # ____ of
L / R # ____ of
B12: # ____

SUPPLEMENTS
NV Shots

OTHER MEDICATIONS
Multi
Thiamine

PHYSICAL EXAM: GENERAL - WNL / ABNL CVS / PERIPH / RESP / ABNL ABDOMINAL - WNL / ABNL
HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:

DIET: 2 LO CARB ____ LO CALORIE OTHER:
FOOD AWARENESS: ____ EXCELLENT ____ NEEDS IMPROVEMENT ____ DANGER COMMENTS:
EATING MEALS REGULARLY? Y / N EATING SNACKS REGULARLY? Y / N
EXERCISE PLAN: ____ STRENGTH TRAINING ____ X/WEEK ____ AEROBIC/CARDIO ____ X/WEEK
OTHER:

REVIEWED: ____ DIETITIAN ____ BLOOD ANALYSIS ____ LABS ____ FOOD JOURNAL
____ METABOLIC SYNDROME ____ REGULAR PROTEIN INTAKE ____ REDUCE CARB SOURCES
____ EFFECTS OF ALCOHOL ____ BENEFITS OF TREATMENT VIA ANOREXIGENIC AGENTS
____ DISCUSSED TREATMENT ALTERNATIVES ____ INDIVIDUALIZED MENU SHEET GIVEN WITH PATIENT NURSE

MEDICATIONS: REVIEWED WITH: ____ NO CHANGES: ____ RECOMMENDED CHANGES BELOW
Rx: PHENTERMINE 37.5 MG # 1 BID
Rx: NONTROL 35 MG #
Rx: BONTRIL 150 MG #
Rx: TENUATE 25 MG #
Rx: TOPAMAX 25 MG # 1 x 2
Rx: TOPAMAX 50 MG or 100 MG #
Rx: MYPOCARDOPA 50 MG/5 MG #
Rx: ____ ____ MG

HCG PROTOCOL (SEE HCG FLOW SHEET)
HCG CONSENT SIGNED
TOPAMAX CONSENT REVIEWED
TOPAMAX CONSENT SIGNED
FITNESS PATIENT (HO MEDS)
REFERRED BACK TO:
LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 6 WEEKS FOR FOLLOW UP WITH PROVIDER
Needs follow up diet - will do at Tribadmin
Knows what needs to do

PROVIDER SIGNATURE: MA INITIALS:

Fort Apache TrimCare

[ ] NKDA

ALLERGIES: _____

Diet Shot Flow Sheet

PATIENT NAME: [redacted] DOB: [redacted]

Date: 12/4/18	Date:	Date:	Date:	Date:	Date:	Date:
Time: 0950	Time:	Time:	Time:	Time:	Time:	Time:
BP: 151/82	BP: /	BP: /	BP: /	BP: /	BP: /	BP: /
Pulse: 104	Pulse:	Pulse:	Pulse:	Pulse:	Pulse:	Pulse:
Resp: 18	Resp:	Resp:	Resp:	Resp:	Resp:	Resp:
Temp: 98.1	Temp:	Temp:	Temp:	Temp:	Temp:	Temp:
Weight: 165.8	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Change:	Change:	Change:	Change:	Change:	Change:	Change:
Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute
L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute
Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute
Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute
Other: 2X	Other:	Other:	Other:	Other:	Other:	Other:
Meds:	Meds:	Meds:	Meds:	Meds:	Meds:	Meds:
Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:
MA: SDK	MA:	MA:	MA:	MA:	MA:	MA:

Notes: 12/22/18 → OK TO continue 2X per Dr. Khaleel

CHANCELLOR036

TRIMCARE
5375 SOUTH FORT APACHE #103
LAS VEGAS, NV 89148
(702) 367-0606 PHONE
(702) 367-0399 FAX
TRIMCARECOM

NUTRITION CONSULT NOTES

PATIENT NAME: S[redacted] R[redacted] DATE: 11/29/18

DATE OF BIRTH: [redacted] WEIGHT: 153.3 GOAL WEIGHT: 130

CLINICAL NOTES

A: Pt was requested nutrition note last visit
no dietary Rx's given
@ goal 22 pounds since last visit 9/28/18
Discussed exercise regimen
event 2000 cal or more
plan at visit to discuss any further
goal weight re.

P:
@ current < 1800 cal/d
< 40g sat fats
< 50g added
> 75 g protein

I:
cardio - x6/wk 30-45 min low impact
wt - 2-4/wk for tone & strength
cont macros daily

M/E:

VS

SIGNATURE:

FORT APACHE TRIMCARE

WEIGHT LOSS PROGRESS NOTE

*Flu Pt

PATIENT NAME: [redacted] DATE OF VISIT: 11/29/18

DATE OF BIRTH: [redacted] AGE: ___ SEX: M CHART NO: 20241

DRUG ALLERGIES: NKDA TOBACCO: 0 LAST LABS: ___

ALCOHOL: 2 LMP: ___

VITAL SIGNS:

TIME: ___ SPO2: ___

BP: ___ TEMP: ___

PULSE: ___

HEIGHT: 5' IN 0 CM

SIGNS/SYMPTOMS SINCE LAST VISIT: ___ CIRCLE ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY SWELLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT: 152.2 lbs 62/14 GOAL WEIGHT: 130 lbs

CURRENT WEIGHT: 153.5 lbs STARTING BMI: 25.0

8 WK. WEIGHT LOSS: ___ lbs CURRENT BMI: 25.9

TOTAL WEIGHT LOSS: ___ lbs WAIST SIZE: ___ in

WEIGHT LOSS MEDICATIONS

___

___

___

INJECTIONS

EAST SIDE: L / R # ___ @ ___

L-CARNITINE: L / R # 1/2 5/11/18 @ ___

L / R # ___ @ ___

L / R # ___ @ ___

SUPPLEMENTS

___

___

___

___

OTHER MEDICATIONS

___

___

___

___

PHYSICAL EXAM GENERAL - WNL / ABNL CV REGULAR - WNL / ABNL ABDOMEN AL - WNL / ABNL

RESPIRATORY - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS: ___

DIET: ✓ LO CARB ✓ LO CALORIE OTHER: 1200 cal/day

DIET ADHERENCE: ___ EXCELLENT ___ NON ADHERENT ___ X/WEEK CONSULTS: ___

EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: ✓ STRENGTH TRAINING 3 X/WEEK ✓ AEROBIC/CARDIO ___ X/WEEK

OTHER: ___

REVIEWED:

✓ DIETICIAN ___ X-RAY/ MRI/ PET ___ LABS ___ FOOD JOURNAL

✓ METABOLIC SYNDROME ✓ SKELETAL MUSCLE PROTEIN STORES ___ HIDDEN CARB SOURCES

✓ EFFECTS OF ALCOHOL ✓ RISK/BENEFIT OF TREATMENT W/ PHARMACEUTIC AGENTS

✓ DISCUSSED TREATMENT ALTERNATIVES ___ INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ___ NO CHANGES ___ RECOMMENDED CHANGES BELOW

Rx PHENTERMINE 37.5 MG # 30 Refills 0 Q AM & 12 Q Refills HCG PROTOCOL (SEE HCG FLOW SHEET)

Rx BOMTRIL 30 MG # ___ Q ___ ___

Rx PROVIGIL 200 MG # ___ Q ___ ___ HCG CONSENT SIGNED

Rx TENUATE 75 MG # ___ Q ___ ___ TOPAMAX CONSENT REVIEWED

Rx TOPAMAX 25 MG # ___ Q ___ ___ TOPAMAX CONSENT SIGNED

Rx TOPAMAX 50 MG or 100 MG # ___ Q ___ ___ FITNESS PATIENT (NO MEDS)

Rx SYNTHROID/LEVOTHYROXINE 25 MCG # ___ Q ___ TESTOSTERONE Rx: ___

Rx ___ ___ MG ___ Q ___ LABS: ___

FOLLOW UP: 1. WEEKLY FOR DIET & EXT. 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

Seen by Nutritionist

Reviewed by Dr Kwalek

Approved

PROVIDER SIGNATURE: ___ MA INITIALS: ___

CHANCELLOR138

FORT APACHE TRIBECARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] M [redacted] — Re-start
DATE OF BIRTH: [redacted] AGE: 21 SEX: M — DATE OF VISIT: 5/9/19
DRUG ALLERGIES: PCN — TOBACCO: N — CHART NO: 27252
ALCOHOL: occ/occ — LAST LABS:
LMP: 4/9/19

VITAL SIGNS
TIME: 12:03 — BP: 119/78 — PULSE: 96 — HEIGHT: 62 IN — WT: 204 LBS — TEMP: 97.6

SIDE EFFECTS (SINCE LAST VISIT): _____ DENIES ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
INITIAL WEIGHT: 223.2 lbs — 5/7/19 — BMI: _____ kg
CURRENT WEIGHT: 204.0 lbs — STARTING BMI: 37.3
BMI: 37.3 kg/m2 — CURRENT BMI: _____
TOTAL WEIGHT LOSS: _____ lbs — WAIST MEAS: _____ in

WEIGHT LOSS MEDICATIONS
_____

INJECTIONS
DIET SHOT: L/R # 1 — 5/9/19
COMBINATIVE: L/R # 1/2 — 5/9/19
L/R #

SUPPLEMENTS
_____

OTHER MEDICATIONS
None

PHYSICAL EXAM — GENERAL - WNL / ABNL — CV / PULM - WNL / ABNL — ABDOMINAL - WNL / ABNL
HEENT - WNL / ABNL — EXTREMITIES - WNL / ABNL — COMMENTS: _____
DIET: _____ LO CARB _____ LO CALORIE — OTHER:
DIET ADHERENCE: _____ EXCELLENT _____ NON ADHERENT _____ X/WEEK — COMMENTS: _____
EATING MEALS REGULARLY: Y / N — EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: _____ STRENGTH TRAINING _____ X/WEEK — ABROBIC/CARDIO 5 X/WEEK
OTHER: _____

REVIEWED: _____ DIET MENU — _____ LABS — _____ FOOD JOUNAL
_____ METABOLIC SYNDROME — _____ REGULAR PROTEIN INTAKE — _____ HIDDEN CARB SOURCES
_____ EFFECTS OF ALCOHOL — _____ RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS
_____ DISCUSSED TREATMENT ALTERNATIVES — _____ INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: _____ NO CHANGES — _____ RECOMMENDED CHANGES BELOW

Rx: PHENTERMINE	37.5 MG	# _____	Q _____	
Rx: BIWTRIL	25 MG	# 3	Q 1 x d	
Rx: BONTRIL	105 MG	# _____	Q _____	
Rx: TENUATE	75 MG	# _____	Q _____	
Rx: TOPAMAX	25 MG	# 4	Q 1 x d	
Rx: TOPAMAX	50 MG x 100 MG	# _____	Q _____	
Rx: SYMBICORT/ADVAIR	115 MCG 2 PUFF	# _____	Q _____	
Rx: _____	_____ MG	# _____	Q _____	

HCG PROTOCOL (SEE HCG FLOW SHEET)
HCG CONSENT SIGNED
TOPAMAX CONSENT REVIEWED
TOPAMAX CONSENT SIGNED
FITNESS PATIENT (NO MEDS)
TESTOSTERONE Rx: _____
LABS: _____

FOLLOW UP: 1 WEEKLY FOR DIET SHOT — 2 IN 2 WEEKS FOR FOLLOW UP WITH PROVIDER

PROVIDER SIGNATURE: _____ MA INITIALS: _____

Fort Apache TrimCare

Medication Flow Sheet

☒ TrimCare Monthly with OV: New ~~$375~~ Existing ~~$225~~ 349
☐ TrimCare Monthly Existing $175
☒ TrimCare 3 Month Prepay: New $575 Existing $525
☐ HCG 23 Day $499
☐ HCG 40 Day $599
☐ HCG Extension $200
☐ Testosterone HRT
☐ HRT HCG

8 Week Follow Up Paid On: 5 / 09 / 2019

Shot Type: D-S Paid On: 5 / 9 / 19 OV $349

Shot #1/4	Shot #2/4	Shot #3/4	Shot #4/4

☒ Month #1/3
☐ Month #2/3
☐ Month #3/3

Shot Type: L-C Paid On: 5 / 9 / 19

Shot #1/4	Shot #2/4	Shot #3/4	Shot #4/4

Shot Type: Testosterone Paid On: / /

Shot #1/10	Shot #2/10	Shot #3/10	Shot #4/10	Shot #5/10	Shot #6/10	Shot #7/10	Shot #8/10	Shot #9/10	Shot #10/10

Date:	Medication	Patient Signature
	☐ Sermorelin Bottle # ☐ CortiTrim ☐ HCG Bottle #	
	134023.10702-0077-10 5/9/19 1:11 PM ENDIMETRAZINE TARTRATE 38MG TAB #60 Lot:14B91A- 2020 YES NORDGREN DOB 5/22/1947 you require additional counseling for this medication? YES nature:	9 #1/3 Vicetin
	134024.47335-0707-88 5/9/19 1:11 PM PIRAMATE 25MG TAB #30 Lot:GKT12B1B-5/3/2020 [redacted] you require additional counseling for this medication? YES nature:	

8 Week Follow Up Paid On: / /

Shot Type: Paid On: / /

Shot #1/4	Shot #2/4	Shot #3/4	Shot #4/4

☐ Month #1/3
☐ Month #2/3
☐ Month #3/3

Shot Type: Paid On: / /

Shot #1/4	Shot #2/4	Shot #3/4	Shot #4/4

Shot Type: Testosterone Paid On: / /

Shot #1/10	Shot #2/10	Shot #3/10	Shot #4/10	Shot #5/10	Shot #6/10	Shot #7/10	Shot #8/10	Shot #9/10	Shot #10/10

Date:	Medication	Patient Signature
	☐ Sermorelin Bottle # ☐ CortiTrim ☐ HCG Bottle #	

Fort Apache TrimCare

Diet Shot Flow Sheet

ALLERGIES: NKDA

PATIENT NAME: [redacted] DOB: [redacted]

Date:	Date:	Date:	Date:	Date:	Date:	Date:
Time: 17:40	Time:	Time:	Time: 11:45	Time: 10:50	Time:	Time:
BP: 112/65	BP: 92/54	BP: 120/75	BP: 116/67	BP: 160/72	BP:	BP:
Pulse: 64	Pulse: 70	Pulse: 114	Pulse: 71	Pulse: 72	Pulse:	Pulse:
Resp: 16	Resp: 17	Resp: 18	Resp: 16	Resp: 13	Resp:	Resp:
Temp: 97	Temp: 97.0	Temp: 97.4	Temp: 97.0	Temp: 97.1	Temp:	Temp:
Weight: 250.0	Weight: 242	Weight: 250 - 245	Weight: 245	Weight: 244	Weight:	Weight:
Change: -5.0	Change: -8.2	Change:	Change:	Change: (-2.0)	Change:	Change:
Diet Shot: 1/2 cc L/R Glute 1/2	Diet Shot: 1/2 L/R Glute 1/2	Diet Shot: 1/2 L/R Glute 1/2	Diet Shot: 1/2 L/R Glute 1/2	Diet Shot: 2 cc BR Glute	Diet Shot: 5 cc R Glute	Diet Shot: L / R Glute
L-Carnitine: 1/2 L/R Glute 1/2	L-Carnitine: 1/2 L/R Glute 1/2	L-Carnitine: 1/2 L/R Glute 1/2	L-Carnitine: 1/2 L/R Glute 1/2	L-Carnitine: 2 cc L/R Glute	L-Carnitine: 5 cc R Glute	L-Carnitine: L / R Glute
Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute
Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute
Other:	Other:	Other:	Other:	Other: RF	Other:	Other:
Meds:	Meds:	Meds:	Meds:	Meds: 2nd IM Omni	Meds:	Meds:
Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:
MA:	MA:	MA:	MA:	MA:	MA:	MA:

Notes:

[redacted]

NEVADA HEALTH SERVICES/TRIMCARE

Nurse:	Date: 2/4/19	Time: 1:05	Patient Name: [redacted]
Age: 35	Sex: F	DOB: [redacted]	Insurance: Cash Copay/%

ALLERGIES: NKDA

SMOKER: Y (N)

LMP:

CURRENT MEDS: Suboxone

Hd C:

W: 137.4

H:

VITALS

Time	Temp	Resp	Pulse	Blood Pressure
X	97.8	98	88	109/69

PHYSICAL EXAM

Nl	Abnl	HEENT
☐	☐	PERRLA
☐	☐	EOMI
☐	☐	TMs MMM
☐	☐	O/P clear
		NECK
☐	☐	Supple
☐	☐	Carotids 2+ Bilat
☐	☐	No Cervial LAD
☐	☐	Thyroid
		RESPIRATORY
☐	☐	Normal Resp Effort
☐	☐	CTA/P Bilat
		CARDIOVASCULAR
☐	☐	RRR nl S1S2
☐	☐	No M/R/G
☐	☐	Rad Pulses 2+ Bilat
☐	☐	DP/PT 2+ Bilat

Nl	Abnl	ABDOMEN
☐	☐	Normoactive BS
☐	☐	NT/ND
☐	☐	No HSM
		EXTREMITIES
☐	☐	No C/C/E
		NEURO
☐	☐	CN II-VII intact
☐	☐	Strength 5/5 Bilat
☐	☐	Sensation intact Bilat
☐	☐	DTRs 2+ Bilat
☐	☐	GU
☐	☐	BREASTS
☐	☐	LYMPH NODES
☐	☐	SKIN
☐	☐	RECTAL

S: Rx Refills (Resend to Pharmacy)

Need to wean off Suboxone.

O: Pleasant pt. Will give the lowest dose to hopefully taper & not put out with fare

A: Suboxone taper f/u

PLAN: Hopefully last visit for Suboxone with this end point

Wgt Tine sl fluctuations

Pt agrees to taper & f/u Dept

DX/BX/LAB/X-RAY

Labs wks Dx 1/13

140/p

(Walgreens 702 657 6508) Rx sent

SATISFACTION

☐ SATISFIED WITH VISIT

☐ NOT SATISFIED WITH VISIT

REASON:

FOLLOW UP:

Referral or Admit to:

CLINICIAN SIGNATURE:

NEVADA HEALTH SERVICES/TRIMCARE

Nurse: KB	Date: 12/20/18	Time: 4:28	Patient Name: D [redacted] T [redacted]
Age: 35	Sex: F	DOB: [redacted]	Insurance: CASH PAY $125.00 Copay/%
ALLERGIES: NKDA	SMOKER: Y N		
	LMP:		
CURRENT MEDS:	Hd C:		
	W: 133.4		
	H:		

VITALS

Time	Temp	Resp	Pulse	Blood Pressure
X	97.3	96	94	105/67

S: Yx yrfills Suboxone

O:

A: Sinusitis, unspecified

Who is This →

PHYSICAL EXAM

NI	Abnl		NI	Abnl	
		HEENT			**ABDOMEN**
☐	☐	PERRLA	☐	☐	Normoactive BS
☐	☐	EOMI	☐	☐	NT/ND
☐	☐	TMs MMM	☐	☐	No HSM
☐	☐	O/P clear			**EXTREMITIES**
		NECK	☐	☐	No C/C/E
☐	☐	Supple			**NEURO**
☐	☐	Carotids 2+ Bilat	☐	☐	CN II-VII Intact
☐	☐	No Cervial LAD	☐	☐	Strength 5/5 Bilat
☐	☐	Thyroid	☐	☐	Sensation Intact Bilat
		RESPIRATORY	☐	☐	DTRs 2+ Bilat
☐	☐	Normal Resp Effort	☐	☐	GU
☐	☐	CTA/P Bilat	☐	☐	BREASTS
		CARDIOVASCULAR	☐	☐	LYMPH NODES
☐	☐	RRR nl S1S2	☐	☐	SKIN
☐	☐	No M/R/G			
☐	☐	Rad Pulses 2+ Bilat	☐	☐	RECTAL
☐	☐	DP/PT 2+ Bilat			

PLAN

Suboxone
4 mg sublingual BID
#60
Refills
WG # Aliante
(702) 657-6508

TX/RX/LAB/XRAY	UNIT

SATISFACTION

☐ SATISFIED WITH VISIT

☐ NOT SATISFIED WITH VISIT

REASON:

FOLLOW UP:

Referral or Admit to:

CLINICIAN SIGNATURE:

NURSE ASSESSMENT

CLINICIAN

13-1-05

Calvin Scott & Co Inc
DEA #PC0106989
209 Eubank NE
Albuquerque, NM 87123-2745

Voice: 505-294-8825
Fax: 505-294-8826

CalvinScott Inc
Repackaging Bariatric Pharmaceuticals

INVOICE

Invoice Number: 1810062
Invoice Date: Oct 4, 2018
Sales Order: 1810062
Page: 1

6899 - 6/30/2019

Bill To:
Abdel M. Khalek
5375 S Fort Apache Rd, Ste 103
Las Vegas, NV 89148

Ship to:
Lindsay M. Hoffman, PA
5375 S Fort Apache Rd, 102-103
[redacted] 10/20 2,2N,3,3N,4,5,
Las Vegas, NV 89148

Customer ID	Customer PO	Payment Terms	
Goldsmith, Ivan MD	Connie/Kurt	Credit Card	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	UPS Ground	10/4/18	10/4/18

Quantity	Lot #	Description	Unit Price	Amount
1.000	643K-CS18299-06/21	Phentermine HCL White/Blue Speck Tabs - 37.5 mg NDC # 10702-0025-10 1 X 1 M BULK 1000	115.00	115.00
1.000		— GROUND SHIPPING — Shipped on. 10/04/2018 Tracking#: 1ZE88280A851115836 Service: Ground Total Weight: 0.9 Number of Packages: 1 Billing Option: Prepaid		
1.000		End Shipment(s)		
		3-8400		

ALL CLAIMS FOR DAMAGED OR INCOMPLETE ITEMS MUST BE REPORTED WITHIN 48 HOURS.

Check/Credit Memo No:

Subtotal	115.00
Sales Tax	
Freight	19.91
Total Invoice Amount	134.91
Payment/Credit Applied	
TOTAL	134.91

Overdue invoices are subject to late charges.

Exhibit 15

Calvin Scott & Co Inc
DEA #PC0106989
209 Eubank NE
Albuquerque, NM 87123-2745

Voice: 505-294-8825
Fax: 505-294-8826

CalvinScott Repackaging Bariatric Pharmaceuticals

INVOICE

Invoice Number: 1810062
Invoice Date: Oct 4, 2018
Sales Order: 1810062
Page: 1

6899 - 6/30/2019

Bill To:
Abdel M. Khalek
5375 S Fort Apache Rd. Ste 103
Las Vegas, NV 89148

Ship to:
Lindsay M. Hoffman, PA
5375 S Fort Apache Rd. 102-103
[redacted] 10/20 2,2N,3,3N,4,5,
Las Vegas, NV 89148

Customer ID	Customer PO	Payment Terms	
Goldsmith, Ivan MD	Connie/Kurt	Credit Card	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
	UPS Ground	10/4/18	10/4/18

Quantity	Lot #	Description	Unit Price	Amount
1.000	643K-CS18299-08/21	Phentermine HCL White/Blue Speck Tabs - 37.5 mg	115.00	115.00
		NDC # 10702-0025-10		
1.000		1 X 1 M BULK		
1.000				
		— GROUND SHIPPING —		
		Shipped on: 10/04/2018		
		Tracking#: 1ZE88280A851115836		
		Service: Ground		
		Total Weight: 0.9		
		Number of Packages: 1		
		Billing Option: Prepaid		
		End Shipment(s)		

ALL CLAIMS FOR DAMAGED OR INCOMPLETE ITEMS MUST BE REPORTED WITHIN 48 HOURS.

Check/Credit Memo No:

Subtotal	115.00
Sales Tax	
Freight	19.91
Total Invoice Amount	134.91
Payment/Credit Applied	
TOTAL	134.91

Overdue invoices are subject to late charges.

Calvin Scott & Co Inc
DEA #PC0106989
209 Eubank NE
Albuquerque, NM 87123-2745

Voice: 505-294-8825
Fax: 505-294-8826

Calvin Scott Inc
Repackaging Bariatric Pharmaceuticals

INVOICE

Invoice Number: 1809169
Invoice Date: Sep 17, 2018
Sales Order: 1809169
Page: 1

6116 - 6/30/2019

Bill To:
Ivan L. Goldsmith, M.D.
5375 S Fort Apache Rd. Ste 103
Las Vegas, NV 89148

Ship to:
Ivan L. Goldsmith, MD
5375 S Fort Apache Rd. 102-103
[redacted] 9/20 2,2N,3,3N,4,5
Las Vegas, NV 89148

Customer ID	Customer PO	Payment Terms	
Goldsmith, Ivan MD	Connie/Kurt	Credit Card	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Red Label Overnight	9/17/18	9/17/18

Quantity	Lot #	Description	Unit Price	Amount
10.000	CRC/L30	Child Resistant Container w/Label 30 Ct.	19.85	198.50
0.300	641V-CS18261-04/21	Phendimetrazine Time-Release Brn/Clr Caps - 105 mg..NDC # 69543-0409-10		
1.000		1 X 10 X 30 CRC/L		
4.000	643K-CS18299-06/21	Phentermine HCL White/Blue Speck Tabs - 37.5 mg	115.00	460.00
		NDC # 10702-0025-10		
1.000		4 X 1 M BULK		
2.000	601K-CS18294-12/20	Phendimetrazine Yellow Tabs - 35 mg NDC #	115.00	230.00
		10702-0077-10		
1.000		2 X 1 M BULK		
1.000				
		— OVERNIGHT SHIPPING —		
		Shipped on: 09/17/2018		
		Tracking#: 1ZE88280A250432041		
		Service: Next Day Air		
		Total Weight: 4.5		
		Number of Packages: 1		
		Billing Option: Prepaid		
		End Shipment(s)		

ALL CLAIMS FOR DAMAGED OR INCOMPLETE ITEMS MUST BE REPORTED WITHIN 48 HOURS.

Check/Credit Memo No:

Subtotal	886.50
Sales Tax	
Freight	58.55
Total Invoice Amount	945.05
Payment/Credit Applied	
TOTAL	945.05

Overdue invoices are subject to late charges.

CalvinScott™

Rejuvaphyl Botanic Pharmaceuticals

New Account Profile

Physician or Clinic Director to Complete

Physician's Name: Abdel Wadeh Specialty: Internal Medicine

Clinic Name: Trweare

Clinic Address: 5375 S. Fort Apache Rd. #102, Las Vegas NV 89148

Ship-To Address: Same

Phone Number: 702-879-1818 Fax Number: 702-367-1339

Email Address: Website: www.trweare.com

Licenses

(Please provide a copy of all applicable licenses listed below)

Medical License # (must include a copy): _____

State Board of Pharmacy License # (must include a copy): _____

*DEA License # (must include a copy): _____

(Please note: The address on the DEA License must match the clinic's shipping/receiving address – If you have multiple dispensing clinic/addresses, you must have a separate DEA License for each location.)

Clinic Details

Does the Physician stated above currently dispense Controlled Medications? Yes ✓ No _____

If yes, how many years has he/she been dispensing? 1 year

If applicable, please indicate which Schedule Controlled Medications are dispensed:

II _____ Non-II _____ III _____ Non-III _____ IV ✓ V ✓

Please describe how you are currently storing and securing your Controlled Medications:

Keys & combination safes

Who has access to this area of interest? _____

How often does your practice conduct a physical inventory of your medications? Every computer refresh

What is your average number of patients seen in a day? 20

Exhibit 16

CalvinScott Inc
Repackaging Generic Pharmaceuticals

What is your average number of prescriptions per day? 8-10 / day

What is your average monthly total of dispensed Controlled Medications? ~250-300

Does the Physician stated above currently dispense supplements? Yes ✓ No _____

If yes, what supplements are currently being dispensed? proteins powder, vitamins

If applicable, what is your average monthly total of dispensed supplements products? Varies

What other medications (controlled and/or supplements) are you interested in dispensing at your clinic, if any? Phentermine, Phendimetrazine, Tesosterone, testosterone, Viagra

Packaging

Are you currently utilizing Custom or Stock labels? (Please circle your answer)

Which is your preferred form of packaging?

Amber Vials (CRC) _____ White Bottle (WBTL) _____ Heat Seal (HS/S) _____ BULK ✓

What is your preferred count per bottle/package? 7 14 21 28 30 56 OTHER: ✓

Is there more than one Physician dispensing at this location? Yes ✓ No one doctor & one PA

Do you have more than one clinic location? Yes _____ No ✓

If yes, please list them as well as their addresses and whether or not they dispense medications:

Have there been any disciplinary actions taken against the facility, owners, Physicians, stockholders or employees? Yes _____ No ✓

If yes, please explain: _____

CalvinScott Inc
Repackaging Botanic Pharmaceuticals

Are background checks performed on your employees? Yes ✓ No ____

Please include the personnel who will have authorization to place orders, request account information, make payments, request product information and any additional use of the account:

Vicente Ramos, Consuelo Sanchez

Vivian Barrera
(Signature and Title)

9/25/18
(Date)

209 Eubank Blvd. Albuquerque, NM 87123
info@calvinscottinc.com | (P) (800) 545-6545 | (F) (866) 580-4041
www.calvinscottinc.com

CalvinScott

Repackaging Retail Pharmaceuticals

Dispensing Software Set Up Form

PRACTICE INFORMATION

Practice Name: NEVADA HEALTH SERVICES LLC

Trade Name (DBA): TRIM CARE

Site DEA #: FK2904793

Ship to Address: 5315 S. FORT APACHE RD. STE 103
LAS VEGAS, NV 89148

Bill to Address: Same as Above.

Telephone: 702-678-8888 Fax: 702-367-1339

Email: info@trimcare.com

Medical Director: Abdel Khalek MD

Facility Administrator: VINNY BARBARA Email: vinny@trimcare.com

Send Product to the Attention of: Vinny Barbara Invoice To:

How did you hear about Calvin Scott: Previous Account

Date You Wish to Have Your Site Live: ASAP

PROVIDERS LIST

Please fill out the form below with all providers that will be dispensing from your site. Please submit a copy of their DEA licenses and State licenses with attached form. Fax (866) 583-4041
Providers can be added by a Manager User.

First Name	Last Name	MI	Degree	DEA License #	State License #	NPI #
Abdel	Khalek		MD	[redacted]	6899	[redacted]
Lindsey	Kellyman		PA	[redacted]	PA1154	[redacted]

Exhibit 17

USERS LIST

Please fill out the form below with the Users that will be dispensing from your site. Users can be added and deleted by the Staff Manager at any time.

First Name	Last Name	Manager (M) / Assistant (A)	Can Adjust Inventory?	Financial Reports?	Email Address
Abdel	Khalele	(M) / A	(Yes) No	Yes / No	
Lindsay	Hellman	(M) / A	(Yes) / No	Yes / No	
		M / A	Yes / No	Yes / No	
		M / A	Yes / No	Yes / No	

Barcode Scanner: Barcode scanners are available for $50. Please check yes or no if you would like a scanner. Scanner is not required to use the system. The difference can be discussed during a demo or with your sales rep.

☐ Yes ☑ No

Label Printing Options: Patient specific labels can be printed. Please choose either standard label sheets which use a normal printer, or Dymo label option. Dymo prints out small label and does not use ink. Let us know if you have questions.

_____ Label Sheets $20 per 300 labels _____ Dymo Labels $10 per 1,000 labels

SOFTWARE AGREEMENT

These States currently require submitted reports: Alabama, Alaska, Arizona, California, Delaware, Florida, Illinois, Indiana, Idaho, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, New York, New Mexico, Nevada, Oklahoma, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia, Washington, West Virginia, New York

Calvin Scott has a right to cancel the client's site with a 30 day given notice.

The undersigned agrees to adhere to all applicable federal, state, and regulatory commissions and laws governing physician dispensing. The undersigned further agrees to assume complete responsibility of medications delivered to his/her own patients, and will take responsible care in the delivery of such medications. Calvin Scott Inc. is not responsible for improper dispensing/delivery of medications and assumes no liability for such action. The undersigned states that the information provided is true and correct to the best of his/her knowledge.

Name: Vivek Bevere Title: manager/admin. Date: 9/25/18

Signature: _____

Calvin Scott Inc.
209 Eubank Blvd. Albuquerque NM. 87123
(800) 545-6545 | Fx: (866) 580-4041
www.calvinscottinc.com | sales@calvinscottinc.com

CS

CalvinScott™
Reseeding Ceramic Pharmaceuticals

AUTHORIZATION FOR CREDIT CARD PAYMENT

Account Information:

Clinic or Company Name: Nevada Health Services, LLC

Doctor's Name: Dr. Abdelkewafe

Contact Name: Vinny Berarra Phone: (702) 878-3825

How did you hear about Calvin Scott?: previous customer

Credit Card Information:

We accept Visa, Mastercard and American Express. Sorry no debit transactions.

☑ Continuing Authorization for Calvin Scott Inc. to keep on file and automatically pay invoices as orders are shipped.

Credit Card Type (circle one): VISA MASTERCARD (AMEX)

Please list the following billing information exactly as it appears on your credit card statement.

Credit Card Number: [redacted] EXP: [redacted]

Verification Code: (3 digits on the back, or 4 digits on front for AMEX) [redacted]

Name as it appears on card: Vinny Berarra

Billing Address: 5375 S. Fort Apache Rd. Suite Number: 102

City: Las Vegas State: NV ZIP: 89148

The undersigned agrees to have his/her credit card charged as authorized above.

Signature of Cardholder: [signature] Date: 9/25/18

Calvin Scott Inc. Credit Terms:

Full amount of invoice is due immediately upon shipment of each order, regardless of the account credit limit. Past-due invoices will be assessed a 2% Finance Charge per month and will be placed on a "HOLD" status if any unpaid invoice reaches 15 days past due. A $25.00 "Declined Transaction Fee" will be added to the account if not paid in full within 30 days.

Signature to accept credit terms: [signature]

Please mail or fax completed form to: (866) 580-4041

299 Eubank Blvd. Albuquerque, New Mexico, 87123

Payment Type	Transaction Date	Customer Name	Order Number	Transaction Type	Transaction Status	Approval Code	Total Amount
American Express	2/12/2019 4:15:04 PM	Vinay Bararia	1902040	Prior Auth	Open Batch	140200	$693.86
American Express	1/31/2019 1:33:30 PM	Vinay Bararia	1901386	Prior Auth	Settled	122763	$370.61
VirtualCheck	1/29/2019 3:12:36 PM	Vinay Bararia	1901386	Prior Auth	Settled		$370.61
Visa	1/11/2019 5:27:33 PM	Vinay Bararia	1901201	Prior Auth	Settled	022717	$338.55
American Express	1/11/2019 5:25:45 PM	Vinay Bararia	1901201	Auth Only	Error/Declined	000005	$338.55
American Express	1/7/2019 3:31:58 PM	Vinay Bararia	1901009	Prior Auth	Settled	115223	$412.28
American Express	1/3/2019 5:18:07 PM	Vinay Bararia	1901009	Auth Only	Error/Declined	000005	$412.28
American Express	12/4/2018 3:17:31 PM	Vinay Bararia	1811319	Prior Auth	Settled	147278	$938.12
American Express	12/4/2018 1:13:12 PM	Vinay Bararia	1811319	Auth Only	Error/Declined	000005	$938.12
American Express	12/3/2018 3:58:35 PM	Vinay Bararia	1811319	Auth Only	Error/Declined	000005	$938.12
American Express	11/30/2018 3:17:28 PM	Vinay Bararia	1811319	Auth Only	Error/Declined	000005	$938.12
American Express	11/26/2018 11:47:18 AM	Vinay Bararia	1811150	Prior Auth	Settled	156594	$552.22
American Express	11/19/2018 11:40:02 AM	Vinay Bararia	1811150	Auth Only	Error/Declined	000005	$552.22
American Express	11/16/2018 12:52:40 PM	Vinay Bararia	1811150	Auth Only	Error/Declined	000005	$552.22

American Express	11/15/2018 12:28:17 PM	Vinay Barana	1811150	Auth Only	Error/Declined	000005	$552.22
American Express	11/14/2018 12:44:17 PM	Vinay Barana	1811150	Auth Only	Error/Declined	000005	$552.22
American Express	10/30/2018 12:04:48 PM	Vinay Barana	1810349	Prior Auth	Settled	113550	$436.23
American Express	10/5/2018 12:31:16 PM	Vinay Barana	1810063/65/62	Prior Auth	Settled	148860	$745.13
American Express	9/21/2018 2:22:15 PM	Vinay Barana	1809169	Prior Auth	Settled	103304	$945.05

Payment Type	Transaction Date	Customer Name	Order Number	Transaction Type	Transaction Status	Approval Code	Total Amount
VirtualCheck	1/31/2019 1:08:01 PM	Ivan Goldsmith	SEVT131201910801	Credit	Settled		$370.61
MasterCard	1/18/2018 12:03:23 PM	Mona Goldsmith	1801194/93	Prior Auth	Settled	09678Z	$721.86
MasterCard	1/31/2018 11:24:22 AM	Mona Goldsmith	1801363	Prior Auth	Settled	02661Z	$522.11
MasterCard	2/13/2018 12:06:26 PM	Mona Goldsmith	1802134/35/36	Prior Auth	Settled	08777Z	$649.72
MasterCard	3/2/2018 12:05:46 PM	Mona Goldsmith	1803013	Prior Auth	Settled	06363Z	$592.45
MasterCard	3/19/2018 1:54:25 PM	Mona Goldsmith	1803240/41/42	Prior Auth	Settled	02758Z	$581.95
MasterCard	4/3/2018 1:24:47 PM	Mona Goldsmith	1804013/4014/4015	Prior Auth	Settled	03388Z	$534.38
MasterCard	4/19/2018 11:45:39 AM	Mona Goldsmith	1804252	Auth Only	Error/Declined	000005	$887.70
MasterCard	4/20/2018 11:51:05 AM	Mona Goldsmith	1804252	Auth Only	Error/Declined	000005	$887.70
MasterCard	4/23/2018 10:09:43 AM	Mona Goldsmith	1804252	Prior Auth	Settled	08323Z	$887.70
MasterCard	5/7/2018 12:17:59 PM	Mona Goldsmith	1805088/89/90	Prior Auth	Settled	02764Z	$596.06
MasterCard	5/17/2018 11:09:11 AM	Mona Goldsmith	1805251	Prior Auth	Settled	07330Z	$539.69
MasterCard	6/4/2018 1:20:22 PM	Mona Goldsmith	1806006	Prior Auth	Settled	00684Z	$361.53
MasterCard	6/20/2018 12:19:31 PM	Mona Goldsmith	1806222	Prior Auth	Settled	07930Z	$738.01
MasterCard	7/3/2018 11:48:11 AM	Mona Goldsmith	1807010/1807004	Prior Auth	Settled	04318Z	$253.57

MasterCard	7/6/2018 10:53:57 AM	Mona Goldsmith	1807041	Prior Auth	Settled	007022	$252.06
MasterCard	8/14/2018 11:48:01 AM	Mona Goldsmith	1808182	Prior Auth	Settled	04972Z	$291.96
MasterCard	9/19/2018 1:27:38 PM	Mona Goldsmith	1809169	Prior Auth	Settled	02123Z	$945.05

Dena M. McClish

From: Laura Phillips <lphillips@calvinscottinc.com>
Sent: Thursday, February 21, 2019 8:22 AM
To: Dena M. McClish
Subject: RE: Case #19-003

Dear Inspector McClish,

I wanted to respond to let you know that this hasn't come up with any governing entity in the twelve years I have been a Designated Rep. for Calvin Scott. We are currently researching this and although we are not required to have a DEA Power of Atty. (we only carry C IIIN and CIV) we realize that further due diligence on this issue is necessary. I am in the process of writing a new policy and procedure for this and creating a form for our clinics/physicians to sign off on. I will forward these to you when completed.

Best regards,

Laura Phillips
Director of Operations

CalvinScott CS

209 Eubank Blvd. NE
Albuquerque, NM 87123
T: (505) 294-8825
F: (505) 294-8826
lphillips@calvinscottinc.com
www.calvinscottinc.com

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From: Dena M. McClish [mailto:dmcclish@pharmacy.nv.gov]
Sent: Tuesday, February 12, 2019 4:52 PM
To: Laura Phillips <lphillips@calvinscottinc.com>
Subject: RE: Case #19-003

Thank you ma'am. In response to #1, I would ask per what regulation/law, etc is the clinic/practice manager granted access to a physician's license simply by employing them? Please don't get me wrong, I am simply trying to understand this. Anyone can print a copy of a physician's license off the applicable State Board's website so how are you assured that the physician has actually given permission/authorization or even works at that particular clinic? (especially as in this case everything is paid for by an unlicensed individual).

Exhibit 18

Dana M McClish, Investigator

Nevada State Board of Pharmacy
1660 E Flamingo Rd Ste E-217
Las Vegas, NV. 89119

Office: 702.486.6420 ext. 154
Cell: 702.494.5672
Fax: 702.486.7405
E-mail: dmcclish@pharmacy.nv.gov
Web Page: www.bop.nv.gov

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From: Laura Phillips [mailto:lphillips@calvinscottinc.com]
Sent: Tuesday, February 12, 2019 3:41 PM
To: Dana M. McClish <dmcclish@pharmacy.nv.gov>
Subject: RE: Case #19-003

Hello Inspector McClish,

I will try to best answer your questions here:

1. The software set up and dispensing forms are commonly signed by the practice manager or clinic owner. They employ the physician and are granted access to their license(s). I do not have a document signed by Dr. Khalek but he has authorized the clinic to use his name and DEA license by providing the licenses to him. The clinic and/or licensed physician are required to let us know of any changes, as we wouldn't be able to know otherwise.
2. Connie is Consuelo Sanchez.
3. The dispensing software is hosted by MD Scripts and specific to Calvin Scott however this clinic has the majority of their medication provided by vendors other than us. We provider them with the medications on the invoices, which is like 5 total. The clinic would be able to provide you with the print out of dispenses for the past 6 months on their end. Much of that information is protected under HIPPA and I wouldn't be able to provide it.

Best regards,

Laura Phillips
Director of Operations

CalvinScott (MS)

209 Eubank Blvd. NE
Albuquerque, NM 87123
T: (505) 294-8825
F: (505) 294-8828

lphillips@calvinscottinc.com
www.calvinscottinc.com

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From: Dena M. McClish [mailto:dmcclish@pharmacy.nv.gov]
Sent: Tuesday, February 12, 2019 4:14 PM
To: Laura Phillips <lphillips@calvinscottinc.com>
Subject: RE: Case #19-003

Thank you Ms. Phillips. In looking at this briefly, I do have a few additional questions.

1) It appears that the authorization for Dr. Khalek's 'new account profile'and 'software setup' – which I assume also stands as the authorization to order drugs in his name, was signed by a person other than Dr. Khalek (it was signed by Vinay Berarial). Is this common practice and allowable per your policy? I don't see Dr. Khalek's signature on any of the paperwork you sent me so please provide an explanation or other documentation showing how your company received authorization from him to order drugs and other items under his name. If applicable, provide me a copy of your company policy and/or procedure that would outline this.

2) I see the name of "Connie" in the PO box for many orders. Is this Consuelo Sanchez? – As I don't see a Connie listed anywhere.

3) Do you provide the dispensing software for this practice as well? If so, please provide me a report of all medications dispensed in the last 6 months.

Again, thank you for your continued cooperation in this matter.

Dena M McClish, Investigator
Nevada State Board of Pharmacy
1950 E Flamingo Rd Ste E-217
Las Vegas, NV 89119
Office: 702.486.6420 ext 154
Cell: 702.494.8972
Fax: 702.486.7909
E-mail: dmcclish@pharmacy.nv.gov
Web Page: www.bop.nv.gov

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From: Laura Phillips [mailto:lphillips@calvinscottinc.com]
Sent: Tuesday, February 12, 2019 2:47 PM
To: Dena M. McClish <dmcclish@pharmacy.nv.gov>
Subject: Case #19-003
Importance: High

Dear Investigator McClish,

I received your record request for the clinic located at 5375 S. Fort Apache Rd. 102-103, Las Vegas, NV. I have included all of the invoices, licenses, account set up due diligence forms and method of payment used for this address for 2018-2019. On each invoice in the PO box you can see the name of the person who placed the order into the reporting software on the clinic's site at Calvinscottrx.com. That person has been set up as an authorized user on their end. We also list the name of Calvin Scott employee who did the data entry on our end. Kurt, Rachel, Robert and I are the employees here.

Last week was the first we have heard from Dr. Khalek regarding a change in prescriber for this location. The location did send over information for their new provider, Dr. Chancellor. His licensing information provided checks out.

Please let me know if I can clarify anything or if you need further assistance.

Best regards,

Laura Phillips
Director of Operations

CalvinScott CS

209 Eubank Blvd. NE
Albuquerque, NM 87123
T: (505) 294-8825
F: (505) 294-8826
lphillips@calvinscottinc.com
www.calvinscottinc.com

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From: Laura Phillips
Sent: Tuesday, February 12, 2019 3:32 PM
To: Laura Phillips <lphillips@calvinscottinc.com>
Subject: Message from KMBT_C552

Allergan

DELIVERY NOTE

Allergan USA, Inc.
5 Giralda Farms
Madison, NJ 07940
Please do not send payment with delivery

Allergan Customer Service
(800) 433-7737

Sold To No: 181308
REVENICA Mary RN
9444 REL Ank DR
LAS VEGAS NV 89109-1966

Ship To No: 00715
ROBERT F CHANCELLOR MD
2450 S PORT ARANSAS RD STE 100
LAS VEGAS NV 89146-7524

Shipped From:
Allergan USA, Inc.
1600 Waters Ridge Suite 100
Lewisville, Texas 75057

Quantity	Material Number	Description	Lot/Ser.	Exp.
1	94540	JUVEDERM VOLUMA XC 2/0 1/2 X 1ml	EA VB20A20023 (1/1/2022)	5
		JUVEDERM VOLUMA XC 270 1/2 X 1ml	EA VB20A20033 (1/1/2022)	1
		**** Item above is complimentary free goods ****		

Any claims for shortages or shortages must be received by Allergan within 72 hours after receipt of shipment.
Refer Item questions? Visit each brand's website at www.allergan.com or FAX this Delivery Note to 1-800-678-6250.
Electronic acknowledgment available at www.allergan.com. Enter your Security# and PO# from this document.

Exhibit 19

Allergan.

DELIVERY NOTE

0000515088A
Allergan Customer Service
(800) 377-7790

Allergan USA, Inc.
5 Giralda Farms
Madison, NJ 07940
Please do not send payments to this address

		125732439	08/02/2019	581003	1 of 1
Ship Via	Service Level	Delivery No.	Ship Date	Cust PO No.	Request Date
FEDEX	P1	630379012	08/02/2019	VLMA-BELLA1.R80 - SA	08/02/2019

Sold To No: 581003
REVEKKA FREY RN
3044 BEL AIR DR
LAS VEGAS NV 89109-1586

Ship To No: 633715
ROBERT S CHANCELLOR MD
5375 S FORT APACHE RD STE 103
LAS VEGAS NV 89148-7624

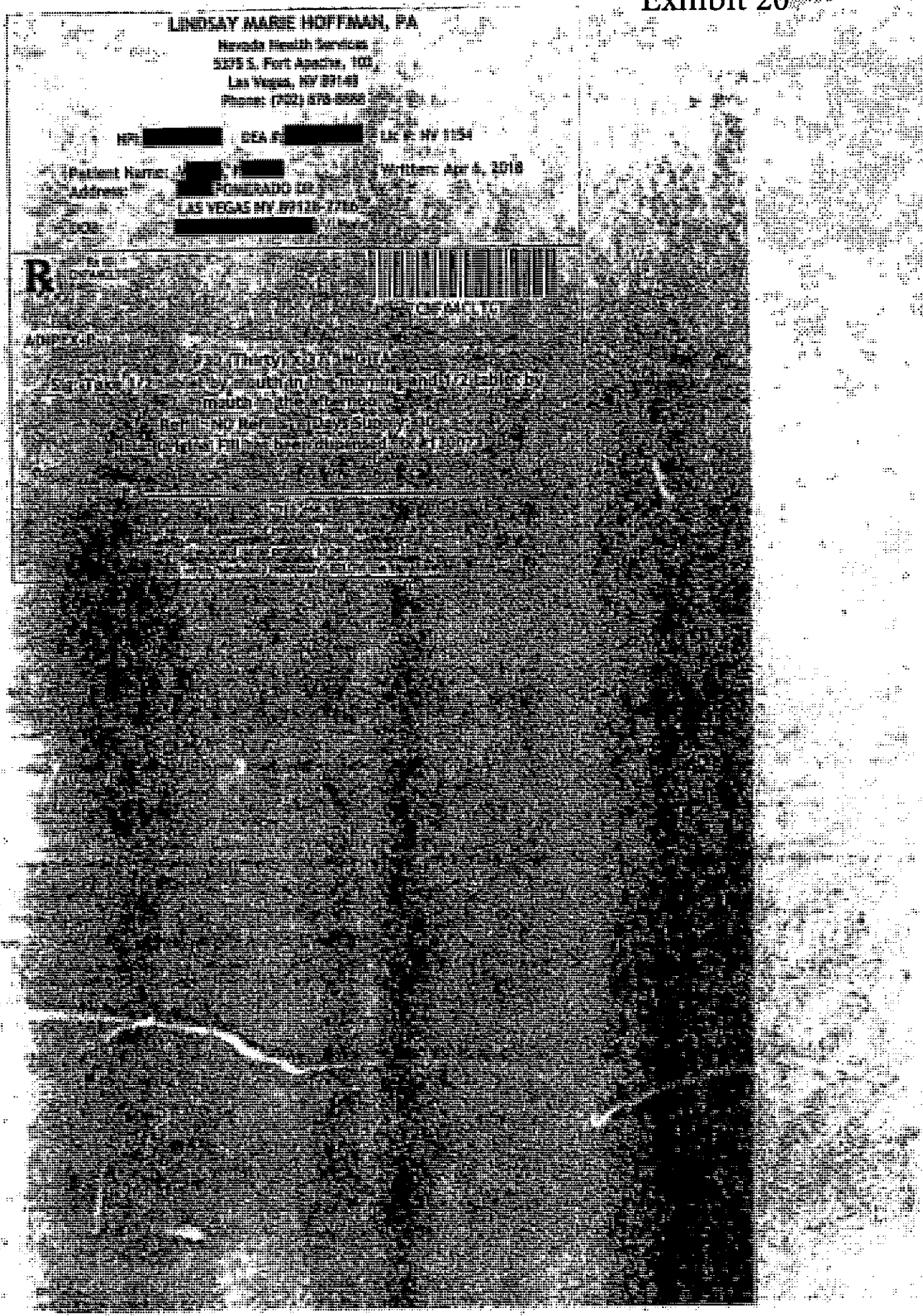
Shipped From:
Allergan USA, Inc.
C/O UPS SCS
11811 Landon Dr
Mira Loma CA 91752

Ordered	Material Number	Description	UOM	Batch/Serial No.	Expiration Date	Picked
5	96181	JUVEDERM VOLBELLA XC 2 x 1mL 32G	EA	V151A80739	09/23/2020	5

R Pharmacy

Any claims for damages or shortages must be reported to Allergan within 72 hours after receipt of shipment. Seller has complied with each applicable subsection of FDCA Sec. 581(27)(A)-(G). Electronic format at https://supplynexus.tradelink.com/vh. Enter your delivery# and PO# from this document.

Exhibit 20



LINDSAY MARIE HOFFMAN, PA
Nevada Health Services
5275 S. Fort Apache, 103,
Las Vegas, NV 89148
Phone: (702) 579-6000

NPI: [redacted] DEA #: [redacted] LIC #: NV 11134

Patient Name: [redacted] Written: Apr 4, 2019
Address: [redacted]
LAS VEGAS NV 89128-7760
DOB: [redacted]

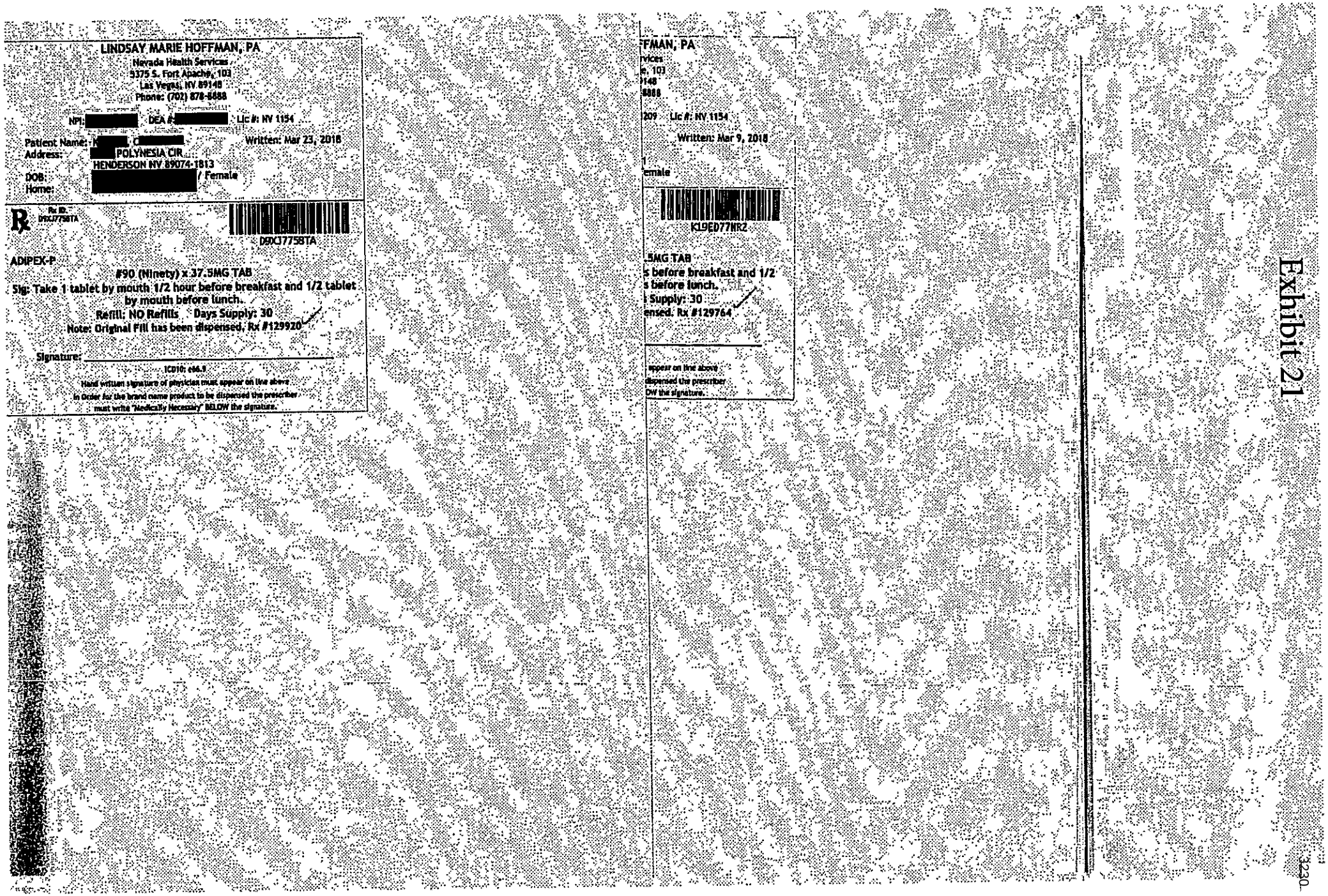
Rx

Dispense

Refills

Sig:

Substitution Allowed



LINDSAY MARIE HOFFMAN, PA
Nevada Health Services
9375 S. Fort Apache, 103
Las Vegas, NV 89148
Phone: (702) 878-8888

NPI: [redacted] DEA #: [redacted] Lic #: NV 1154

Patient Name: [redacted] Written: Mar 23, 2018
Address: [redacted] POLYNESIA CIR
HENDERSON NV 89074-1813
DOB: [redacted] / Female
Home:

Rx
Rx ID: D9XJ7758TA
D9XJ7758TA

ADIPEX-P
#90 (Ninety) x 37.5MG TAB
Sig: Take 1 tablet by mouth 1/2 hour before breakfast and 1/2 tablet by mouth before lunch.
Refill: NO Refills Days Supply: 30
Note: Original Fill has been dispensed. Rx #129920

Signature: _____ ICD10: e66.9

Hand written signature of physician must appear on line above
In order for the brand name product to be dispensed the prescriber must write "Medically Necessary" BELOW the signature.

FMAN, PA
vices
e, 103
148
8888

209 Lic #: NV 1154

Written: Mar 9, 2018

1
emale

K19ED77NR2

.5MG TAB
s before breakfast and 1/2
s before lunch.
Supply: 30
ensed. Rx #129764

appear on line above
dispensed the prescriber
OW the signature.

Exhibit 21

3230

Send Result Report

KYOCERA

MFP

TASKalfa 400ci

05/28/2019 14:43

Firmware Version 2H7_2F00.016.003 2016.08.18 [2H7_1000.024.001] [2H7_1100.002.003] [2H7_7000.015.004]

Job No.: 210445 Total Time: 0°00'23" Page: 001

Complete

Document: doc20190528144234

INTERNAL OFFICE USE ORDER FORM

ACCOUNT #: 118352	DATE: 5/28/19
SHIP TO: 5375 S FORT APACHE RD LAS VEGAS, NV 89148	SHIP TYPE: Circle One Priority O/N Standard O/N 2nd Day Ground/Express Saver
DUE DATE REQUESTED:	
SPECIAL INSTRUCTIONS:	
DR NAME: [redacted]	DR PHONE: 702-367-0808 DR DEA: [redacted]

Robert Chancellor (Circle one)

FOR IN OFFICE ADMINISTRATION ONLY. NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL PATIENT.

SIG FOR PLAQUEX:

MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES

DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	____ vials

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	05/28/19 14:42	7028736845	0°00'23"	FAX	OK	200x100 Normal/On

Exhibit 22

[QHY9100495]

Exhibit 23

INTERNAL OFFICE USE ORDER FORM

ACCOUNT #: 118352	DATE: 5/08/19
SHIP TO: 5375 S FORT APACHE RD LAS VEGAS, NV 89148	SHIP TYPE: Circle One Priority O/N Standard O/N 2nd Day Ground / Express Saver
DUE DATE REQUESTED:	
SPECIAL INSTRUCTIONS:	
DR NAME: [redacted]	DR PHONE: 702-367-0808 / DR DEA: [redacted]

Robert Chancellor (Circle one)

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SIG FOR PLAQUEX:

MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES

DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	____ vials
Gluthathione (PF) 200 mg/ml	10 ML	____ vials
Methionine-Inositol-Choline 25/50/50 mg/ml	30 ML	____ vials
Testosterone Cyp GSO 200 mg/ml	10 ML	____ vials
L-Carnitine 500 mg/ml	30 ML	10 vials
Testosterone Cyp GSO 200 mg/ml	30 ML	____ vials
MIC with Cyanocobalamin 25/50/50/1 mg/ml	30 ML	____ vials
Thiamine 20 mg/ml/Pyridoxine 100 mg/ml	30 ML	____ vials
Methylcobalamin 10,000 mcg/ml	10 ML	____ vials
Plaquex 50 mg/ml	50 ML	____ vials
Nandrolone Decanoate 200 mg/ml	10 ML	____ vials
Pyridoxine 100 mg/ml	30 ML	____ vials
Methylcobalamin 5,000 mcg/ml	10 ML	____ vials
AminoProtect™ (L-Lysine HCl/L-Arginine HCl) 2.5%/2.5%		____ 1L IV Bag(s)

REQUESTED BY: **VICETH** TECHNICIAN/PHARMACIST: Ashley D. Galvan

FAX# (702) 873-6845

Send Result Report

KYOCERA

MFP

TASKalfa 400ci

Firmware Version 2H7_2F00.016.003 :

05/04/2019 13:38
] [2H7_7000.015.004]

Job No.: 209327 Total T1

Complete

Document: doc20190504133738



Do Not Send Pt Bill. Please bill the OFFICE!

PLEASE FAX BACK TO: (805) 675-3360

or: 5,4,19

Client Name: M [redacted] D [redacted] Sex: M (F) DOB: [redacted]

Address: [redacted] S. Fort Apache Rd Suite: [redacted]

City: Las Vegas State: NV Zip: 89148

Phone: [redacted]

ALLERGIES: NKDA

SHIP: ☒ STD OVERNIGHT $30.00 ☒ 2ND DAY $20.00 ☐ GROUND $12.00 ☐ SATURDAY DELIVERY $45.00

SHIP TO: ☐ PATIENT ☒ CLINIC BILL TO: ☐ PATIENT ☒ CLINIC

Please be advised that all orders are shipped with signature request. If you wish to decline, by checking box you will assume all responsibility for the package in the event package gets lost, stolen or damaged.

	MEDICATION	QUANTITY	DIRECTIONS
☐	SERMORELIN/GHRP-2 6MG		Inject .15 for 5 days a week on an empty stomach. (2 hrs after last meal)

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	05/04/19 13:37	3056753360	0°00'25"	FAX	OK	200x100 Normal/On

5/8/19

NO CHARGE per Vinay

exchange service (PRP)

Hallandale

TrimCare Order Form ****Do Not Send Pt Bill. Please bill the OFFICE!****

Date: 5/4/19

PLEASE FAX RX TO: (305) 675-3360

Patient Name: M[redacted] D[redacted] Sex: M (F) DOB: [redacted]

Address: [redacted] S. Fort Apache Rd Suite [redacted]

City: Las Vegas State: NV Zip: 89148

Phone: [redacted]

ALLERGIES: NKDA

SHIP: ☐ STD OVERNIGHT $30.00 ☒ 2ND DAY $20.00 ☐ GROUND $12.00 ☐ SATURDAY DELIVERY $45.00

SHIP TO: ☐ PATIENT ☒ CLINIC BILL TO: ☐ PATIENT ☒ CLINIC

Please be advised that all orders are shipped with signature request. If you wish to decline, by checking box you will assume all responsibility for the package in the event package gets lost, stolen or damaged.

	MEDICATION	QUANTITY	DIRECTIONS
☐	SERMORELIN/GHRP-2 6MG		Inject .15 for 5 days a week on an empty stomach. (2 hrs after last meal).
☒	HCG 6,000 UNITS	1	Inject .30 for 20 [illegible] Days
☐	BPC-157		
☐			
☐	SIGNATURE REQUIRED		

PRESCRIBER NAME: DR. ROBERT CHANCELLOR

LICENSE: 15518 DEA: FC4878875

CLINIC ADDRESS: 5375 S. FORT APACHE #103

CITY: LAS VEGAS STATE: NV ZIP: 89148

X PHYSICIAN SIGNATURE: R. Chancellor

PHONE: (702) 367-0808

FAX: (702) 367-1339

THIS FORM DOES NOT PREVENT PATIENTS FROM FREELY CHOOSING ANY PHARMACY FOR THEIR COMPOUNDING NEEDS. PRESCRIBER HEREBY ACKNOWLEDGES THAT HE HAS GIVEN THE PATIENT THE OPTION TO USE HIS/HER PHARMACY OF CHOICE. THIS FORM HAS BEEN PUT TOGETHER AT THE PRESCRIBER'S REQUEST FOR EASE OF PRESCRIBING.

Tracking # email: vraneses@ihnv.com

Exhibit 25

Send Result Report

MFP

TASKalfa 400ci

Firmware Version 2H7_2F00.016.003 2016.08.18 04/23/2019 10:02

[2H7_1000.024.001] [2H7_1100.002.003] [2H7_7000.015.004]

Job No.: 208794 Total Time: 0°00'24" Page: 001

Complete

Document: doc20190423100143

INTERNAL OFFICE USE ORDER FORM

ACCOUNT #: 118352

DATE: 4/23/19

SHIP TO: 6375 S FORT APACHE RD
LAS VEGAS, NV 89148

SHIP TYPE: Circle One
Priority O/N
Standard O/N
2nd Day
Ground/Express Saver

DUE DATE REQUESTED:

SPECIAL INSTRUCTIONS:

DR NAME: [redacted] DR PHONE: 702-367-0808 DR DEA: [redacted]

Robert Chancellor (Circle one)

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SIG FOR PLAQUEX:

MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES

DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	___ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	___ vials

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	04/23/19 10:02	7028736845	0°00'24"	FAX	OK	200x100 Normal/On

Exhibit 27

INTERNAL OFFICE USE ORDER FORM

ACCOUNT #: 118352	DATE: 4/23/19
SHIP TO: 5375 S FORT APACHE RD LAS VEGAS, NV 89148	SHIP TYPE: Circle One Priority O/N Standard O/N 2nd Day Ground/Express Saver
DUE DATE REQUESTED:	
SPECIAL INSTRUCTIONS:	
DR NAME: [redacted]	DR PHONE: 702-367-0808 DR DEA: [redacted]

ROBERT Chancellor (Circle one)

FOR IN OFFICE ADMINISTRATION ONLY. NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL PATIENT.

SIG FOR PLAQUEX:

MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES.

DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	____ vials
Gluthathione (PF) 200 mg/ml	10 ML	____ vials
Methionine-Inositol-Choline 25/50/50 mg/ml	30 ML	____ vials
Testosterone Cyp GSO 200 mg/ml	10 ML	____ vials
L-Carnitine 500 mg/ml	30 ML	10 vials
Testosterone Cyp GSO 200 mg/ml	30 ML	____ vials
MIC with Cyanocobalamin 25/50/50/1 mg/ml	30 ML	____ vials
Thiamine 20 mg/ml/Pyridoxine 100 mg/ml	30 ML	____ vials
Methylcobalamin 10,000 mcg/ml	10 ML	____ vials
Plaquex 50 mg/ml	50 ML	____ vials
Nandrolone Decanoate 200 mg/ml	10 ML	____ vials
Pyridoxine 100 mg/ml	30 ML	____ vials
Methylcobalamin 5,000 mcg/ml	10 ML	____ vials
AminoProtect™ (L-Lysine HCl/L-Arginine HCl) 2.5%/2.5%		____ 1L IV Bag(s)

REQUESTED BY: VICETH TECHNICIAN/PHARMACIST: Ashley D. Galvan

Send Result Report

KYOCERA

MFP

TASKalfa 400ci

Firmware Version 2H7_2F00.016.003 2016.08.18

03/29/2019 09:11

[2H7_1000.024.001] [2H7_1100.002.003] [2H7_7000.015.004]

Job No.: 207752 Total Time: 0°00'32" Page: 001

Complete

Document: doc20190329090613

INTERNAL OFFICE USE ORDER FORM

ACCOUNT #: 118352	DATE: 3/29/19
SHIP TO: 5375 S FORT APACHE RD LAS VEGAS, NV 89148	SHIP TYPE: Circle One Priority O/N Standard O/N 2nd Day Ground/Express Saver

DUE DATE REQUESTED: 3/29/19

SPECIAL INSTRUCTIONS:

DR NAME: A. Chancellor, MD | DR PHONE: 702-367-0808 | DR DEA: [redacted]

(Circle one)

FOR IN OFFICE ADMINISTRATION ONLY NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL PATIENT.

SIG FOR PLAQUEX:

MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES

DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	____ vials

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	03/29/19 09:07	7028736845	0°00'32"	FAX	OK	200x100 Normal/On

Exhibit 28

[QHY9100495]

Exhibit 29

INTERNAL OFFICE USE ORDER FORM

ACCOUNT #: 118352	DATE: 3/29/19
SHIP TO: 5375 S FORT APACHE RD LAS VEGAS, NV 89148	SHIP TYPE: Circle One Priority O/N Standard O/N 2nd Day Ground/Express Saver

DUE DATE REQUESTED: 3/29/19

SPECIAL INSTRUCTIONS:

DR NAME: R. Chancellor, MD | DR PHONE: 702-367-0808 | DR DEA: [redacted]

(Circle one)

FOR IN OFFICE ADMINISTRATION ONLY. NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL PATIENT.

SIG FOR PLAQUEX:

MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES

DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	____ vials
Gluthathione (PF) 200 mg/ml	10 ML	____ vials
Methionine-Inositol-Choline 25/50/50 mg/ml	30 ML	____ vials
Testosterone Cyp GSO 200 mg/ml	10 ML	____ vials
L-Carnitine 500 mg/ml	30 ML	10 vials
Testosterone Cyp GSO 200 mg/ml	30 ML	____ vials
MIC with Cyanocobalamin 25/50/50/1 mg/ml	30 ML	____ vials
Thiamine 20 mg/ml/Pyridoxine 100 mg/ml	30 ML	____ vials
Methylcobalamin 10,000 mcg/ml	10 ML	____ vials
Plaquex 50 mg/ml	50 ML	____ vials
Nandrolone Decanoate 200 mg/ml	10 ML	____ vials
Pyridoxine 100 mg/ml	30 ML	____ vials
Methylcobalamin 5,000 mcg/ml	10 ML	____ vials
AminoProtect™ (L-Lysine HCl/L-Arginine HCl) 2.5%/2.5%		____ 1L IV Bag(s)

REQUESTED BY: VICETH TECHNICIAN/PHARMACIST: Ashley D. Galvan

Exhibit 30

Hallandale

TrimCare Order Form **Do Not Send Pt Bill. Please bill the OFFICE!**

Date: 3/29/19

PLEASE FAX RX TO: (305) 675-3360

Patient Name: J [redacted] H [redacted] Sex: M (F) DOB: [redacted]

Address: [redacted] Country Flats

City: Las Vegas State: NV Zip: 89135

Phone: [redacted]

ALLERGIES: NKDA

SHIP: ☐ STD OVERNIGHT $30.00 ☐ 2ND DAY $20.00 ☒ GROUND $12.00 ☐ SATURDAY DELIVERY $45.00

SHIP TO: ☐ PATIENT ☒ CLINIC BILL TO: ☐ PATIENT ☒ CLINIC

Please be advised that all orders are shipped with signature request. If you wish to decline, by checking box you will assume all responsibility for the package in the event package gets lost, stolen or damaged.

	MEDICATION	QUANTITY	DIRECTIONS
☒	SERMORELIN/GHRP-2 6MG	(1) one	Inject .15 for 5 days a week on an empty stomach. (2 hrs after last meal).
☐	HCG 6,000 UNITS		Inject .30 for 20 or 40 Days
☐	BPC-157		
☐	SIGNATURE REQUIRED		

PRESCRIBER NAME: DR. ROBERT CHANCELLOR

LICENSE: 15518 DEA: FC4878875

CLINIC ADDRESS: 5375 S. FORT APACHE #103

CITY: LAS VEGAS STATE: NV ZIP: 89148

PHYSICIAN SIGNATURE: X R. Chancellor MD

PHONE: (702) 367-0808

FAX: (702) 367-1339

THIS FORM DOES NOT PREVENT PATIENTS FROM FREELY CHOOSING ANY PHARMACY FOR THEIR COMPOUNDING NEEDS. PRESCRIBER HEREBY ACKNOWLEDGES THAT HE HAS GIVEN THE PATIENT THE OPTION TO USE HIS/HER PHARMACY OF CHOICE. THIS FORM HAS BEEN PUT TOGETHER AT THE PRESCRIBER'S REQUEST FOR EASE OF PRESCRIBING.

Exhibit 31

DO NOT Bill Pt
Bill Office

✓ Fort Apache TrimCare
5375 S. Fort Apache
Las Vegas, NV 89148
Ph: 702-367-0808
Fax: 702-367-1339

Acct# 118352

Date: 3-9-19

PD

DNP

Patient Information:

Name: (L) [redacted] (F) [redacted]

DOB: [redacted] Phone: [redacted]

Address: [redacted] S Fort Apache Rd Suite [redacted]

City: Henderson/Las Vegas State: NV Zip Code: 89148

Allergies: X NKDA ☐

I understand this prescription is compounded specifically for me and can NOT be returned or refunded.

X _____
Patient Signature (Delivery Only)

Shipping Method:
☐ Ship to Office
☐ Customer Pick-Up at Anazao

Anazao Health
Ph: 702-873-8455
Fax: 702-873-6845

X Home Delivery $25

☐ 5-HTP20mg/Carbidopa5mg
☐ Anastrazole 0.2mg - 0.5mg
☐ Betahistine 40mg
☐ Biest 2.5mg
☐ Phentermine 8mg
☐ Phentermine 40mg
☐ Progesterone 50mg
☐ Spironalactone 25mg/Doxycycline 100mg
☐ T3 ____mcg
☐ Topirimate25mg/Bontril 105mg/B-12 1mg
☐ Topirimate25mg/Phentermine 40mg/B-12 1mg
☐ Triest 1.25 mg
☐ Super Hormone (Bi-Est 1.25mg/DHEA 25mg/ Progesterone 25mg/Testosterone 10mg)

☐ #15
☐ #30
☐ #60
☐ #45
☐ #90
☐ #120
☐ #____

☐ 1 cap po ½ h Before Breakfast
☐ 1 cap po qam
☐ 1 cap po at 2pm
☐ 1 cap po 4 h Before Bedtime
☐ 2 caps po 4 h Before Bedtime
☐ 1 cap po at 2pm and 1 cap 4 h before bed.

_____

HGH 5.8mg - Dispense ____ Bottle(s)
Sig: ____ 0.20cc Sub-Q
____ 0.10cc Sub-Q
5 Days on 2 Days off
Reconstitute with 2.3ml bacteriostatic water.
___ Supplies-28g 1/2in syringes #30/bottle and alcohol swabs.

☒ Super Hormone Crème X3 ClickStick
Bi-Est 1.25mg/g
Progesterone 25 mg/g
Testosterone 10 mg/g
DHEA 25 mg/g
☒ Apply 1 gram topically daily for 90 days. DX N95.1
#90 grams

HCG 10,000U - Dispense ____ Bottle(s)
Sig: ____ 0.4cc IM
4 Days on 3 Days off
___ Supplies-25g 1in needles #30/bottle and alcohol swabs.

☐ Progesterone Topical ____ mg/gram
☐ Estriol .3% Crème #____ grams
☐ Age Spot Treamtment Crème
Hydroquinone ____ mg
Dexamethasone ____ mg
Retinoic Acid ____ mg

Testosterone Cyp. 200mg/ml - Disp. ____ Bottle(s)
Sig: ____ 1cc IM
1 x week
___ Supplies - 22g 1.5in needles #10/bottle and alcohol swabs.

☐ Testosterone Crème 200mg/g #____ grams Sig: Apply 1 gram transdermally QD to shoulder or abdomen.

X R Chandler MD
Provider Signature:

Date Meds Picked Up: / /

✓ Robert Chandler M.D. ___ Adam Luckette PA-C ___ Lindsay Hoffman PA-C
DEA: [redacted]

Site: 24407 - Nevada Health Services (Las Vegas, NV)
Date: Tue 4/30/19 2:02:18 PM PDT

NDC/UPC	Name	Generic	C	Description	Lot	Exp	On Hand	Containers
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB #7	15158A	12/31/2021	2	
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB #30	15158A	12/31/2021	4	
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB #30	15354A	2/28/2022	16	
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB #45	15354A	2/28/2022	6	
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB #60	15354A	2/28/2022	2	
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB (Bulk)	15354A	2/28/2022	900	
00143-9726-01	DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE	C-III	200MG/ML VIAL 10 ML	1805233.1	10/31/2020	6	
00527-1475-01	DIETHYLPROPION HCL	DIETHYLPROPION HCL	C-IV	25MG TAB #60	222325p1	10/31/2019	3	
00527-1475-01	DIETHYLPROPION HCL	DIETHYLPROPION HCL	C-IV	25MG TAB (Bulk)	222325P1	10/31/2019	170	
69543-0409-11	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	C-III	105MG CAP #30	CS18381	11/30/2020	1	
69543-0409-11	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	C-III	105MG CAP #30	CS19026	11/30/2020	7	
10702-0077-10	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	C-III	35MG TAB #30	14991A	9/30/2021	11	
10702-0077-10	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	C-III	35MG TAB #60	14991A	9/30/2021	15	
10702-0077-10	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	C-III	35MG TAB (Bulk)	14991A	9/30/2021	40	
16729-0225-17	ALDACTONE	SPIRONOLACTONE		25MG TAB #30	PX01809	3/31/2020	12	
16729-0225-17	ALDACTONE	SPIRONOLACTONE		25MG TAB (Bulk)	PX01809	3/31/2020	5	
00904-5852-41	ALLER-TEC	CETIRIZINE HCL		10MG TAB #14	L-04702	8/31/2019	6	
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB #10	X10864	6/30/2021	3	
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB #10	X15330	7/31/2021	9	
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB #20	X10864	6/30/2021	2	
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB #20	X15330	7/31/2021	6	
16103-0357-08	ECPIRIN	ASPIRIN		325MG TAB #100	P17L492	12/30/2019	4	
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB #10	L74148	8/31/2020	12	
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB #20	L74148	8/31/2020	9	
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB #30	4500531A	2/29/2020	1	
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB #30	4500531A	2/29/2020	3	
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB (Bulk)	4500531A	2/29/2020	15	
33342-0121-10	REVATIO	SILDENAFIL CITRATE		20MG TAB (Bulk)	BSM848A	9/30/2021	3	
33342-0121-10	REVATIO	SILDENAFIL CITRATE		20MG TAB (Bulk)	BSM854A	10/31/2021	370	
68382-0140-14	TOPAMAX	TOPIRAMATE		100MG TAB #30	M712080	9/30/2019	3	
68382-0140-14	TOPAMAX	TOPIRAMATE		100MG TAB (Bulk)	M712080	9/30/2019	60	
47335-0707-86	TOPAMAX	TOPIRAMATE		25MG TAB #30	GKT1251B	9/30/2021	21	
47335-0707-86	TOPAMAX	TOPIRAMATE		25MG TAB (Bulk)	GKT1251B	9/30/2021	900	
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB #30	ZTPM18009	8/31/2020	4	
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB #30	ZTPM18009	8/31/2020	25	
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB (Bulk)	ZTPM18007	8/31/2020	20	
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB (Bulk)	ZTPM18009	8/31/2020	530	
65862-0188-30	ZOFRAN	ONDANSETRON HCL		8MG TAB (Bulk)	ON0818005-B	12/31/2021	120	

NDC	Name	Generic	Class	Description	Quantity
10702-0025-10	ADIPEX-P	PHENTERMINE	C-IV	37.5MG TAB	Bulk
10702-0025-10	ADIPEX-P	PHENTERMINE	C-IV	37.5MG TAB	Bulk
10702-0025-10	ADIPEX-P	PHENTERMINE	C-IV	37.5MG TAB	Bulk
10702-0025-10	ADIPEX-P	PHENTERMINE	C-IV	37.5MG TAB	Bulk
10702-0025-10	ADIPEX-P	PHENTERMINE	C-IV	37.5MG TAB	Bulk
00143-9726-01	DEPO-TESTOST	TESTOSTERON	C-III	200MG/ML VIAL	10
00527-1475-01	DIETHYLPROPI	DIETHYLPROPI	C-IV	25MG TAB	Bulk
00527-1475-01	DIETHYLPROPI	DIETHYLPROPI	C-IV	25MG TAB	Bulk
10702-0077-10	PHENDIMETRA	PHENDIMETRA	C-III	35MG TAB	Bulk
10702-0077-10	PHENDIMETRA	PHENDIMETRA	C-III	35MG TAB	Bulk
10702-0077-10	PHENDIMETRA	PHENDIMETRA	C-III	35MG TAB	Bulk
10702-0077-10	PHENDIMETRA	PHENDIMETRA	C-III	35MG TAB	Bulk
10702-0077-10	PHENDIMETRA	PHENDIMETRA	C-III	35MG TAB	Bulk
69543-0409-11	PHENDIMETRA	PHENDIMETRA	C-III	105MG CAP	30
69543-0409-11	PHENDIMETRA	PHENDIMETRA	C-III	105MG CAP	30
16729-0225-17	ALDACTONE	SPIRONOLACTONE		25MG TAB	Bulk
16729-0225-17	ALDACTONE	SPIRONOLACTONE		25MG TAB	Bulk
53489-0143-10	ALDACTONE	SPIRONOLACTONE		25MG TAB	1000
53489-0143-10	ALDACTONE	SPIRONOLACTONE		25MG TAB	1000
00904-5852-41	ALLER-TEC	CETIRIZINE HCL		10MG TAB	14
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB	10
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB	10
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB	20
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB	20
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB	30
16729-0035-16	ANASTROZOLE	ANASTROZOLE		1MG TAB	500
16103-0357-08	ECPIRIN	ASPIRIN		325MG TAB	100
46672-0053-50	ESGIC	BUTALB/ACETAMINOPHEN/CAF		50-325-40 TAB	500
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB	Bulk
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB	Bulk
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB	Bulk
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB	Bulk
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB	Bulk
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB	Bulk
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB	Bulk
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB	Bulk
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB	Bulk
13668-0045-01	LAMICTAL	LAMOTRIGINE		25MG TAB	100
13668-0047-01	LAMICTAL	LAMOTRIGINE		100MG TAB	100
00904-5728-89	LORATADINE	LORATADINE		10MG TAB	90
55111-0684-01	MOTRIN	IBUPROFEN		800MG TAB	100
33342-0121-10	REVATIO	SILDENAFIL CITRATE		20MG TAB	Bulk
33342-0121-10	REVATIO	SILDENAFIL CITRATE		20MG TAB	Bulk
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB	Bulk
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB	Bulk

Lot	Expiration Date	Containers	Counted Contain	Net
15158A	12/31/2021	2392	2392	
15158A	12/31/2021	3	3	
15158A	12/31/2021	18	18	
15158A	12/31/2021	18	18	
15158A	12/31/2021	1	1	
1805189.1	9/30/2020	9	9	
222325P1	10/31/2019	200	200	
222325p1	10/31/2019	4	4	
14991A	9/30/2021	1000	1000	
14357A	12/31/2020	55	0	-55
14991A	9/30/2021	11	11	
14991A	9/30/2021	7	7	
14991A	9/30/2021	4	4	
CS18381	11/30/2020	1	1	
CS19026	11/30/2020	8	8	
PX01809	3/31/2020	275	275	
PX01809	3/31/2020	6	6	
6822901	10/31/2019	10	0	-10
6825201	12/31/2019	10	0	-10
L-04702	8/31/2019	9	6	-3
X15330	7/31/2021	10	10	
X10864	6/30/2021	5	5	
X15330	7/31/2021	10	10	
X10864	6/30/2021	3	3	
X02649	10/31/2020	6	0	-6
W13760	8/31/2020	6	0	-6
P17L492	12/30/2019	5	4	-1
J150723a	11/30/2018	386	0	-386
L741148	8/31/2020	6	6	
L741148	8/31/2020	1	0	-1
L74116	7/31/2019	3	2	-1
L74148	8/31/2020	300	300	
4500483A	9/30/2019	10	0	-10
4500531A	2/29/2020	15	0	-15
4500442A	5/31/2019	10	0	-10
4500531A	2/29/2020	1	1	
4500531A	2/29/2020	7	7	
BR91C001	1/31/2019	200	0	-200
4T36C015	3/31/2019	100	0	-100
7FE1385	3/2/2019	4	0	-4
HC07117A	3/31/2019	200	0	-200
BSM848A	9/30/2021	132	93	-39
BSM854A	10/31/2021	438	450	+12
ZTPM18007	8/31/2020	20	0	-20
ZTPM18009	8/31/2020	1550	1550	

Schedule Standard view - Thursday, June 06, 2019

practicefusion

status	patient	time	provider	type	chief complaint
No show	[redacted]	9:20 AM	Robert Chancellor	EST PT	
Seen	[redacted]	9:40 AM	Robert Chancellor	EST PT	
Seen	[redacted]	10:00 AM	Robert Chancellor	EST PT	LAB REVIEW AND MED REFILLS...CR
Seen	[redacted]	10:20 AM	Robert Chancellor	LAB REVIEW	
Seen	[redacted]	11:00 AM	Robert Chancellor	NEW PT	MEDICARE & NCHL...CR
Seen	[redacted]	11:02 AM	Robert Chancellor	EST PT	refill modafinil...vr
No show	[redacted]	11:30 AM	Robert Chancellor	EST PT	
Seen	[redacted]	12:00 PM	Robert Chancellor	NEW PT	ADDERALL RX AWARE OF TONA & UTOX...CR
Seen	[redacted]	12:20 PM	Robert Chancellor	EST PT	REFILL MEDS...VR
Seen	[redacted]	12:40 PM	Robert Chancellor	EST PT	med refills...vr
Seen	[redacted]	1:00 PM	Robert Chancellor	NEW PT	
Seen	[redacted]	1:20 PM	Robert Chancellor	NEW PT	NEW MEDICAL PATIENT, PAIN ON LOWER ABD X1 WEEK. (CGNA #SL...VR
Seen	[redacted]	1:40 PM	Robert Chancellor	EST PT	MED REFILLS...CR
No show	[redacted]	2:00 PM	Robert Chancellor	EST PT	DMV FORM FOR LICENSE...CR
Seen	[redacted]	2:00 PM	Robert Chancellor	EST PT	refill adderall...vr
Seen	[redacted]	2:20 PM	Robert Chancellor	EST PT	
Seen	[redacted]	2:40 PM	Robert Chancellor	EST PT	check up

Exhibit 32

Schedule Standard view - Friday, June 07, 2019

practicefusion

STATUS	PATIENT	TIME	PROVIDER	TYPE	CHIEF COMPLAINT
Seen	M D	9:00 AM	Robert Chancellor	EST DIET	F/UP DIET..VR
Seen	M D	9:20 AM	Robert Chancellor	EST PT	REFILL VYVANSE..VR
Seen	C L H	9:40 AM	Robert Chancellor	LAB REVIEW	
Seen	B A	10:00 AM	Robert Chancellor	EST DIET	F/UP DIET..VR
Seen	P B	10:00 AM	Robert Chancellor	EST PT	REFILL ADDERALL..VR
Seen	T K R	10:20 AM	Robert Chancellor	EST DIET	
Seen	B M H	10:40 AM	Lindsay M Hoffman	EST DIET	F/UP DIET ..
Cancelled : will call next week to R/S...vr	J C G	10:40 AM	Robert Chancellor	EST PT	
Seen	R P	10:40 AM	Robert Chancellor	NEW HRT	NEW HRT..VR
Seen	A B F	11:00 AM	Lindsay M Hoffman	EST DIET	3RD MONTH F/U
No show	A M	11:20 AM	Lindsay M Hoffman	NEW DIET	NEW DIET PATIENT
Seen	S Q	11:20 AM	Robert Chancellor	EST PT	
Seen	L Q	11:40 AM	Robert Chancellor	EST PT	
Seen	B T B	12:00 PM	Robert Chancellor	EST PT	MD REFILLS..CR
No show	G R	12:00 PM	Lindsay M Hoffman	NEW DIET	NEW DIET PATIENT (CONSULT)...VR
Seen	H A G	12:20 PM	Robert Chancellor	EST PT	STEM-CELL IV...CR
Seen	S G	1:00 PM	Robert Chancellor	NEW PT	MEDICARE HAS A COUGH THAT HASN'T GONE AWAY..CR
Seen	L M	1:20 PM	Robert Chancellor	EST PT	
Seen	G B	1:40 PM	Robert Chancellor	NEW PT	NEW MEDICAL PATIENT.
Seen	R H B	2:00 PM	Lindsay M Hoffman	EST PT	
Seen	S R M	2:00 PM	Robert Chancellor	EST PT	
Seen	H K	2:20 PM	Robert Chancellor	EST PT	REFILL XANAX (O.V $100)..VR

Seen	W[redacted] H[redacted] [redacted]	2:20 PM	Lindsay M Hoffman	EST DIET	
Seen	D[redacted] J B[redacted] [redacted]	2:40 PM	Robert Chancellor	EST PT	REFILL ADDERALL AND NEED TOVA TEST DONE TODAY..VR
Seen	M[redacted] R[redacted] [redacted]	2:40 PM	Lindsay M Hoffman	EST PT	Sick -LH
Seen	A[redacted] R N[redacted] [redacted]	3:00 PM	Lindsay M Hoffman	EST DIET	F/UP DIET..VR
Seen	A[redacted] P[redacted] [redacted]	3:00 PM	Robert Chancellor	EST PT	
No show	J[redacted] D[redacted] [redacted]	3:20 PM	Lindsay M Hoffman	BOTOX	LH
Seen	L[redacted] D[redacted] [redacted]	3:20 PM	Robert Chancellor	NEW DIET	
Seen	M[redacted] K[redacted] [redacted]	3:20 PM	Robert Chancellor	EST PT	
Seen	J[redacted] R H[redacted] [redacted]	4:00 PM	Robert Chancellor	NEW DIET	
Seen	R[redacted] R[redacted] [redacted]	4:40 PM	Robert Chancellor	EST DIET	F/UP DIET ..VR

Schedule Standard view - Saturday, June 08, 2019

practicefusion

STATUS	PATIENT	TIME	PROVIDER	TYPE	CHIEF COMPLAINT
Seen	[redacted]	9:00 AM	Robert Chancellor	EST PT	clonopin...cr
Seen	[redacted]	9:00 AM	Robert Chancellor	LAB REVIEW,	
Seen	[redacted]	9:20 AM	Robert Chancellor	NEW HRT	NEW HRT (DIET CHART ON FILE)
Seen	[redacted]	9:20 AM	Robert Chancellor	EST PT	refill
Seen	[redacted]	9:40 AM	Robert Chancellor	EST PT	UTI...CR
Seen	[redacted]	10:00 AM	Robert Chancellor	EST DIET	F/UP DIET..VR
Seen	[redacted]	10:20 AM	Robert Chancellor	LAB REVIEW	reviewing labs and imaging results...CR
Seen	[redacted]	10:40 AM	Robert Chancellor	EST PT	REFILL RX..VR
Seen	[redacted]	11:00 AM	Robert Chancellor	EST DIET	f/up diet...vr
Seen	[redacted]	11:20 AM	Robert Chancellor	EST DIET	f/up diet...vr
Seen	[redacted]	11:40 AM	Robert Chancellor	EST DIET	
Seen	[redacted]	12:00 PM	Robert Chancellor	EST PT	xanax..cr
Seen	[redacted]	12:20 PM	Robert Chancellor	EST DIET	

Schedule Standard view - Monday, June 10, 2019

practicefusion

STATUS	PATIENT	TIME	PROVIDER	TYPE	CHIEF COMPLAINT
Seen	K M G	9:20 AM	Robert Chancellor	EST DIET	F/UP DIET (2ND MONTH)
Seen	H C	9:40 AM	Robert Chancellor	EST PT	
No show	E	10:00 AM	Robert Chancellor	EST DIET	
Seen	K A	10:20 AM	Robert Chancellor	NEW DIET	
Seen	R A R	10:40 AM	Robert Chancellor	EST PT	feeling sick..CR
Seen	C K D	11:00 AM	Robert Chancellor	EST HRT	go over labs..vr
Seen	M	11:20 AM	Robert Chancellor	EST PT	hurt groin,
No show	J M M	11:20 AM	Robert Chancellor	NEW PT	NEW MEDICAL PATIENT, BLOOD WORK FOR HORMONE IMBALANCE AND BIPOLAR?? VR
Seen	C M	12:00 PM	Robert Chancellor	EST DIET	f/up diet..vr
Seen	G G	12:00 PM	Robert Chancellor	RESTART DIET	BEEN YEARS..CR
Seen	M	12:40 PM	Robert Chancellor	EST PT	med refills..CR
Seen	W	1:00 PM	Robert Chancellor	NEW DIET	NEW DIET PATIENT (3 MONTHS $449)...VR
No show	S R	1:00 PM	Robert Chancellor	EST PT	adderall...CR
Seen	S M	1:20 PM	Robert Chancellor	EST PT	SORE THROAT..CR
No show	T S	1:40 PM	Robert Chancellor	RESTART DIET	
Seen	G W S	2:00 PM	Robert Chancellor	EST PT	adderall...cr
No show	B G B	2:20 PM	Robert Chancellor	EST PT	

Schedule Standard view - Tuesday, June 11, 2019

practicefusion

STATUS	PATIENT	TIME	PROVIDER	TYPE	CHIEF COMPLAINT
Seen	[redacted]	9:40 AM	Robert Chancellor	EST PT	
Seen	[redacted]	10:00 AM	Robert Chancellor	EST DIET	
Seen	[redacted]	10:20 AM	Robert Chancellor	EST PT	refill
Seen	[redacted]	10:40 AM	Robert Chancellor	EST PT	REFILL MEDS , GO OVER MRI RESULT..VR
Cancelled : call back to reschedule	[redacted]	10:40 AM	Lindsay M Hoffman	EST HRT	BLOOD WORK FOR SERMORELIN/HRT...VR (USE DIET CHART)
No show	[redacted]	11:00 AM	Robert Chancellor	NEW DIET	
Seen	[redacted]	11:00 AM	Lindsay M Hoffman	EST DIET	F/UP DIET...VR
Seen	[redacted]	11:20 AM	Robert Chancellor	EST PT	1 MONTH F/UP. REFILL SUBOXONE..VR
Seen	[redacted]	11:20 AM	Lindsay M Hoffman	EST PT	CASHPT...CR
Seen	[redacted]	11:40 AM	Robert Chancellor	EST PT	
Seen	[redacted]	12:20 PM	Lindsay M Hoffman	EST DIET	RE-START DIET (LAST OV LAST YEAR)...VR
Seen	[redacted]	12:20 PM	Robert Chancellor	NEW PT	ADD eval
Seen	[redacted]	1:00 PM	Robert Chancellor	EST PT	refill adderall..vr
Seen	[redacted]	1:20 PM	Robert Chancellor	EST HRT	
Seen	[redacted]	1:30 PM	Robert Chancellor	RESTART DIET	
Seen	[redacted]	1:40 PM	Robert Chancellor	EST PT	
Seen	[redacted]	2:00 PM	Lindsay M Hoffman	EST DIET	3RD MO F/U ..CR
Seen	[redacted]	2:20 PM	Robert Chancellor	EST PT	med refills..cr
Seen	[redacted]	3:00 PM	Lindsay M Hoffman	EST PT	HYPER PIGMENTATION/ACNE CREAM ...CR
Seen	[redacted]	3:20 PM	Robert Chancellor	EST PT	med refills...cr
Seen	[redacted]	3:20 PM	Lindsay M Hoffman	NEW DIET	My neighbor -LH
Seen	[redacted]	4:00 PM	Robert Chancellor	EST PT	

Seen	[redacted]	4:20 PM	Robert Chancellor	EST PT	REFILL ADDERALL..VR

ROBERT S CHANCELLOR, MD
Nevada Health Services
5375 S. Fort Apache, 103
Las Vegas, NV 89148
Phone: (702) 878-8888

NPI: [redacted] DEA #: [redacted] Lic #: NV 15518

Patient Name: [redacted] Written: Jun 11, 2019
Address: [redacted] MARENGO PL
LAS VEGAS NV 89147-5084
DOB: [redacted] / Female

Rx ID: 3U7CDR9BAS

3U7CDR9BAS

ADIPEX-P

#60 (Sixty) x 37.5MG TAB

Sig: Take 1 tablet by mouth 1/2 hour before breakfast and 1 tablet by mouth in the afternoon.

Refill: NO Refills Days Supply: 30

Note: Original Fill has been dispensed. Rx #134387

Signature: _____

ICD10: E66.9

Hand written signature of physician must appear on line above

In Order for the brand name product to be dispensed the prescriber must write "Medically Necessary" BELOW the signature.

Exhibit 33

Instructions: Place an "X" in the box that corresponds with the temperature. *The shaded zones represent unacceptable temperature ranges.* If the temperature recorded is in the shaded zone, 1. Store the vaccine under proper conditions as quickly as possible, 2. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected, 3. Call the immunization program at your local health department for further assistance, and 4. Document the action taken on the Vaccine Storage Troubleshooting Record form.

PIn #: Provider Name: ROBERT CHANCELLOR, MD Month/Year Reported: APRIL 201[illegible]

	Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
1st – 15th	Time	4	1	4	2	4	3	4	4	4	5	4	6	4	7	4	8	4	9	4	10	4	11	4	12	4	13	4	14	4	15
Temp F°	Temp C°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
≥ 49	≥ 9.5																														
48	9.0																														
47	8.0																														
46	7.5																														
45	7.0																														
44	6.5																														
43	6.0																														
42	5.5	X	X	X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
41	5.0																														
40	4.5																														
39	4.0																														
38	3.5																														
37	3.0																														
36	2.0																														
35	1.5																														
34	1.0																														
33	0.5																														
32	0.0																														
31	-0.5																														
30	-1.0																														
29	-1.5																														
≤ 28	≤ -2.0																														

Take Immediate action if temperature falls in the shaded area

Freezer Temp

≥ 8	≥ -13																														
7	-14.0																														
6	-14.5																														

Take Immediate action if temperature falls in the shaded area

5	-15.0																														
4	-15.5	X	X	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X			X	X
≤ 3	≤ -16																														
	Room Temp																														
	Staff Initials	VM		VM		VM		VM		VM		VM				VM		VM		VM		VM		VM		VM				VM	

Temperature Log - Nevada Immunization Program 03/20/2007

Exhibit 34

3252

Find the row that corresponds with the temperature. The shaded zones represent unacceptable temperature ranges. If the temperature recorded is in the shaded zone, 1. Store the vaccine under proper conditions as quickly as possible, 2. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected, 3. Call the Immunization program at your local health department for further assistance, and 4. Document the action taken on the Vaccine Storage Troubleshooting Record form.

3253

Pin #: **Provider Name:** ROBERT CHANDLER, MD **Month/Year Reported:** APRIL 2019

	Day of Month	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
16th 31st	Time	4	/16	4	/17	4	/18	4	/19	4	/20	4	/21	4	/22	4	/23	4	/24	4	/25	4	/26	4	/27	4	/28	4	/29	4	/30		
Temp F°	Temp C°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
≥ 49	≥ 9.5																																
48	9.0																																
47	8.0																																
46	7.5																																
45	7.0																																
44	6.5																																
43	6.0																																
42	4.5	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
41	5.0																																
40	4.5																																
39	4.0																																
38	3.5																																
37	3.0																																
36	2.0																																
35	1.5																																
34	1.0																																
33	0.5																																
32	0.0																																
31	-0.5																																
30	-1.0																																
29	-1.5																																
≤ 28	≤ -2.0																																
≥ 8	≥ -13																																
7	-14.0																																
6	-14.5																																
5	-15.0																																
4	-15.5	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
≤ 3	≤ -16																																
	Room Temp																																
	Staff Initials	VR		VR		VR		VR		VR				VR		VR		VR		VR		VR		VR				VR		VR			

Freezer Temp

Temperature Log - Nevada Immunization Program 03/20/2007

3254

Instructions: Place an "X" in the box that corresponds with the temperature. *The shaded zones represent unacceptable temperature ranges.* If the temperature recorded is in the shaded zone: 1. Store the vaccine under proper conditions as quickly as possible, 2. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected, 3. Call the immunization program at your local health department for further assistance, and 4. Document the action taken on the Vaccine Storage Troubleshooting Record form.

Pin #: **Provider Name:** ROBERT CHANCELLOR MD **Month/Year Reported:** MAY 2019

	Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
1st / 16th	Time	5	1	5	7		3		4		5		6		7		8		9		10		11		12		13		14		15
Temp F°	Temp C°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
≥ 49	≥ 9.5																														
48	9.0																														
47	8.0																														
46	7.5																														
45	7.0																														
44	6.5																														
43	6.0																														
42	5.5	X																													
41	5.0																														
40	4.5																														
39	4.0																														
38	3.5																														
37	3.0																														
36	2.0																														
35	1.5																														
34	1.0																														
33	0.5																														
32	0.0																														
31	-0.5																														
30	-1.0																														
29	-1.5																														
≤ 28	≤ -2.0																														

Freezer Temp

≥ 8	≥ -13																														
7	-14.0																														
6	-14.5																														
5	-15.0	X																													
4	-15.5																														
≤ 3	≤ -16																														
	Room Temp																														
	Staff Initials																														

Take immediate action if temperature falls in the shaded area

Instructions: Place an "X" in the box that corresponds with the temperature. *The shaded zones represent unacceptable temperature ranges.* If the temperature recorded is in the shaded zone: 1. Store the vaccine under proper conditions as quickly as possible, 2. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected, 3. Call the immunization program at your local health department for further assistance, and 4. Document the action taken on the Vaccine Storage Troubleshooting Record form.

PIN #: **Provider Name:** ROBERT CHANCELLOR, MD **Month/Year Reported:** May 2019

	Day of Month	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
16th-31st	Time		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Temp F°	Temp C°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
249	≥ 9.5																																
48	9.0																																
47	8.0																																
46	7.5																																
45	7.0																																
44	6.5																																
43	6.0																																
42	5.5																																
41	5.0																																
40	4.5																																
39	4.0																																
38	3.5																																
37	3.0																																
36	2.0																																
35	1.5																																
34	1.0																																
33	0.5																																
32	0.0																																
31	-0.5																																
30	-1.0																																
29	-1.5																																
≤ 28	≤ -2.0																																

Take immediate action if temperature falls into the shaded area

Freezer Temp

≥ 9	≥ -12.5																																
7	-14.0																																
6	-14.5																																

Take immediate action if temperature falls into the shaded area

5	-15.0																																
4	-15.5																																
≤ 3	≤ -16																																
	Room Temp																																
	Staff Initials																																

Instructions: Place an "X" in the box that corresponds with the temperature. The shaded areas indicate temperatures outside the acceptable range. If the temperature recorded is in the shaded area: 1. Store the vaccine under proper conditions as quickly as possible. 2. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected. 3. Call the immunization program at your local health department for further assistance, and 4. Document the action taken on the Vaccine Storage Troubleshooting Record form.

3256

PIN #: **Provider Name:** ROBERT CHANELLOR MD **Month/Year Reported:** JUNE 2014

Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Time																														
Temp F°	Temp C°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
46	7.8																													
45	7.2																													
44	6.7																													
43	6.1																													
42	5.6																													
41	5.0																													
40	4.4																													
39	3.9																													
38	3.3																													
37	2.8																													
36	2.2																													
35	1.7																													

Take immediate action if temperature is/was in the shaded area

34	1.1																													
33	0.6																													
32	0.0																													
31	-0.6																													
30	-1.1																													
29	-1.7																													
28	-2.2																													
27	-2.8																													

Freezer Temp

5	-2.8																													
4	-3.3																													
3	-3.9																													

Take immediate action if temperature is/was in the shaded area

2	-4.4																													
1	-5.0																													
0	-5.6																													

Room Temp

Shelf Number

Vaccine Storage and Handling Log • Florida Immunization Program (DOH/BOE)

Provider Name: Rio Hondo Community Mental Health Center

Provider Number: 450076

For the Cost Reporting Period: July 1, 2016 through June 30, 2017

Worksheet S-10
Computation of Inpatient Psychiatric Services Ancillary Cost-to-Charge Ratios

| | | |

FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: K[redacted] F[redacted] DATE OF VISIT: 3/01/19
DATE OF BIRTH: [redacted] AGE: 45 SEX: M / F CHART NO: 24341
DRUG ALLERGIES: NONE TOBACCO: 0 LAST LABS:
ALCOHOL: 0 LMP:

VITAL SIGNS:
TIME: 11:16 SP%: 99
BP: 104/69 TEMP: 98.5
PULSE: 92
HEIGHT: 5'6 IN ____ CM

SIGNS/SYMPTOMS (SINCE LAST VISIT) ____ DENIES ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING/ DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
INITIAL WEIGHT: 194.8 lbs GOAL WEIGHT: 174.2 lbs
CURRENT WEIGHT: ____ lbs STARTING BMI: ____
8 WK WEIGHT LOSS: ____ lbs CURRENT BMI: 27.4
TOTAL WEIGHT LOSS: 14.6 lbs WAIST MEAS: ____ IN

WEIGHT LOSS MEDICATIONS
Remodelling kitchen - eating out a lot, not WT training

INJECTIONS
DIET SHOT: ____ L / R # ____ of ____
L-CARNATINE ____ L / R # ____ of ____
____ : L / R # ____ of ____
____ : L / R # ____ of ____

SUPPLEMENTS
↑ LBM ↓ Fat
Homeschooling son - causing stress

OTHER MEDICATIONS
(D) Topamax 25

PHYSICAL EXAM GENERAL - WNL / ABNL CV/ PULM - WNL / ABNL ABDOMINAL - WNL / ABNL
HEENT - WNL / ABNL EXTREMETIES - WNL / ABNL COMMENTS: VF = 11 (+2)

DIET: ____ LO CARB ____ LO CALORIE OTHER: ____
DIET ADHERENCE: ____ EXCELLENT ____ NON ADHERENT ____ X/WEEK COMMENTS: ____
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: ↑ STRENGTH TRAINING 3 X/WEEK ↑ AEROBIC/CARDIO 5 X/WEEK
OTHER: Walking dogs ↑ wt training

REVIEWED:
✓ DIET/MENU ✓ IN-BODY ANALYSIS ✓ LABS ____ FOOD JOUNAL
✓ METABOLIC SYNDROME ✓ REGULAR PROTEIN INTAKE ✓ HIDDEN CARB SOURCES
____ EFFECTS OF ALCOHOL ✓ RISK/BENEFIT OF TREATMENT WIH ANORECTIC AGENTS
✓ DISCUSSED TREATMENT ALTERNATIVES ____ INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ✓ NO CHANGES ____ RECOMMENDED CHANGES BELOW

Rx PHENTERMINE	37.5 MG	#60	½ Q AM ½ Q NOON	HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx BONTRIL	35 MG	#	Q	
Rx BONTRIL	105 MG	# 2 mos	Q supply	HCG CONSENT SIGNED
Rx TENUATE - helping cravings	25 MG	#	Q	TOPAMAX CONSENT REVIEWED
Rx TOPAMAX	25 MG	#60	1 Q PM @ 6pm	TOPAMAX CONSENT SIGNED
Rx TOPAMAX	50 MG or 100 MG	#	Q	FITNESS PATIENT (NO MEDS)
Rx 5-HTP/CARBIDOPA	20 MG/ 5 MG	#	Q	TESTOSTERONE Sig:
Rx ____	____ MG		Q	LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

PROVIDER SIGNATURE: JK MA INITIALS: ____

Exhibit 36

FORT APACHE TRIBCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] F [redacted] DATE OF VISIT: 12/1/17
DATE OF BIRTH: [redacted] AGE: 44 SEX: M F CHART NO: 29341
DRUG ALLERGIES: NKA TOBACCO: 0 LAST LABS:
ALCOHOL: 0 LMP: 11/12/16

VITAL SIGNS:
TIME: BPM: 120
BP: 146/93 TEMP: 98.4
PULSE: 96
HEIGHT: 5 IN 5 CM

SIGNS/SYMPTOMS SINCE LAST VISIT: DENIES ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING/ DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / HEADACHES / NUMBNESS / EXTREMITY COLD/PAIN / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING:
INITIAL WEIGHT: 144.5 lbs GOAL WEIGHT: lbs
CURRENT WEIGHT: lbs STARTING BMI:
$ WEIGHT LOSS: 13.6 lbs CURRENT BMI:
TOTAL WEIGHT LOSS: 13.6 lbs WEIGHT LOSS %: %

WEIGHT LOSS MEDICATIONS
Victoza series
Qsymia 7.5/46 (week 1 of titration)
Belviq 10 mg

INJECTIONS: SITE/NUMBER
TEST SHOT: L / R #
L-CARNITINE: L / R # NO SHOT
L / R #
L / R #

OTHER MEDICATIONS: NONE

PHYSICAL EXAM: GENERAL - WNL / ABNL CAT PULSE (WNL / ABNL ABDOMINAL - WNL / ABNL
HEART - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS: VF = 1 (+)
DIET: LO CARB LO CALORIE OTHER:
DIET ADHERENCE: EXCELLENT NON ADHERENT X/WEEK COMMENTS:
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: STRENGTH TRAINING X/WEEK AEROBIC/CARDIO X/WEEK
OTHER: Walking + tennis daily, add w. elliptical

REVIEWED: DIETARY MODIFICATIONS LABS FOOD JOURNAL try Baria chips
METABOLIC SYNDROME REGULAR MEAL PATTERN MEALS HEGEN CARD SOURCES dr. Chugh
EFFECTS OF ALCOHOL REINFORCEMENT OF TREATMENT WITH ANOREXIC AGENTS Fitbit
DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT days

MEDICATIONS: REVIEWED WITH NO CHANGES RECOMMENDED CHANGES BELOW
Rx PHENTERMINE 37.5 MG # 30 1 QAM 2 Qam
Rx BENTYL 20 MG # 1 Q
Rx BONTRIL 150 MG # 1 QAM Q
Rx TENUATE 75 MG # Q
Rx TOPAMAX 25 MG # 30 1 Q PM @ bfast
Rx TOPAMAX 50 MG or 200 MG # Q
Rx BUPROPION/NALTREXONE 90 MG/8 MG # Q
Rx Q

HCG CONSENT SIGNED
TOPAMAX CONSENT REVIEWED
TOPAMAX CONSENT SIGNED
FITNESS PATIENT (IND NEEDS)
TESTOSTERONE Rx:
LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 6 WEEKS FOR FOLLOW UP WITH PROVIDER

PROVIDER SIGNATURE: MA INITIALS:

HOFFMAN000

FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: K[redacted] F[redacted] DATE OF VISIT: 9/20/18
DATE OF BIRTH: [redacted] AGE: 44 SEX: M (F) CHART NO: 24341
DRUG ALLERGIES: NKDA TOBACCO: 0 LAST LABS:
ALCOHOL: 0 LMP:

VITAL SIGNS:
TIME: 10:40 SPO2: 100
BP: 102/60 TEMP: 98.0
PULSE: 105
HEIGHT: 5 IN 5 CM

SIGNS/SYMPTOMS (SINCE LAST VISIT) ____ DENIES ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING/ DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRITABILITIY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBENESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
INITIAL WEIGHT: 144.5 lbs GOAL WEIGHT: 125 lbs (410)
CURRENT WEIGHT: lbs STARTING BMI: 240
8 WK. WEIGHT LOSS: lbs CURRENT BMI: 225
TOTAL WEIGHT LOSS: 144.5 - 135.9 lbs WAIST MEAS: IN

WEIGHT LOSS MEDICATIONS
Doing great ↓4 lbs LBM ↓5 lbs of fat / PBF ↓3.4%

INJECTIONS
DIET SHOT: L / R # of
L-CARNATINE L / R # of
: L / R # of
: L / R # of

SUPPLEMENTS
NO Shots

OTHER MEDICATIONS
none.
2 girls in college in VT.

PHYSICAL EXAM GENERAL - WNL / ABNL CV/ PULM - WNL / ABNL ABDOMINAL - WNL / ABNL
HEENT - WNL / ABNL EXTREMETIES - WNL / ABNL COMMENTS: VF = 8 (-2)
DIET: ✓ LO CARB ✓ LO CALORIE OTHER: ↑ protein 80-100g/d.
DIET ADHERENCE: EXCELLENT NON ADHERENT X/WEEK COMMENTS: 0
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: ↑ STRENGTH TRAINING 3 X/WEEK ↑ AEROBIC/CARDIO 5 X/WEEK
OTHER: Tennis 3x/wk, walking dogs. ↑ gym - wts

REVIEWED:
✓ DIET/MENU ✓ IN-BODY ANALYSIS LABS FOOD JOUNAL
✓ METABOLIC SYNDROME ✓ REGULAR PROTEIN INTAKE ✓ HIDDEN CARB SOURCES
EFFECTS OF ALCOHOL ✓ RISK/BENEFIT OF TREATMENT WIH ANORECTIC AGENTS
✓ DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW

Rx: PHENTERMINE	37.5 MG	#30/60	½ Q AM ½ Qnoon	HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx: BONTRIL	35 MG	#	Q	
Rx: BONTRIL	105 MG	# 2 mos supply	Q	HCG CONSENT SIGNED
Rx: TENUATE	25 MG	#	Q	TOPAMAX CONSENT REVIEWED
Rx: TOPAMAX	25 MG	#30	1 Q PM @ 6pm	TOPAMAX CONSENT SIGNED
Rx: TOPAMAX	50 MG or 100 MG	#60	Q	FITNESS PATIENT (NO MEDS)
Rx: 5HTP/CARBIDOPA	20 MG/ 5 MG	#	Q	TESTOSTERONE Sig:
Rx:	MG	#	Q	LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

PROVIDER SIGNATURE: J.K MA INITIALS:

FORT APACHE TREATCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] DATE OF VISIT: 7-16-2019

DATE OF BIRTH: [redacted] AGE: 52 SEX: M CHART NO:

DRUG ALLERGIES: NKA TOBACCO: ALCOHOL: LAST LABS: LMP:

VITAL SIGNS:

TIME: 2:15 SPO2

BP: 112/82 TEMP: 98.4

PULSE: 72

HEIGHT 5 FT 11 IN GM

EXHAUSTIPTIONS (SINCE LAST VISIT) DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING/ DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT: 194 12/6/18 GOAL WEIGHT: 170

CURRENT WEIGHT: 142.2 lbs STARTING BMI: 27.0

6 MO. WEIGHT LOSS: lbs CURRENT BMI: 19.8

TOTAL WEIGHT LOSS: 51.8 lbs TARGET BMI: IN

WEIGHT LOSS MEDICATIONS

Phen 37.5mg 1/2 BID

INJECTIONS

DIET SHOT: L / R # at 12

L-CARNATINE L / R # at 12

L / R # at

L / R # at

SUPPLEMENTS

OTHER MEDICATIONS:

Multi

PHYSICAL EXAM GENERAL - WNL / ABNL CV/PULM - WNL / ABNL NEUROMUSC - WNL / ABNL

HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:

DIET: LO CARB LO CALORIE OTHER:

DIET ADHERENCE: EXCELLENT NON ADHERENT ANGER COMMENTS:

EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: STRENGTH TRAINING /WEEK AEROBIC/CARDIO /WEEK

OTHER:

REVIEWED: DIETHISTORY 24 HOUR ANALYSIS LABS FOOD JOURNAL

METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES

EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WITH ANORECTIC AGENTS

DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MEAL PLAN WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED NOTE: NO CHANGES RECOMMENDED CHANGES BELOW

Rx PHENTERMINE 37.5 MG # 120 Q 2 mth 5 DAILY PROTOCOL (SEE HCG FLOW SHEET)

Rx BUPROPION 300 MG # Q

Rx TOPIRAMATE 100 MG # Q HCG CONSENT SIGNED

Rx TENUATE 25 MG # Q TOPAMAX CONSENT REVIEWED

Rx TOPAMAX 25 MG # Q TOPAMAX CONSENT SIGNED

Rx TOPAMAX 50 MG or 100 MG # Hold Topamax FITNESS PATIENT (NO MEDS)

Rx ANTIDEPRESSANT 20 MG # Q TESTOSTERONE Rx:

Rx Q LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

Will try DC Phentermine instead of Topamax

PROVIDER SIGNATURE: MA INITIALS:

Exhibit 39

FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] DATE OF VISIT: 5/23/2015

DATE OF BIRTH: [redacted] AGE: 52 SEX: M CHART NO: 50262

DRUG ALLERGIES: NKDA TOBACCO: LAST LABS:

ALCOHOL: LMP:

VITAL SIGNS:

TIME: 9:25 SPO2: 97

BP: 120/76 TEMP: 97.7

PULSE: 150

WEIGHT: ____ lb ____ cm

SYMPTOMS SINCE LAST VISIT: ____ DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY SWELLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT:	____ lbs	GOAL WEIGHT:	140 lbs (125 lbs)
CURRENT WEIGHT:	____ lbs	STARTING BMI:	____
1 MO. WEIGHT LOSS:	126 lbs	CURRENT BMI:	____
TOTAL WEIGHT LOSS:	1 lbs	GOAL BMI:	____ lb

WEIGHT LOSS MEDICATIONS

INJECTIONS

DIET SHOT: L/R/E # ____ cc

L-CARNITINE: L/R/E # 4 cc 12

L/R/E # 4 cc 12

L/R/E # ____ cc

SUPPLEMENTS

OTHER MEDICATIONS

Xanax

PHYSICAL EXAM GENERAL - WNL / ABNL CV/PULM - WNL / ABNL ABDOMINAL - WNL / ABNL

WEIGHT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS: ____

DIET: ____ LO CARB ____ LO CALORIE OTHER: ____

DIET ADHERENCE: ____ EXCELLENT ____ NON ADHERENT ____ OKAY COMMENTS: ____

EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: ____ STRENGTH TRAINING ____ X/WEEK ____ AEROBIC/CARDIO ____ X/WEEK

OTHER: ____

REVIEWED:

____ DIET MENU ____ IN MONY ANALYSIS ____ LABS ____ FOOD JOURNAL

____ METABOLIC SYNDROME ____ REGULAR PROTEIN INTAKE ____ HUMAN CARE BEHAVIOR

____ EFFECTS OF ALCOHOL ____ PROS/BENEFIT OF TREATMENT W/R ANOREXEIC AGENTS

____ DISCUSSED TREATMENT ALTERNATIVES ____ INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ____ NO CHANGES ____ RECOMMENDED CHANGES BELOW

Rx PHENTERMINE: 37.5 MG # ____ QD ____ 30 HCG PROTOCOL (SEE HCG FLOW SHEET)

Rx BENTYL: 20 MG # ____ Q ____ ____

Rx BODYFUL: 375 MG # ____ Q ____ ____ HCG CONSENT SIGNED

Rx TENUATE: 75 MG # ____ Q ____ FOR MAX CONSENT REVIEWED

Rx TOPAMAX: 25 MG # ____ Q NS 30 TOPAMAX CONSENT SIGNED

Rx TOPAMAX: 50 MG # ____ Q ____ ____ FITNESS PATIENT (NO BMES)

Rx EXTRA CARE CAPS: 25 MG # ____ Q ____ TESTOSTERONE Rx: ____

Rx: ____ MG ____ Q ____ LABS: ____

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

Call if Questions — SPAN 1/4

RD

PROVIDER SIGNATURE: ____ MA INITIALS: ____

Exhibit 40

FORT APACHE TRIBECARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] DATE OF VISIT: 8/15/19
DATE OF BIRTH: [redacted] AGE: 27 SEX: M CHART NO: 52288
DRUG ALLERGIES: NKA FORMULARY: LAST LABS: 5/28/19
ALCOHOL: 0 LMP:

VITAL SIGNS:
TIME: 2:16 SPO2: 99
BP: 125/67 TEMP: 98.6
PULSE: 67
HEIGHT: 5'11" IN 180 CM

REVIEW OF SYSTEMS (SINCE LAST VISIT) ____ CHECK ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING/ DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
INITIAL WEIGHT: 125 lbs. GOAL WEIGHT: 124 lbs.
CURRENT WEIGHT: ____ lbs. STARTING BMI: ____
$ WK. WEIGHT LOSS: 0.6 lbs. CURRENT BMI: 24
TOTAL WEIGHT LOSS: 1.5 lbs. WAIST MEAS.: ____ in.

WEIGHT LOSS MEDICATIONS
Hep shots - Pay more attention, nice, candy

INJECTIONS
LAST SHOT: L/R # 1 @ 12
L-CARNITINE: L/R # 1 @ 12
L/R # ____ @ ____
L/R # ____ @ ____

SIDE EFFECTS
None

OTHER MEDICATIONS
NOW

PHYSICAL EXAM GENERAL: WELL / ABNL CW FILMS: NML / ABNL ABDOMINAL: WNL / ABNL
HEENT: WNL / ABNL EXTREMITIES: WNL / ABNL COMMENTS: YF = 5 (+1)

DIET: LO CARB LO CALORIE OTHER: 1200 - 1250 cal/d
DIET ADHERENCE: ____ EXCELLENT ____ NON ADHERENT ____ 2 WEEK COMMENTS: ____
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: STRENGTH TRAINING 2 X/WEEK AEROBIC CARDIO 2 X/WEEK
OTHER: Hot Pilates, Spin, Boot Fit - 3x/wk.

REVIEWED: DIET/MENU LABS ANALYSIS LABS FOOD JOURNAL
METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES
EFFECTS OF ALCOHOL BENEFITS OF TREATMENT WITH ANORECTIC AGENTS
____ DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ____ NO CHANGES ____ RECOMMENDED CHANGES BELOW

Rx: PHENTERMINE	37.5 MG	# 30	1/2 D	2nd	2 ORDER HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx: CONTRAVE	32 MG	# ____	D ____	____	
Rx: CONTRAVE	108 MG	# ____	D ____	____	HCG CONSENT SIGNED
Rx: TENLIATE	75 MG	# ____	D ____	____	TOPAMAX CONSENT REVIEWED
Rx: TOPAMAX	25 MG	# 30	To PM 25 mg		TOPAMAX CONSENT SIGNED
Rx: TOPAMAX	TITRATE TO 100 MG	# ____	D ____	____	FITNESS PATIENT (NO MEDS)
Rx: METHYLPREDNISOLONE	20 MG 6 MO	# ____	D ____	____	TESTOSTERONE Rx: ____
Rx: ____	ARE	____	D ____	____	LABS: ____

FOLLOW UP: 1. WEEKLY FOR INJ SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

PROVIDER SIGNATURE: [signature] MA INITIALS: ____

HOFFMAN020

TRIMCARE
LAS VEGAS, NV 89148
(702) 367-0808 | PHONE
(702) 367-0339 | FAX
TRIMCARE.COM

NUTRITION CONSULT NOTES

PATIENT NAME: [redacted] DATE: 2/1/19

DATE OF BIRTH: [redacted] WEIGHT: 131 GOAL WEIGHT: 120-125

CLINICAL NOTES

A: Patient here to see some dietary recommendations. She has had gastric surgery where stage of weight with decreased appetite. Has been struggling with maintaining weight recently.

Reported decreased appetite. Stated she is 10 lbs away from goal and stopped. Has evening snack but needs diet vs Paleo.

D: Excessive fiber (prunes etc. with meals)

Needs more

L: <30 gm carbs (simple veg/fruit carbs)
>100 gm protein
<50 gm fat
<1000 cal

To continue diet and reinforced the goal which is protein recommendation

Meds per MD

MVI:

SIGNATURE: [redacted]

ADDENDUM TO ASSET PURCHASE AGREEMENT

This is an addendum to the asset agreement between the Ivan Goldsmith on behalf of Goldsmith Health Care, Ltd. DBA Innovative Care Physicians DBA "Trimcare" hereafter known as the "Seller" and Vinay Bararia, MD Managing Member hereafter known as the "Buyer" for the purchase of the Business Assets of Goldsmith Health Care conducting business on a leased premise located at 5375 S. Fort Apache Rd, Suite 102 Las Vegas NV 89148.

The original agreement stated the buyers were to be the individual Vinay Bararia, MD and Imran S. Chaudhry. The Buyer is now to be a Management Service Organization by the name of Nevada Health Services, LLC.

The sale of business assets has been concluded on 8/31/2018 with payment in full.

8-31-2018

Ivan Goldsmith, MD

On Behalf of

Goldsmith Health Care, Ltd

8/31/18

Vinay Bararia, MD

On behalf of

Nevada Health Services, LLC

MANAGEMENT SERVICES AGREEMENT

This Management Services Agreement ("Agreement") is made as of January 01, 2019 ("Effective Date"), by and between Robert S. Chancellor MD,PLLC (Hereinafter "Practice"), and Nevada Health Services, LLC (hereinafter "Manager"), individually referred to at times as the "Party" or collectively as the "Parties.".

RECITALS

A WHEREAS, Practice is a professional medical corporation engaged in the business of providing health care services to patients;

8. WHEREAS, Manager is a provider of administrative, management, and development services for the health care professions;

C. WHEREAS, the Parties desire to enter into this Agreement for the purpose of engaging Manager to manage the administrative, financial and operational activities of the Practice;

D. WHEREAS, the Parties enter into this Agreement where the Manager owns the assets of the business and is leasing the assets to the Practice to provide healthcare services to patients and the Practice is the custodian of the medical charts.

NOW, THEREFORE, and in consideration of the mutual covenants and agreements hereinafter contained, the Parties do hereby agree as follows:

AGREEMENT

1.0. APPOINTMENT OF MANAGER

Appointment by Practice. Practice hereby appoints Manager as its sole and exclusive manager and hereby grants to Manager the authority and responsibility, as specifically set forth herein, to supervise and manage the day-to-day operations of the Practice, including all revenue and non-revenue producing activities.

2.0 MANAGER'S DUTIES

2.1 Services. Manager shall provide to Practice the services, personnel, facilities, equipment and furnishings set forth on Exhibit "A," attached hereto and incorporated herein by reference (hereafter referred to as the "Services"). Such Services may be changed from time to time by agreement of the Parties in accordance with the provisions of this Agreement. Manager may subcontract out all or any part of the Services set forth in Exhibit "A," provided that Manager properly and adequately supervises the performance of the subcontracted Services.

2.2. Manager Staff. Manager shall engage or employ such qualified non-physician personnel as are necessary for the proper and efficient management of the Practice, including all technical, administrative and clerical staff. All personnel provided by Manager to Practice shall be compensated by Manager and shall be employees or independent contractors of Manager. Manager shall be responsible for compensating all such engaged or employed

persons, including, as applicable, payroll taxes, benefits, and workers' compensation insurance. Manager shall be responsible for supervision of activities performed by all non-physician employees and independent contractors.

2.2 Compliance with Standards. All Services performed by Manager shall be performed in accordance with applicable state and federal laws, accreditation standards, and Practice policies and procedures.

3.0. PRACTICE'S DUTIES

3.1. Physician Employment and Contracting. Practice shall employ or contract with all physician personnel and all physician extenders, e.g., physician assistants and nurse practitioners (hereafter referred to collectively as "Professionals") necessary to provide the patient care services of the Practice.

3.2. Physician Credentialing. Practice shall be responsible for the establishment of appropriate credentialing standards and review committee(s) for the purposes of credentialing its Professionals. Manager shall provide the administrative support necessary to obtain and verify such credentialing information, as directed by the Practice's Medical Director.

3.3 Facilities. Practice may leases space and/or equipment, or sub-lease space and/or equipment ("Facilities") from Manager.

4.0 LICENSING

During the term of this Agreement, Manager hereby licenses to Practice the nonexclusive right to utilize the "**TRIMCARE**" trade name and mark. Practice acknowledges that Manager remains the owner of all titles, rights and interest in the trade name and mark. This license permits Practice to utilize the trade name and mark in its advertising, signage and other documentation of Practice. Upon termination of this Agreement, this license shall simultaneously terminate and Practice shall cease all use of the trade name and mark.

5.0. COMPENSATION

5.1. Manager's Fee. Practice and Manager have exercised care and diligence in determining their respective best estimates of the expenses, investment and reasonable rate of return of Manager in providing the Services required by this Agreement and, based thereon, have determined that the compensation to be paid Manager as provided hereafter, is commensurate with the commercially reasonable value of such Services. This he includes the leasing of the assets of Nevada Health Services, LLC. Such compensation is set forth as a sum of $10,000.00(Ten Thousand dollars per month).

5.2 Payment. Practice shall remit such compensation due to Manager from the Revenues collected by Manager from the operation of the practice.

5.3 Manager's Statement of Services Rendered. Manager shall provide Practice with a complete statement of Services rendered in the previous month pursuant to this Agreement anytime upon request of the Practice.

6.0 INSURANCE AND INDEMNIFICATION

6.1 Insurance.

6.1.1 Professional Liability Coverage. Practice, at its sole cost and expense, shall obtain and maintain in full force and effect during the term of this Agreement, and all renewals and extensions thereof, professional liability insurance with a licensed insurance company admitted to do business in the State of Nevada, in a minimum amount of One Million Dollars ($1,000,000) per claim and Three Million Dollars ($3,000,000) in the annual aggregate, to cover any loss, liability or damage alleged to have been committed by Practice, or by its agents, servants, independent contractors, or employees. If such professional liability coverage is obtained on a claims-made basis, then Practice shall obtain extended reporting malpractice coverage ("tail" coverage) for a period of two (2) years to be effective immediately upon termination of this Agreement. If feasible and the additional cost is minimal, Practice shall include Manager as an additional named insured on its policy. Practice shall provide Manager with written notice at least thirty (30) days prior to any cancellation or amendment of Practice's policy.

6.1.2 Comprehensive General Liability Insurance. Each Party, at its sole cost and expense, will obtain and maintain in full force and effect during the term of this Agreement, and all renewals and extensions thereof, comprehensive general liability insurance covering the Party, its employees, agents, servants, and independent contractors, against loss in the nature of fire, theft, business interruption, general liability, and non-medical negligence, with a minimum liability limit of One Million Dollars ($1,000,000) per occurrence and Two Million Dollars ($2,000,000) in the annual aggregate. Each Party shall provide the other Party with written notice at least thirty (30) days prior to any cancellation or amendment of the Party's policy.

6.1.3 Workers' Compensation Insurance. Each Party shall, at its sole cost and expense, obtain and maintain in full force and effect during the term of this Agreement, and all renewals and extensions thereof, workers' compensation insurance as required by the laws of the State of Nevada.

6.2 Indemnification. Each Party shall indemnify, hold harmless, and defend the other Party from any and all liability, loss, claims, lawsuits, damages, injury, costs or expense, arising out of or incident to the performance or nonperformance under this Agreement by such indemnifying Party, its directors, officers, employees, contractors, subcontractors and agents, including (without limitation) all attorneys' fees and court costs; provided, however, neither Party shall be liable to the other hereunder for any claim covered by insurance, except to the extent that the liability of the other Party exceeds the amount of such insurance coverage.

7.0. CONFIDENTIALITY

7.1 Proprietary and Business Information. The Parties acknowledge that during the term of this Agreement, the Parties will acquire or have access to information regarding the business operations of the other Party including, but not limited to, information regarding pricing, billing, claims, compensation, patient lists, provider lists, business operations, provider agreements, trade secrets and business and technical manuals ("Confidential Information"). The Parties

acknowledge that the non-violating Party would suffer financial harm if such Confidential Information were to be disclosed to third Parties. As a condition of this Agreement, the Parties agree not to disclose to, or otherwise discuss such Confidential Information with any third party without the express written consent of the other Party or as expressly required by law. The provisions of this Section shall survive the termination of this Agreement.

7.2 Trade Secrets. The Parties acknowledges that each Party, in connection with its business, has developed certain operating manuals, symbols, trademarks, trade names, service marks, designs, patient lists, procedures, processes, and other copyrighted, patented, trademarked, or legally protectable information which is confidential and proprietary to the Party that constitute its trade secrets. The Parties shall not use any name, symbol, mark, or other proprietary information of the other Party except as expressly permitted.

7.3 Patient Information and Records. Manager and its employees, agents and independent contractors shall safeguard the confidentiality of all medical information pertaining to patients treated by or through Practice and shall comply with all federal and state laws and regulations and all Practice rules or policies with respect to the use and disclosure of such information, including but not limited to the provisions of the Business Associate Agreement as set forth in Exhibit "C" of this Agreement, attached hereto and incorporated herein by reference.

7.4 Practice Property. All documents, papers, notes, memoranda, computer files and other written or electronic records of any kind utilized by Manager during and in connection with the Agreement shall remain the property of Practice at all times. Upon the termination of this Agreement, all such records in Manager's possession shall be left with Practice.

8.0 RELATIONSHIP OF PARTIES

8.1 Conduct of Medical Practice.

8.1.1 Practice shall be solely and exclusively in control of all aspects of the practice of medicine and the provision of medical services. The rendition of all medical professional services, including, but not limited to, diagnosis, treatment, therapy and the prescription of medicine and drugs, the supervision of preparation of medical reports and the maintenance of medical records, shall be the responsibility of Practice. Practice shall have the sole right and authority to hire, employ, train, supervise, terminate and compensate all of its Professionals. Practice shall be responsible to ensure that such Professionals are supervised in accordance with the requirements of state and Federal law and in a manner consistent with current standards of medical practice in the community.

8.1.2 The professional relationship between Practice and all Professionals and their patients, at all times during the term of this Agreement, shall be solely between the Professionals and such patients. Manager shall not interfere with the exercise by the Professionals of their professional judgment. Manager may provide to Practice periodic assessments of the performance by medical personnel of other than professional medical services.

8.1.3 Manager shall not assign or refer patients to Practice in expectation of a fee for such referral. Any such fee for referral is expressly prohibited.

8.1.4 Practice agrees to keep its offices and clinics adequately staffed with such Professionals as may be necessary to efficiently carry out the practice of medicine at the Practice offices, all of whom shall be duly licensed by the State of Nevada. Practice and Professionals shall at all times operate the Practice's medical practice in a manner consistent with current standards of medical practice in Practice's community.

8.2 Independent Contractors. The relationship between Manager and Practice is that of independent contractors. Each Party expressly denies any obligation to compensate the other's employees, contractors, or agents. As independent contractors, each Party shall be liable for that Party's own debt, obligations, acts and omissions. Manager is responsible for the payment of all withholding, social security and other taxes and benefits for Manager and Manager's agents or employees. Manager is responsible for filing all necessary tax returns on Manager's own behalf. Manager, its agents, employees and independent contractors shall not be eligible for any employee benefit plan offered by Practice.

9.0 TERM AND TERMINATION

9.1. Term. The term of this Agreement shall be for a period of ten (10) years, commencing on the Effective Date of this Agreement. This Agreement shall automatically renew for succeeding terms of five (5) years unless either Party, at least one hundred eighty (180) days prior to the expiration of any term, gives written notice of its intention not to renew said Agreement.

9.2 Termination.

This Agreement may be terminated by either Party upon prior written notice for any of the following reasons:

9.2.1 Institution by a Party of proceedings of any nature under any laws of the United States or of any state, whether now existing or subsequently enacted or amended, for the relief of debtors wherein such Party is seeking relief as a debtor;

9.2.2 A general assignment by a Party for the benefit of creditors;

9.2.3 The institution by a Party, in the capacity of a debtor, of a proceeding in which such Party seeks relief from its indebtedness under any section or chapter of the Federal Bankruptcy Act as now existing or hereafter amended or becoming effective;

9.2.4 The institution against a Party, by one or more of its creditors, of a proceeding under any section or chapter of the Federal Bankruptcy Act as now existing or hereafter amended or becoming effective, which proceeding is not dismissed, stayed or discharged within a period of sixty (60) days after the filing thereof or if stayed, which stay is thereafter lifted without a contemporaneous discharge or dismissal of such proceeding;

9.2.5 A proposed plan of arrangement or other action by a Party's creditors taken as a result of a general meeting of the creditors of such Party;

9.2.6 The appointment of a receiver, trustee or like officer, to take possession of a Party's assets; which receivership remains undischarged for a period of thirty (30) days from the date of its imposition;

9.2.7 The material breach of this Agreement by either Party, provided that such breach continues uncured for a period of thirty (30) days after written notice thereof has been given by one of the Parties to the other;

9.2.8 The issuance of a final order of any governmental agency or court which has competent jurisdiction over Parties hereto which order requires the termination of this Agreement; or

9.2.9 Violation of the patient privacy requirements and/or obligations under the Health Insurance Portability and Accountability Act ("HIPPA") in such manner as to require the termination of this Agreement in accordance with the requirements of the Business Associate Agreement identified as Exhibit "C," attached hereto and incorporated herein by reference.

9.3 Effect of Termination.

9.3.1 The various rights and remedies herein provided shall be cumulative and in addition to any other rights and remedies the Parties may be entitled to pursue under the law. The exercise of one or more of such rights or remedies shall not impair the rights of either Party to exercise any other right or remedy at law or in equity.

9.3.2 Termination of this Agreement shall not release or discharge either Party from any obligation, debt or liability which shall have previously accrued and remains to be performed upon the date of termination.

9.3.3 Within sixty (60) days after termination of this Agreement pursuant to this Section, an accounting shall be made by each Party of all sums which may be due and owing to the other Party in accordance with the provisions of this Agreement. Payment to settle any such balance shall be made within thirty (30) days after submission of each accounting.

10.0. GENERAL PROVISIONS

10.1 Entire Agreement; Amendment. The Parties agree that neither Party has made any representation, warranty or covenant not fully set forth herein, and that this Agreement is a complete statement of the entire agreement which supersedes all previous communications between the Parties hereto. This Agreement may only be amended by written instrument executed by both Parties.

10.2 Prior Agreements. This Agreement supersedes all prior oral or written agreements covering the same matter between the Parties.

10.3 Binding Effect. The terms and conditions of this Agreement shall be binding upon and inure to the benefit of the Parties hereto, their successors, assigns, and legal representatives, except that no Party may assign or transfer its rights or obligations under this Agreement in any manner other than as provided in this Agreement.

10.4 Severability. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of this Agreement shall be effective and binding on the Parties.

10.5 Applicable Law. This Agreement, and the application or interpretation thereof, shall be governed exclusively by its terms and by the laws of the State of Nevada. Any actions, arbitration or proceedings instituted by either Party with respect to any matters arising under or growing out of this Agreement shall be brought and tried only in the courts located in the County of Clark, State of Nevada, and each of the Parties hereto expressly waives its rights under any applicable statute to cause any such action or proceeding to be brought or tried elsewhere.

10.6 Headings. Any titles, captions or paragraphs contained in this Agreement are for convenience only and shall not be deemed part of the contents of this Agreement, and shall in no way define, limit, extend or describe the scope of this Agreement or the intent of any provision hereof.

10.7 Dispute Resolution. Any controversies or claims between the Parties regarding this Agreement must first be put in writing and delivered to the other Party. The Parties will make a good faith attempt to resolve the issue in question. If the Parties to this Agreement cannot settle grievances or disputes between them in an informal and expeditious fashion, one or both of the Parties may file suit in an appropriate civil court.

10.8 Assignment. This Agreement and the rights, interests, and benefits hereunder shall not be assigned, transferred, pledged, or hypothecated in any way by either Party without the prior written consent of the other Party, which consent shall not be unreasonably withheld.

10.9 Other Contractual Commitments. Manager represents, assures, and agrees that it has not entered into, and that it shall not enter into, any other contractual commitment, contract, or relationship that will restrict or impair Manager's performance of its contractual obligations under this Agreement

10.10 Representation by Counsel. The Parties acknowledge that they have had the opportunity to consult with legal counsel of their choice prior to execution of this Agreement. The Parties further acknowledge that the terms of this Agreement are the result of negotiations between them and that the terms of this Agreement shall not be construed in favor of, or against, any Party by reason of the extent to which a Party or its counsel participated in its drafting, or by reason of the extent to which this Agreement may be inconsistent with prior drafts thereof.

10.11 Changes in Law. Both Parties agree that in the event that future legislation is enacted or regulations are promulgated or a decision of a court is rendered that, in the opinion of legal counsel for either Party, affects or may affect the legality of this Agreement or materially and adversely affect the ability of either Party to perform its obligations or receive the benefits intended hereunder ("Change in Law"), then Manager agrees to work with Practice in good faith to amend this Agreement as necessary to bring it into compliance with applicable laws and to carry out the original intention of the Parties to the extent possible. If not, either Party may terminate on thirty (30) days' written notice.

10.12 Third-Party Beneficiaries. The rights and obligations of each Party to this Agreement shall inure solely to the benefit of the Parties hereto, and no persons or entity shall be a third party beneficiary of this Agreement

10.13 Waiver. A waiver of any of the terms and conditions hereof shall not be construed as a waiver of any other terms and conditions hereof.

10.14 Notices. Any notice required or permitted by this Agreement shall be given in writing sent by overnight delivery, personal delivery or United States registered or certified mail, return receipt requested, all of which shall be properly addressed, with postage or delivery charges prepaid as follows:

If to Manager:

Nevada Health Services, LLC
9335 Bronze River Ave
Las Vegas, NV 89149
Attn: Vinay Bararia, MD,
Managing Member

If to Practice:

Robert S. Chancellor MD,PLLC
4600 Swenson St.
Apt. 211
Las Vegas, NV 89119-8624
Attn: Dr. Chancellor

Notices sent by personal delivery shall be deemed given upon actual receipt. Notices sent by overnight delivery shall be deemed given on the next business day. Notices sent via United States registered or certified mail shall be deemed given two (2) business days from mailing.

10.15 Counterparts. This Agreement may be executed in several counterparts, and all counterparts so executed shall constitute one Agreement and shall be binding on all of the Parties hereto, notwithstanding that all of the Parties are not signatory to the original or the same counterparts.

IN WITNESS WHEREOF, the Parties have signed this Agreement as of the date first- above written.

PRACTICE
Robert S. Chancellor, MD PLLC

/s/

By: Robert Chancellor, MD

Title: Managing Member

MANAGER
Nevada Health Services, LLC

/s/

By: Vinay Bararia, MD

Title: Managing Member

EXHIBIT A
MANAGER'S DUTIES

Manager shall provide the following services to Practice:

1. Facilities. Manager shall secure and maintain such space and equipment ("Facilities") as reasonably necessary for Practice to carry out its activities described under this Agreement. Practice shall sub-lease such Facilities, however, such Facilities shall remain the property of Manager, and Practice shall not remove, damage or commit waste to any of the Facilities. Manager will provide for maintenance of the Facilities, utilities, normal janitorial services, refuse disposal and Manager's compensation shall reflect the costs of same.

2. Patient Collections. Carry out all activities related to collection of patient fees, including but not limited to the following activities:

   2.1 Develop and implement policies and procedures;
   2.2 Prepare and present invoices to patients for payment at time of service;
   2.3 Collect and process all payments received;
   2.4 Reconcile patient accounts;
   2.5 Provide reports of patient account status as requested.

3. Financial Services.

   3.1 Bookkeeping;
   3.2 Budgeting and monthly reporting of status;
   3.3 Accounts receivable;
   3.4 Accounts payable;
   3.5 Provide report of accounting activities;
   3.6 Provide overall financial analysis of Practice;
   3.7 Year-end financial reports;
   3.8 Issuance of W2 and 1099 forms and related;
   3.9 Electronic data processing.

4. Patient Inquiries/Complaints. Develop and implement a program for management of patient inquiries and complaints in accordance with Practice requirements including but not limited to the following activities:

   4.1 Respond to initial patient inquiries and complaints;
   3.2 Track inquiries and complaints;
   3.3 Notify Practice of patient complaints.

5. Contracting

   5.1 Assist Practice in contract review and negotiation;
   5.2 Assist Practice in recruiting and negotiating agreements with physicians

6. Credentialing Program. Provide administrative support to Practice as necessary to obtain and verify credentialing information in accordance with applicable laws, standards and Practice requirements, including but not limited to the following activities:

6.1 Prepare Credentialing Policies and Procedures;
6.2 Provide administrative support to all credentialing activities;
6.3 Obtain primary source verification;
6.4 Prepare applicable documentation;
6.5 Set up provider credentialing file and follow-up of credentialing documents.

7. Business Development. Manager shall provide research and advice regarding trends and developments related to the business activities of Practice, including business considerations related to the achievement of improved quality of patient care. Manager shall also assist Practice in developing appropriate business goals for Practice.

8. Advertising, Marketing and Public Relations. At Practice's request and sole expense, Manager shall provide such advertising, marketing and public relations assistance as deemed necessary and appropriate to effectively promote and market the health care services provided by Practice. All advertising marketing and public relations services shall be conducted in accordance with applicable state and federal laws and regulations.

9. Regulatory Compliance. Manager shall supervise Practice's compliance with all regulatory and accreditation standards applicable to Practice, including without limitation, those required by contractual obligation or any state or federal law or regulation, or private or public accreditation agency.

10. Technical Support. Manager shall, at Practice's request, provide technical advice regarding the installation and renovation of equipment for the Practice.

11. Professional Services. Manager shall serve as Practice's representative for purposes of obtaining professional services of third Parties, including the services of certified public accountants, independent financial counselors and legal counsel. Compensation for such professional services shall be the responsibility of Practice and is not included within the compensation paid to Manager under this Agreement. Practice agrees that any confidential communications concerning the business of Practice may be disclosed to Manager for purposes of Manager's duties under this Paragraph.

12. Reports. Manager shall provide to Practice on a monthly basis, and at such other times as reasonably requested by Practice, such reports as are mutually agreed upon between Manager and Practice as reasonably necessary for the informed management and operation of the Practice.

13. Operations. Manager shall carry out all office and staff management functions, including but not limited to:

13.1 Human Resources, including recruiting, hiring, training, evaluating, supervising, and termination of all administrative staff
13.2 Scheduling, including making and tracking all patient appointments;

13.3 Staffing, including assuring adequate administrative staff; and assisting Practice with scheduling adequate Professional staff.

13.4 General office management, including filing, maintenance of records, etc.

14. Manager's Financial Authority. Manager shall have the authority to receive all funds on behalf of the Practice. Such funds shall be deposited by Manager to a bank account established jointly by Practice and Manager for such purposes. Both Manager and Practice shall have signature authority on such account. Manager shall have the authority to disburse funds from such account in discharge of Practice's financial obligations, with one signature being required on disbursements of less than $25,000, and two signatures on disbursements greater than such amount. The two signatories may be officers and/or directors of Manager or of Practice.

15. Limitations on Manager's Authority:

15.1 Manager shall not, without the prior written consent of the Practice borrow money in the name of the Practice;

15.2 Transfer, hypothecate, compromise or release any Practice claim except on payment in full;

15.3 Sell, lease or hypothecate Practice's property;

15.4 Knowingly suffer or cause anything to be done whereby the Practice's property may be seized or attached or taken in execution, or its ownership or possession otherwise endangered.

EXHIBIT C

BUSINESS ASSOCIATE AGREEMENT

In order to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the regulations promulgated thereunder relating to the privacy and security of Protected Health Information, and notwithstanding any contrary provisions of the underlying agreement, the Parties agree to the following:

A. DEFINITIONS

"Designated Record Set" shall mean a group of records maintained by or for the PRACTICE that is (i) the medical records and billing records about individuals maintained by or for the PRACTICE, (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the PRACTICE to make decisions about individuals. As used herein the term "Record" means any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for the PRACTICE.

"Electronic Transaction Rule" shall mean the standards for processing standard transactions and code sets at 45 C.F.R. Parts 160 and 162.

"Individually Identifiable Health Information" shall mean information that is a subset of health information, including demographic information collected from an individual, and (i) is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse; and (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (a) identifies the individual, or (b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

"Privacy Standards" shall mean the Standard for Privacy of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164.

"Protected Health Information" shall mean Individually Identifiable Health Information that is (i) transmitted by electronic media, (ii) maintained in any medium constituting Electronic Media; or (iii) transmitted or maintained in any other form or medium. "Protected Health Information" shall not include (i) education records covered by the Family Educational Right and Privacy Act, as amended, 20 U.S.C. § 1232g; (ii) records described in 20 U.S.C. § 1232g(a)(4)(B)(iv) and (iii) Employment records held by a covered entity in its role as employer.

"Secretary" shall mean the Secretary of the Department of Health and Human Services.

"Security Rule" shall mean the security standards for the protection of electronic Protected Health Information at 45 C.F.R. Parts 160 and 164.

B. OBLIGATIONS OF MANAGER

Section 1. Use of Protected Health Information. Manager shall not, and shall ensure that its directors, officers, employees, contractors, and agents, do not, use Protected Health Information received from the PRACTICE in any manner that would constitute a violation of the Privacy Standards if used by the PRACTICE, except that Manager may use Protected Health Information (i) as permitted or required pursuant to the Agreement between PRACTICE and Manager, (ii) for Manager's proper management and administrative services, (iii) to carry out the legal responsibilities of Manager, or (iv) as required by law. As between Manager and PRACTICE, the PRACTICE is the owner of all Protected Health Information.

Section 2. Disclosure of Protected Health Information. Manager shall not, and shall ensure that its directors, officers, employees, contractors and agents do not, disclose Protected Health Information received from the PRACTICE in any manner that would constitute a violation of the Privacy Standards if disclosed by the PRACTICE, except that Manager may disclose Protected Health Information (i) in a manner permitted pursuant to this Agreement, (ii) for Manager's proper management and administrative services, or (iii) as required by law. To the extent Manager discloses Protected Health Information to a third party as permitted in accordance with this Agreement, Manager must obtain, prior to making any such disclosure, (a) reasonable assurances from such third party that such Protected Health Information will be held confidential as provided pursuant to this Agreement and only used or disclosed as required by law or for the lawful purposes for which it was disclosed to such third party, and (b) an agreement from such third party to immediately notify Manager of any breaches of the confidentiality of the Protected Health Information, to the extent it has obtained knowledge of such breach. Not with standing the foregoing, Manager shall refer all requests for Protected Health Information pursuant to subpoena or any other discovery request or judicial or administrative order mandating disclosure to PRACTICE within two (2) business days of receipt. It shall be the PRACTICE's responsibility to make all determinations regarding compliance with any such mandated disclosure.

Section 3. Minimum Necessary. Manager agrees that all requests for Protected Health Information from PRACTICE will be for the minimum necessary in order to provide the stated services to PRACTICE.

Section 4. Accounting of Disclosures. Manager agrees to document disclosures of Protected Health Information and information related to such disclosures as would be required for PRACTICE to respond to a request by an individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528.

Section 5. Safeguards Against Misuse of Information. Manager agrees that it will implement all appropriate safeguards to prevent the use or disclosure of Protected Health Information other than pursuant to the terms and conditions of this Agreement. Manager further agrees to implement administrative, physical and technical safeguards consistent with the requirements of the Security Rule that reasonably and appropriately protect the confidentiality, integrity and availability of electronic Protected Health Information that it creates, receives, maintains or transmits on behalf of PRACTICE.

Section 6. Reporting of Disclosures of Protected Health Information. Manager shall within five (5) days of becoming aware of a disclosure of Protected Health Information in violation of this Agreement by Manager, its officers, directors, employees, contractors, or agents or by a third party to which Manager disclosed Protected Health Information pursuant to Section 2 of this Exhibit, report any such disclosure to the PRACTICE. Manager further agrees to report to PRACTICE any security incident of which it becomes aware as required by the Security Rule.

Section 7. Mitigation. Manager agrees to mitigate, to the extent practicable, any harmful effect that is known to Manager of a use or disclosure of Protected Health Information by Manager in violation of the requirements of this Agreement.

Section 8. Agreements by Third Parties. Manager shall enter into an agreement with any agent or subcontractor that will have access to Protected Health Information that is received from, or created or received by Manager on behalf of the PRACTICE pursuant to which such agent or subcontractor agrees to be bound by the same restrictions, terms and conditions that apply to Manager pursuant to this Agreement with respect to such Protected Health Information.

Section 9. Access to Information. Within five (5) days of a request by the PRACTICE for access to Protected Health Information about an individual contained in a Designated Record Set, Manager shall make available to the PRACTICE such Protected Health Information for so long as such information is maintained in the Designated Record Set. In the event any individual requests access to Protected Health Information directly from Manager, Manager shall within two (2) business days forward such request to the PRACTICE. It shall be the PRACTICE's responsibility to make all determinations regarding granting or denying any such access requested.

Section 10. Availability of Protected Health Information for Amendment. Within ten (10) days of receipt of a request from the PRACTICE for the amendment of an individual's Protected Health Information or a record regarding an individual contained in a Designated Record Set (for so long as the Protected Health Information is maintained in the Designated Record Set), Manager shall provide such information to the PRACTICE for amendment and incorporate any such amendments in the Protected Health Information as required by 45 C.F.R. § 164.526. In the event the request for an amendment is delivered directly to Manager, Manager shall within two (2) business days forward such request to the PRACTICE. It shall be the PRACTICE's responsibility to make any determinations regarding granting or denying any such amendment requested.

Section 11. Requests for Accounting of Disclosures. Within ten (10) days of notice by the PRACTICE to Manager that it has received a request for an accounting of disclosures of Protected Health Information regarding an individual during the six (6) years prior to the date on which the accounting was requested, Manager shall make available to the PRACTICE such information as is in Manager's possession and is required for the PRACTICE to make the accounting required by 45 C.F.R. § 164.528. At a minimum, Manager shall provide the PRACTICE with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the Protected Health Information, and if known, the address of such entity or person, (iii) a brief description of the Protected Health Information disclosed, and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to Manager, Manager shall within two (2) business days forward such request to the PRACTICE. It shall be the PRACTICE's responsibility to prepare and deliver any such accounting requested by an individual, subject to Manager's obligations set forth in this

Section. Manager hereby agrees to implement an appropriate recordkeeping process to enable it to comply with the requirements of this Section.

Section 12. Electronic Transactions. If Manager conducts any Standard Transaction for or on behalf of PRACTICE, Manager shall comply with the requirements under the Electronic Transaction Rule.

Section 13. Availability of Books and Records. Manager hereby agrees to make its internal Practices, books and records, including policies and procedures, relating to the use and disclosure of Protected Health Information received from, or created or received by Manager on behalf of the PRACTICE available to PRACTICE or to the Secretary for purposes of the Secretary determining the PRACTICE's and Manager's compliance with the Privacy Standards.

Section 14. Indemnification. Manager agrees to indemnify, defend, and hold harmless PRACTICE, its directors, officers, employees, contractors and agents, against, and in respect of, any and all claims, losses, expenses, costs, damages, obligations, penalties, and liabilities which PRACTICE may incur by reason of Manager's breach of or failure to perform any of its obligations pursuant to this Agreement. Further, Manager agrees to indemnify, defend, and hold harmless PRACTICE, its directors, officers, employees, contractors and agents, against all costs and expenses, including but not limited to, reasonable legal expenses, which are incurred by or on behalf of Manager in connection with the defense of such claims. Any damages resulting from Manager's breach of its obligations pursuant to this Agreement shall be expressly excluded from any limitations of liability set forth in the Original Agreement.

C. TERMINATION OF AGREEMENT WITH MANAGER

Section 1. Termination Upon Breach of Provision to Protected Health Information. Any other provision of this Agreement notwithstanding, this Agreement may be terminated by the PRACTICE upon five (5) days written notice to Manager in the event that the PRACTICE breaches any provision contained in this Agreement and such breach is not cured within such five (5) day period; provided, however, that in the event that termination of this Agreement is not feasible in the PRACTICE's sole discretion, Manager hereby acknowledges that the PRACTICE shall have the right to report the breach to the Secretary. In addition, PRACTICE retains the right to seek injunction and other legal and equitable rights and remedies available under the law as necessary to prevent unauthorized use and disclosure of Protected Health Information.

Section 2. Return or Destruction of Protected Health Information upon Termination. Upon termination of the Original Agreement, Manager shall either return or destroy all Protected Health Information received from the PRACTICE or created or received by Manager on behalf of the PRACTICE and which Manager or any subcontractor still maintains in any form. Manager shall notify PRACTICE of any such destruction. Manager shall not retain any copies of such Protected Health Information. In the event that PRACTICE and Manager mutually agree that it is not feasible to return or destroy such Protected Health Information, the terms and provisions of Article B shall survive termination of this Agreement and such Protected Health Information shall be used and disclosed solely for such purpose or purposes, which prevented the return or destruction of such Protected Health Information.

Exhibit 43

Asset Purchase Agreement

This Agreement For Sale Of Business Assets made this 7th day of August 2018 by and between Ivan Goldsmith on behalf of Goldsmith Healthcare LTD DBA Innovative Care Physicians DBA "Trimcare", hereinafter called " seller" and Vinay Bararia Nevada _____, hereinafter called "buyer"

Witnesseth

WHERE AS, the seller is the owner of the business commonly known as " Trimcare" businesswhich is presently conducted on a leased premises located at 5375 S. Fort Apache Rd., Suite 102 Las Vegas, NV 89148; and

WHERE AS, the lease to such premises is presently set forth in a written agreement by and between the seller and Vinay Bararia ; and

WHERE AS, the business consists of a medical clinic that offers general medical services but emphasizes medical services in the areas of weight loss, antiaging, ADD and medication assisted treatment for opiate addiction; and

WHERE AS, the seller has acquired certain assets in connection with that business consisting of furniture, fixtures, equipment, business telephone numbers, patient lists and charts, inventory, and any licenses that may be transferable at the time of sale. [Business Computers and computer hard drives are not included in the sale]; and

WHERE AS, the seller wishes to sell the business assets of the business and the buyer wishes to purchase the business assets of the business as a going concern upon the terms and conditions hereinafter set forth;

Now, Therefore, in consideration of the mutual promises, covenants and conditions hereinafter set forth, these parties do hereby agree as follows:

1.0 **Sale Of Business:** seller and buyer agree that buyer shall purchase the assets of the business commonly referred to as "Trimcare" for the purchase price of $150,000.00.

2.0 **Lease:** buyer agrees to assume and maintain the month to month lease currently in effect for the business premises between the seller and the landlord with landlord's approval.

Seller's Initials: IL

Buyer's Initials: VB

3.0 **Insurance:** buyer agrees to apply for and diligently pursue all applicable policies of insurance required to operate a medical clinic including but not limited to a business policy of liability insurance and medical malpractice insurance. Buyer shall diligently pursue this process until all requires policies of insurance have been obtained.

4.0 **Trade Name:** seller agrees to license to buyer the use of the brand name "Trimcare" for the period of six years from the date of execution of this agreement for the greater Las Vegas metropolitan area only. Seller retains the right to use the brand name "Trimcare" outside the greater Las Vegas metropolitan area for any and all lawful purposes without restriction.

5.0 **Earnest Deposit:** buyer agrees to deposit in the client trust account of E. Brent Bryson LTD. the amount of $10,000.00 upon execution of this agreement.

6.0 **Refund Of Deposit:** buyer shall be entitled to a complete refund of monies deposited as an earnest deposit for a time period Of 15 days from the date of execution of this agreement. Buyer and seller understand that in the event that a dispute should arise regarding any funds on deposit such funds will remain on deposit until such dispute is settled between the parties in writing or by court order.

7.0 **Waiver Of Liability:** both buyer and seller expressly waive any and all liability of E. Brent Bryson Esq. individually and E. Brent Bryson Ltd. arising out of or pertaining to this agreement. Seller and buyer further warrant and represent that E. Brent Bryson Esq. and E. Brent Bryson Ltd. are acting as a scrivener only and have not giving any legal and or tax advice to the parties.

8.0 **Receivables:** for purposes of this agreement assets of the seller does not include any receivables. Seller shall be entitled to 100% of all receivables due and owing up until the closing date. It is specifically understood by and between the parties that seller's right to collect receivables due and owing as of the closing date survives the closing date.

9.0 **Training:** seller agrees to commute from Florida to Las Vegas for five days per month for the sum of $2,500.00 per month for a period of three months. Buyer shall pay for seller's reasonable travel expenses to and from Florida (not to exceed $500.00) for the three-month period.

10.0 **Employees:** buyer shall have the option to employ any employees currently employed by seller subject to buyer reaching an agreement with the individual employees.

11.0 **Assumption Of Liabilities:** except as set forth herein buyer is assuming no liabilities including financial and legal liabilities of seller. These to include employee salaries, purchases made prior to date of closing, payment to entities providing services to the practice prior to closing or any other binding obligations made prior to closing.

Seller's Initials: JCG Buyer's Initials: VB

12.0 **Privileged License:** this agreement is not contingent upon the buyer obtaining any privileged license. Buyer warrants and represents that he has the legal authority to enter into this agreement and is not violating any Nevada revised statutes or Nevada administrative codes by entering into this agreement.

13.0 **Closing:** the closing of this transaction shall take place at the law office of E. Brent Bryson Ltd. located at 7730 W. Sahara Suite 109 Las Vegas, NV 89117.

14.0 **Closing Date:** the closing date of this transaction shall be no later than 15 days from the execution of this agreement.

15.0 **Interpretation:** this agreement shall be interpreted and the rights of the parties hereto shall be governed by the laws of the state of Nevada.

16.0 **Venue:** any action brought to enforce the terms and provisions of this agreement or any other action brought in law or in equity arising out of or pertaining to this agreement shall be brought only in a court of appropriate jurisdiction in the State of Nevada County of Clark.

17.0 **Attorney fees and costs:** in the event that an action is brought by one party against the other party regarding a dispute arising ont of or pertaining to this agreement the prevailing party shall be entitled to reasonable attorney's fees and costs.

18.0 **Grace period:** either party without any reason given may terminate this agreement within 15 days of the execution of this agreement without penalty. During this 15 day grace period either party may conduct their own independent investigation of the subject business. If neither party terminates this agreement within the 15 day grace period, this agreement shall become final and binding upon all parties.

The undersigned and each of them represent and warrant that they have the full legal authority to execute this agreement on behalf of themselves or any legal entity and this agreement shall become binding upon execution.

Buyer Signature _____ Name Vinay Barara Date: 8/7/18

Seller IL6 Signature _____ Name Ivan Goldwin Date: 8.7.2018

Exhibit 44

ORGANIZED UNDER THE LAWS OF THE
STATE OF NEVADA



Certificate Number
1

Percentage Ownership
100%

CERTIFICATE OF OWNERSHIP
NEVADA HEALTH SERVICES LLC

THIS IS TO CERTIFY that Bhavna Bararia **is a member of and owns** 100% **%interest in the above Limited-Liability Company organized under the laws of this state and is entitled to the full benefits and privileges of such membership, subject to duties and obligations, as more fully set forth in the Company's Articles of Organization and its Operating Agreement as may be in force from time to time.**

RESTRICTIONS:

The Transfer of this Membership Certificate is subject to the restrictions contained in this Company's Operating Agreement and may not be pledged or assigned as collateral.

IN WITNESS WHEREOF, the Company has caused this certificate to be executed by its duly authorized representative.

8/26/18
DATE

Bhavna Bararia
MANAGER/MEMBER

5M

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LINDSAY HOFFMAN, PA-C,** **Certificate of Registration Nos. CS18262 and PD00177,** **Respondent.**	**CASE NO. 19-003-CS-C-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek, MD
5375 S Ft Apache Rd #102-103
Las Vegas, NV 89148

Robert Chancellor, MD
7975 W Sahara Ave #104
Las Vegas, NV 89117

Lindsay Hoffman, PA-C
5375 S FT Apache Rd #102-103
Las Vegas, NV 89148

Jill Chase, Esq.
Lewis Brisbois
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118

E. Brent Bryson, Esq.
7730 W. Sahara Ave., Ste. 109
Las Vegas, NV 89117

SHIRLEY HUNTING

FILED
AUG 17 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. LINDSAY HOFFMAN, P-AC, Certificate of Registration No. CS18262 and PD00177, Respondent.	Case No.: 19-003-CS-C-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds: None.

2. That, in answer to the Notice of Intended Action and Accusation, she admits, denies and alleges as follows:

Respondent Denies the allegations contained in the Notice of Intended Action and Accusation, Case No. 19-003-CS-C-S.

I hereby, declare under penalty or perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

Date this 11th day of August, 2020.

LINDSAY HOFFMAN, PA-C

5N

FILED
MAY 02 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WESLEY ROBERTSON, MD,** **Certificate of Registration No. CS07810,** **Respondent.**	**Case No. 21-063-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Wesley Robertson, MD ("Robertson"), held a controlled substance registration, Certificate of Registration No. CS07810 issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Robertson owned and operated a medical practice called Sunshine Valley Pediatrics located at 9091 W. Post Road, Las Vegas, Nevada during the relevant timeframes.

3. On or about May 1, 2021, the Board received a complaint that Dr. Robertson was unlawfully prescribing controlled substances and/or dangerous drugs, by allowing his medical assistant ("MA") K.S. to possess and utilize his secondary authenticator for his e-prescribing system. Board staff investigated this complaint.

4. On June 17, 2021, Dr. Robertson submitted a written statement indicating that he gave his secondary authenticator or hard token to his MA K.S. to electronically "sign" the

controlled substance prescriptions on his behalf because he was uncertain of the technical requirements.

APPLICABLE LAW

5. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

6. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

7. It is unlawful for a practitioner to prescribe a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 454.215; NRS 639.100(1).

8. A practitioner must retain sole possession of the hard token, and must not share password or other knowledge factor, biometric information with another person or allow any other person to enter knowledge factor or other identification means to sign controlled substance prescriptions. 21 CFR § 1311.102.

9. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

10. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

11. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct

contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

12. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

14. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any state law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

15. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210, and/or NRS 639.255.

COUNT ONE
Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

16. By permitting MA K.S., who did not have prescribing authority to sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to electronically sign for controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-prescribing controlled substance medications, Respondent Robertson was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct

and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT TWO
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

17. By permitting MA K.S., who did not have prescribing authority to electronically sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to digitally sign controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-scribing controlled substance medications, Respondent Robertson performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT THREE
Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

18. By permitting MA K.S., who did not have prescribing authority to sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to electronically sign controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-prescribing controlled substance medications, Respondent Robertson aided or abetted a person not licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

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COUNT FOUR
Violations of Federal Controlled Substances Act

19. By permitting MA K.S., who did not have prescribing authority to sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to electronically sign controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-scribing controlled substance medications, Respondent Robertson violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 846 and 21 CFR § 1306.03, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

COUNT FIVE
Commission of Acts that Render Registration Inconsistent with the Public Interest

20. By his actions as set forth herein, Robertson has committed acts that render his registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

DATED this 2nd day of May, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WESLEY ROBERTSON, MD,** **Certificate of Registration No. CS07810,** **Respondent.**	**CASE NO. 21-063-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, September 7, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 2nd day of May 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25Th day of May, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Wesley Robertson
7455 W WASHINGTON AVE #300
LAS VEGAS, NV 89128

Darlene Nases
DARLENE NASES

FILED
OCT 03 2022
NEVADA STATE BOARD
OF PHARMACY

ANS
Patricia Egan Daehnke
Nevada Bar No. 4976
Patricia.Daehnke@cdiglaw.com
Brigette E. Foley
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COLLINSON, DAEHNKE, INLOW & GRECO
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Las Vegas, Nevada 89119
(702) 979-2132 Telephone
(702) 979-2133 Facsimile
Attorneys for Respondent

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY Petitioner, vs. WESLEY ROBERTSON, MD, Respondent.	CASE NO.: 21-063-CS-S **DR. ROBERTSON'S ANSWER TO THE PHARMACY BOARD'S NOTICE OF INTENDED ACTION AND ACCUSATION**

COLLINSON, DAEHNKE, INLOW & GRECO
2110 E. Flamingo Road, Suite 212
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COMES NOW, Respondent WESLEY ROBERTSON, M.D. ("Dr. Robertson"), as a licensed Medical Doctor and holder of a controlled substance registration, subject to the jurisdiction of the Nevada State Board of Pharmacy ("Board"), based upon information, belief, and personal knowledge, by and through his counsel of record, and responds the Board's Notice of Intended Action and Accusation ("Complaint"), as follows:

JURISDICTION

1. Dr. Robertson admits that at all times relative to the Complaint he was a medical doctor holding a controlled substance registration issued by the Board (Cert. of Registration No. CS07810);

FACTUAL ALLEGATIONS

2. Dr. Robertson admits that he owned and operated Sunshine Valley Pediatrics located at 9091 W. Post Road, Las Vegas, Nevada during the relevant time period.

3. Dr. Robertson does not have actual knowledge or possession of the May 1,

2021, complaint received by the Board against him, and on that basis denies the allegations contained in Paragraph 3 of the Board's Complaint.

4. Dr. Robertson admits that he submitted a written statement on June 17, 2021, to the Board indicating that he gave his secondary authenticator token to his MA K.S. However, Dr. Robertson denies that he delegated his signing authority to his MA K.S. Rather, he only provided her with the secondary authenticator token so MA K.S. could electronically enter the prescriptions that were prescribed and signed by Dr. Robertson only. Dr. Robertson denies any remaining allegations contained in Paragraph 4 of the Board's Complaint against Him.

APPLICABLE LAW

5. Dr. Robertson presently lacks sufficient information to determine the veracity of the allegations contained in Paragraphs 5-15 of the Board's Complaint, and on that basis denies the same.

COUNT ONE
(Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction)

6. Dr. Robertson denies the allegations contained in Paragraph 16 of the Board's Complaint.

COUNT TWO
(Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties)

7. Dr. Robertson denies the allegations contained in Paragraph 17 of the Board's Complaint.

COUNT THREE
(Unprofessional Conduct – Aiding and Abetting Unlicensed Practice)

8. Dr. Robertson denies the allegations contained in Paragraph 18 of the Board's Complaint.

COUNT FOUR
(Violations of Federal Controlled Substances Act)

7. Dr. Robertson denies the allegations contained in Paragraph 18 of the Board's Complaint.

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COUNT FIVE
(Commission of Acts that Render Registration Inconsistent with the Public Interest)

8. Dr. Robertson denies the allegations contained in Paragraph 20 of the Board's Complaint.

AFFIRMATIVE DEFENSES

1. Respondent denies he committed malpractice as defined in Nevada Administrative Code Section 630.040.

2. Respondent denies that he violated any other state or federal statute or regulation, including but not limited to NRS Chapters 453, 454, 639, 21 U.S.C. §§ 822, 823, 846, and 21 CFR §§ 1306, 1311.

3. Respondent contends that in all professional services rendered by Respondent, Respondent possessed and exercised that degree of skill ordinarily possessed and exercised by reasonably well-qualified pediatricians practicing in the same field and acting under the same or similar conditions. At no time was Respondent guilty of negligence or improper treatment.

4. The allegations in the Complaint with respect to Respondent and each and every purported cause for discipline fail to allege facts sufficient, or facts at all, to constitute a cause or causes for discipline against the Respondent.

5. By responding to this Complaint, Respondent does not stipulate to the authenticity or admissibility of any medical records as they are hearsay.

6. The Complaint, or portions thereof, should be dismissed on grounds of due process and equal protection, including the right to an unbiased investigation. *See Mishler v. Clift, M.D. et al*, 191 F.3d 998 (9th Cir. 1999).

7. Any scope of practice allegations should be dismissed, as the statutes and regulations are unconstitutionally vague and ambiguous as applied to the subject matter of this case, and do not clearly prohibit the conduct which the Board seeks to discipline.

8. Respondent objects to the Complaint on the ground that it does not state acts or omissions upon which the agency may proceed.

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9. NRS 622.400 is unconstitutional on due process and/or equal protection grounds. Alternatively, if such provision is constitutional, the statute should be interpreted as mutual and reciprocal, and Respondent is entitled to and hereby prays for an award against the Complainant of the Respondent's costs and/or fees in his investigation, preparation and defense to the Board's charges herein, to the extent that he prevails. If not reciprocal, then Complainant should receive a cost recovery, if at all, proportionate to the extent it prevails.

10. The Nevada State Board of Pharmacy exceeded its regulatory function by proceeding to file a Complaint prior to meeting the statutory requirements.

11. This Complaint does not further the goal of public protection or protection of the public health, safety or morals as there is no allegation or evidence of injury to the patients.

12. The Complaint, or portions thereof, should be dismissed on grounds of equitable estoppel.

Based on the above, Respondent Dr. Robertson respectfully requests that he be assessed no administrative penalty or any sanctions.

Dated: October 3, 2022

COLLINSON. DAEHNKE. INLOW & GRECO

BY: /s/ Brigette E. Foley
PATRICIA EGAN DAEHNKE
Nevada Bar No. 4976
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL BURKINTAS, RPH,** **Certificate of Registration No. 15419,** **Respondent.**	**CASE NO. 22-063-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Michael Burkintas ("Burkintas"), Certificate of Registration No. 15419, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent Burkintas was a pharmacist employed by Desert View Hospital Alliance ("Desert"), located on 360 S. Lola Lane in Pahrump, Nevada.

3. On or about February 18, 2022, Respondent Burkintas and other staff were asked to submit to a random drug and alcohol screening by Desert in connection with an investigation of possible drug diversion by a Desert employee/staff.

4. The test result of Respondent Burkintas' urinalysis was positive for amphetamines, a controlled substance in schedule II.

5. A medical officer of the drug and alcohol testing company contacted Respondent Burkintas by telephone for a potential medical reason or explanation for the positive result.

Respondent Burkintas confirmed that he was not prescribed any legal medication which would explain the positive result.

6. A review of Respondent Burkintas' prescription monitoring program ("PMP") report from April 20, 2017 to April 20, 2022 showed no amphetamines prescribed.

7. Desert terminated Respondent Burkintas on March 3, 2022 as a result of Desert's zero tolerance drug policy.

8. On or about March 29, 2022, Board staff interviewed Respondent Burkintas, who believed that the amphetamine test result was a false positive. He explained that the false positive may have occurred because he was taking over-the-counter medication and supplements, which included Loratadine/Pseudoephedrine, Chlorpheniramine, Phenylephrine, GHR, T-Max, and TermoRip. However, he did not request additional testing from Desert to contradict the "false positive", did not voluntarily test again on his own, nor did he contest his termination from Desert.

9. Respondent Burkintas stated that he would be taking a few months off from pharmacy work because of some physical ailments.

APPLICABLE LAW

10. NRS 453.331(1)(d) states, in relevant part, that "[i]t is unlawful for a person knowingly or intentionally to . . . [a]cquire or obtain . . . possession of a controlled substance . . . by misrepresentation, fraud, forgery, deception, subterfuge or alteration." Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. *See* NRS 639.210(12).

11. NRS 453.336(1) states, in relevant part, that "a person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a [lawful] prescription or order of a [practitioner]". Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to

drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. *See* NRS 639.210(12).

12. "Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(h). Conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. *See* NRS 639.210(4).

13. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. *See* NRS 639.210(11).

14. Respondent is subject to disciplinary action pursuant to NRS 639.210, and/or NRS 639.255.

COUNT ONE
Unlawful Acquisition of Controlled Substances

15. By unlawfully acquiring or diverting amphetamines, a controlled substance in schedule II, without a prescription as alleged herein, Respondent Burkintas violated, or attempted to violate, NRS 453.331(1)(d) and is subject to discipline pursuant to NRS 639.210(12), and/or NRS 639.255.

COUNT TWO
Unlawful Possession of Controlled Substances

16. By unlawfully possessing amphetamines, a controlled substance in schedule II, without a prescription as alleged herein, Respondent Burkintas violated, or attempted to violate, NRS 453.336(1) and is subject to discipline pursuant to NRS 639.210(12), and/or NRS 639.255.

COUNT THREE
Unprofessional Conduct - Deceitful Practice

17. By acquiring or diverting amphetamines, a controlled substance in schedule II, as alleged herein, and untruthfully denying such use, Respondent Burkintas was a party to any fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct

contrary to the public interest pursuant to NAC 639.945(1)(h) and is subject to discipline pursuant to NRS 639.210(4), and/or NRS 639.255.

COUNT FOUR
Violations of Federal Law

18. By ingesting and testing positive for amphetamines, a controlled substance in schedule II as alleged herein, Respondent Burkintas violated, or attempted to violate, 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), and 21 U.S.C.§ 844, and is subject to discipline pursuant to NRS 639.210(11), and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 25th day of APRIL, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL BURKINTAS, RPH,** **Certificate of Registration No. 15419,** **Respondent.**	**CASE NO. 22-063-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 25th day of APRIL 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL BURKINTAS, RPH,** **Certificate of Registration No. 15419,** **Respondent.**	**CASE NO. 22-063-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

MICHAEL BURKINTAS, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of April, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Michael Burkintas, RPH
[redacted] Money Street
Pahrump, NV 89048

Darlene Nases
DARLENE NASES

5P

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AMANDA MARIE WAGNER, MD,** **Certificate of Registration No. CS30758,** **Respondent.**	**Case No. 21-029-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Amanda Marie Wagner, MD, ("Respondent"), held Certificate of Registration to Dispense Controlled Substances, Registration No. CS30758, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about September 24, 2020, the Board received Respondent's initial application for a Certificate of Registration to Dispense Controlled Substances.

3. Prior to September 24, 2020, Respondent had not obtained access to the Prescription Monitoring Program ("PMP").

4. Between October 1, 2018, and August 31, 2020, Respondent wrote one or more controlled substance prescriptions for Nevada patients without a valid controlled substance registration.

5. Without having access to the PMP, Respondent was unable to query any of the Nevada patients' prescription history before initially prescribing controlled substances to Nevada patients between October 1, 2018, through August 31, 2020.

6. Without having access to the PMP Respondent was unable to access her account at least once every 6 months during the period of October 1, 2018, through August 31, 2020.

APPLICABLE LAW

7. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

8. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

9. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

10. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

11. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

12. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

13. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

14. A practitioner with shall, before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the PMP. NRS 639.23507.

15. A practitioner registered with the Board to write prescriptions for controlled substances shall, access his or her prescriber activity in the PMP at least once each 6 months to review prescriptions issued by the practitioner and verify to the Board that he or she continues to have access to the PMP. NRS 453.164(7).

16. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

COUNT ONE
Violation of Federal Controlled Substances Act

17. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11) and NRS 639.255(3).

COUNT TWO
Violation of State Controlled Substances Act

18. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12) and NRS 639.255(3).

COUNT THREE

Unprofessional Conduct – Prescribing without a Valid Registration

19. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4) and NRS 639.255(3).

COUNT FOUR

Commission of Acts that Render Registration Inconsistent with the Public Interest

20. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1) and NRS 639.255(3).

COUNT FIVE

Violations of State Law – Prescription Monitoring Program

21. By failing obtain access to and/or query the PMP database to review a patient's utilization report prior to issuing a prescription for a controlled substance and to review her prescriber activity, as alleged in herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.164(7) and NRS 639.23507, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b) and NRS 639.255(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 8th day of DECEMBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AMANDA MARIE WAGNER, MD,** **Certificate of Registration No. CS30758,** **Respondent.**	**Case No. 21-029-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, January 11, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 8th day of OCTOBER, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AMANDA MARIE WAGNER, MD,** **Certificate of Registration No. CS30758,** **Respondent.**	**Case No. 21-029-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

AMANDA MARIE WAGNER, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of December, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Amanda Marie Wagner
[redacted] W 6th Street
Reno, NV 89503

Darlene Nases
DARLENE NASES

5Q

This matter is continued to a future Board meeting.

5R

FILED
OCT 11 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JULIO GARCIA, MD,** **Certificate of Registration No. CS04711,** **Respondent.**	**Case No. 20-142-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Julio Garcia, MD, held a controlled substance registration, Certificate of Registration No. CS04711, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent was the medical director of Image Med Spa (Image), located at 8930 West Sunset Road in Las Vegas, Nevada, at the time of the events alleged herein.

3. Skyler Pearson and Justin Hockett own and operate Image. Neither Pearson nor Hockett is a licensed as a practitioner in Nevada.

4. Respondent permitted Pearson and Hockett to act under his authority as a practitioner to operate Image and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs and hypodermic devices, specifically to perform cosmetic injections of dangerous drugs, including without limitation neuromodulators derived from *Clostridium*

botulinum, and to perform topical administration of dangerous drugs, to patients who had not been examined by a practitioner.

5. Respondent permitted Pearson and Hockett to administer the aforementioned dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary.

6. With Respondent's knowledge and authorization, Pearson and Hockett provided on-site medical treatment to patients, including the administration of the aforementioned dangerous drugs through cosmetic injections and topical administration, without direct practitioner supervision.

7. Respondent permitted Pearson and Hockett to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs and hypodermic devices to patients without his supervision.

8. Respondent permitted Pearson and Hockett to counsel patients regarding their medical treatment, including the administration of the aforementioned dangerous drugs and hypodermic devices.

9. Respondent permitted unrestricted and unsecured access to his stock of dangerous drugs and hypodermic devices at Image.

10. Some of the drug products and devices purchased, accessed, stored, possessed, administered, furnished and/or dispensed at Image are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S.

11. On or about June 10, 2022, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 22-9968-1, and imposed discipline on Respondent's License No. 5672 to practice medicine for the conduct alleged herein.

APPLICABLE LAW

12. No person may possess, administer furnish, prescribe or dispense a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321; NRS 454.356; NRS 639.100(1); NRS 639.235(1); NRS 639.23505; NAC 639.742.

13. No person may possess, administer furnish, prescribe or dispense a hypodermic device except as authorized by law. NRS 454.480; NRS 454.510; NRS 454.530.

14. No person may inject a neuromodulator that is derived from *Clostridium botulinum* except as authorized by law. NRS 454.217.

15. Any person who fraudulently represents himself or herself to be a practitioner is guilty of a misdemeanor. NRS 639.281(1).

16. A licensed practitioner who wishes to dispense dangerous drugs must register with the Board. NRS 454.215(3); NRS 454.356; NRS 639.100(1); NRS 639.23505; NAC 639.742.

17. All dangerous drugs which are in the possession of a practitioner must be kept in a locked storage area with access restricted to authorized persons. NAC 639.742; NAC.639.745.

18. It is a criminal offense to possess, procure, obtain, sell, offer for sale, give away or otherwise furnish any drug or device which may not be lawfully introduced into interstate commerce under the Federal Food, Drug and Cosmetic Act. 21 U.S.C. § 331; 21 U.S.C. § 355(a); NRS 454.351(1); NRS 585.490.

19. Supplying or diverting drugs or devices which are legally sold in pharmacies so that unqualified persons can circumvent any law pertaining to the legal sale of such articles constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

20. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

21. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

22. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

23. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

24. Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a *bona fide* therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

25. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

26. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

27. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

COUNT ONE
Violations of State Law – Unlawful Operation of Image

28. By permitting Pearson and Hockett to act under his authority as a practitioner to operate Image and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs and hypodermic devices to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, as further detailed in the NSBME's order in Case No. 22-9968-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213(1), NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 454.480, NRS 454.510, NRS 454.530 and/or NRS 639.100(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210(12).

COUNT TWO
Violations of State Law – Aiding and Abetting Unlicensed Practice

29. By permitting Pearson and Hockett to act under his authority as a practitioner to operate Image and to purchase, access, store, possess, administer, furnish and/or dispense

dangerous drugs and hypodermic devices to patients, as further detailed in the NSBME's order in Case No. 22-9968-1, Respondent aided and abetted Pearson and Hockett in unlicensed practice in violation of NRS 639.281(1) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210 (12).

COUNT THREE

Violations of State Law - Failure to Properly Store and Secure Drugs

30. By permitting unrestricted and unsecured access to his stock of dangerous drugs and hypodermic device at Image, as further detailed in the NSBME's order in Case No. 22-9968-1, Respondent violated NAC 639.742; NAC.639.745, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210 (12).

COUNT FOUR

Violation of State Law – Dispensing Without a Valid Registration

31. By dispensing dangerous drugs in the course of operating Image without a valid dispensing practitioner registration, as further detailed in the NSBME's order in Case No. 22-9968-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.215(3), NRS 454.221, NRS 454.356, NRS 639.100(1), NRS 639.23505 and/or NAC 639.742, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

COUNT FIVE

Unlawful Acquisition/Possession/Distribution/Sale of Unapproved Drugs

32. By purchasing, storing, possessing, administering, furnishing, dispensing, shipping, receiving, storing and/or distributing drug products and devices that are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S., Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 355(a), NRS 454.351(1) and/or NRS

585.490, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210 (11) and (12).

COUNT SIX
Unprofessional Conduct – Diversion

33. By permitting Pearson and Hockett to act under his authority as a practitioner to operate Image and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drug and hypodermic devices to patients, as further detailed in the NSBME's order in Case No. 22-9968-1, Respondent supplied and/or diverted drugs and devices which are legally sold in pharmacies so that unqualified persons can circumvent any law pertaining to the legal sale of such articles and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(g), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT SEVEN
Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

34. By permitting Pearson and Hockett to act under his authority as a practitioner to operate Image and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs and hypodermic devices to patients, as further detailed in the NSBME's order in Case No. 22-9968-1, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210(4).

COUNT EIGHT
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

35. By permitting Pearson and Hockett to act under his authority as a practitioner to operate Image and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs and hypodermic devices to patients, as further detailed in the NSBME's order in

Case No. 22-9968-1, Respondent performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210(4).

COUNT NINE

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

36. By permitting Pearson and Hockett to act under his authority as a practitioner to operate Image and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs and hypodermic devices to patients, as further detailed in the NSBME's order in Case No. 22-9968-1, Respondent aided and abetted Pearson and Hockett in unlicensed practice and engaged in unprofessional conduct as defined in NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210(4).

COUNT TEN

Unprofessional Conduct – Unlawful Administration of Dangerous Drugs Without Bona Fide Therapeutic Relationship

37. By permitting Pearson and Hockett to act under his authority as a practitioner to operate Image and administer dangerous drugs and hypodermic devices to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, as further detailed in the NSBME's order in Case No. 22-9968-1, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(o), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210(4).

COUNT ELEVEN

Commission of Acts that Render Registration Inconsistent with the Public Interest

38. By his actions as alleged herein, Respondent has committed acts that render his registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 453.241(1).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 11th day of October 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. JULIO GARCIA, MD, Certificate of Registration No. CS04711, Respondent.	CASE NO. 20-142-CS-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of October 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Julio Garcia, MD
5735 S. Fort Apache Road Suite B
Las Vegas, NV 89148

SHIRLEY HUNTING

FILED
OCT 26 2022
NEVADA STATE BOARD
OF PHARMACY

John A. Hunt, Esq. (NSBN 1888)
Bert Wuester Jr., Esq. (NSBN 5556)
CLARK HILL, PLLC
3800 Howard Hughes Pkwy, Suite 500
Las Vegas, Nevada 89169
ph. (702) 862-8300; fax (702) 862-8400
email: jhunt@clarkhill.com
email: bwuester@clarkhill.com
Attorneys for Respondent, Julio Garcia, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

vs.

JULIO GARCIA, MD,
Certificate of Registration No. CS04711,

Respondent.

Case No. **20-142-CS-S**

ANSWER AND NOTICE OF DEFENSE OF RESPONDENT, JULIO GARCIA, MD

Respondent, Julio Garcia, MD ("Dr. Garcia"), by and through counsel, hereby submits his Answer and Notice of Defense ("Answer"), pursuant to NRS 639.244[1], to the *Notice of Intended Action and Accusation* dated and filed on or about October 11, 2022 ("Accusation"), with the Nevada State Board of Pharmacy (the "Board"), in the above-captioned action.

1. Pursuant to NRS 639.244(1)(a), Dr. Garcia objects to the Accusation as being incomplete and failing to set forth clearly the charges against him.

[1] **NRS 639.244 Notice of Defense: Form; effect of failure to file.**
1. The form for the Notice of Defense must be prepared and furnished by the Board and permit the respondent, by completing and signing the notice, to:
(a) Object to the accusation as being incomplete and failing to set forth clearly the charges; and
(b) Deny or admit, in part or in whole, the violations alleged.
2. The Notice of Defense must be signed by the respondent or his or her attorney under penalty of perjury. Failure to file a Notice of Defense constitutes a waiver of the respondent's right to a hearing, but the Board may grant a hearing.

Clark Hill, PLLC
3800 Howard Hughes Parkway
Suite 500
Las Vegas, Nevada 89169
Ph. (702) 862-8300
Fax. (702) 862-8400
www.clarkhill.com

2. Pursuant to NRS 639.244(1)(b), Dr. Garcia denies in whole the violations alleged against him in the Accusation.

3. Pursuant to NRS 639.244(2), by filing this Answer, Dr. Garcia has not waived the right to a hearing before the Board.

AFFIRMATIVE DEFENSES

1. The allegations contained in the Board's Accusation fail to state a cause of action upon which relief can be granted.

2. The violations alleged against Respondent in the Board's Accusation are subject to a demand/application pursuant to NRS 233B.121(2)(d) for a more definite and detailed statement. By this defense, Dr. Garcia specifically provides that he does not waive the right to such a demand/application, even in light of this Answer.

3. Pursuant to NRS 622A.330, even though Dr. Garcia has provided this Answer, he specifically reserves the right to request a copy of all documents and other evidence intended to be presented by the Board at the hearing in support of its Accusation, as well as a list of proposed witnesses it intends to call at the hearing.

4. The answering Respondent hereby incorporates by reference those affirmative defenses enumerated in Rule 8 of the Nevada Rules of Civil Procedure as if fully set forth herein. In the event further investigation or discovery reveals the applicability of such defenses, this answering Respondent reserves the right to seek leave of the Board or appropriate authority to amend this

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Suite 500
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Fax. (702) 862-8400
www.clarkhill.com

Answer to specifically assert the same. Such defenses are herein incorporated by reference for the specific purpose of not waiving the same.

5. It has been necessary for this answering Respondent to employ the services of an attorney to defend this action and a reasonable sum should be allowed as and for attorney's fees, together with the costs expended in this action.

WHEREFORE, Dr. Garcia prays the Accusation be dismissed, no discipline issue, that the initiating party take nothing by way of its Accusation and go hence with its costs.

Pursuant to NRS 639.244(2), this Answer is hereby signed by the answering Respondent's attorney.

Respectfully submitted this 26 day of Oct, 2022.

CLARK HILL, PLLC

By _____

John A. Hunt, Esq. (NSBN 1888)
3800 Howard Hughes Pkwy, Suite 500
Las Vegas, Nevada 89169
ph. (702) 862-8300; fax (702) 862-8400
email: jhunt@clarkhill.com
Attorneys for Respondent, Julio Garcia, MD

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 26th day of October, 2022, I caused the above and foregoing **ANSWER AND NOTICE OF DEFENSE OF RESPONDENT, JULIO GARCIA, MD** to be served by placing a true and correct copy of the same in the U.S. Mail, at Las Vegas, Nevada, first class postage fully prepaid and addressed to the following **AND** via email as follows:

Original and two (2) copies to:[2]

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

One (1) copy to:

Brett Kandt, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

And VIA Email to the following:

Brett Kandt, Esq. - email: bkandt@pharmacy.nv.gov
J. David Wuest, R.Ph. - email: dwuest@pharmacy.nv.gov

By _____
An Employee of Clark Hill, PLLC

[2] **NRS 639.243 Statement to Respondent: Contents.** The statement, entitled Statement to the Respondent, shall be worded so as to inform the respondent:

1. That an accusation has been filed.
2. Of the right to a hearing before the Board to answer to the alleged violations and to submit evidence in his or her own behalf if requested by the filing of two copies of the Notice of Defense within 20 days after receipt of the accusation. (Added to NRS by 1967, 1658; A 2021, 1021)

Clark Hill, PLLC
3800 Howard Hughes Parkway
Suite 500
Las Vegas, Nevada 89169
Ph. (702) 862-8300
Fax. (702) 862-8400
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. CHAD HALL, DO, Certificate of Registration No. CS20510, Respondent.	Case No. 21-108-CS-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Chad Hall, DO, held a Nevada controlled substance registration, Certificate of Registration No. CS20510, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about June 19, 2019, in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, Respondent was charged with the following crimes: conspiracy to distribute a controlled substance – buprenorphine, in violation of 21 USC § 841(a)(1) and (b)(1)(e), 21 USC § 846 and 18 USC § 2; distribution of a schedule III controlled substance– buprenorphine, in violation of 21 USC § 841(a)(1) and (b)(1)(e), 21 CFR §1306.04 and 18 USC § 2; distribution of a schedule IV controlled substance– valium, in violation of 21 USC § 841(a)(1) and (b)(2), 21 CFR §1306.04 and 18 USC § 2; obtaining a controlled substance by misrepresentation – buprenorphine, in violation of 21 USC § 843(a)(3) and (d)(1) and 18 USC § 2; and maintaining a drug-involved premises, in violation of 21 USC § 856 (a)(1) and (b) and 18 USC § 2.

3. On his biennial renewal application for Certificate of Registration No. CS20510 for 2020, Respondent failed to disclose to the Board the charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF.

APPLICABLE LAW

4. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

5. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e).

6. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

7. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

8. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

9. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

10. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

FIRST CAUSE OF ACTION

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

11. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is therefore subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

SECOND CAUSE OF ACTION

Furnishing False Material Information to Board

12. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.331(1)(e), and is therefore subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(9) and/or NRS 639.210(12).

THIRD CAUSE OF ACTION

Obtaining Registration by False or Fraudulent Application

13. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, Respondent is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), and/or NRS 639.210(10).

FOURTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

14. By failing to disclose the pending charges in *United States vs. Chad Hall, DO, et al*, Case No. 2:19-cr-00154-RFB-VCF, to the Board on his renewal application, and failing to comply with applicable federal and state laws relating to controlled substances in violation of Title 21 United States Code and NRS Chapter 453, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest, and is therefore subject to discipline pursuant to NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.210(12).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 13th day of September, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **CHAD HALL, DO,** **Certificate of Registration No. CS20510,** **Respondent.**	CASE NOS. 21-108-CS-S **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of September, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **CHAD HALL, DO,** **Certificate of Registration No. CS20510,** **Respondent.**	CASE NO. 21-108-CS-S ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

CHAD HALL, DO

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 13th day of September, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Chad Hall, DO
1701 N. Green Valley Parkway, Bldg. 5 #A
Henderson, NV 89074

SHIRLEY HUNTING

SEALED

Office of the United States Attorney
District of Nevada
501 Las Vegas Boulevard, Suite 1100
Las Vegas, Nevada 89101
(702) 388-6336

FILED ____ RECEIVED
ENTERED ____ SERVED ON
COUNSEL/PARTIES OF RECORD

JUN 19 2019

CLERK US DISTRICT COURT
DISTRICT OF NEVADA
BY: ____ DEPUTY

NICHOLAS A. TRUTANICH
United States Attorney
District of Nevada
Nevada Bar Number 13644
NADIA AHMED
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501 Las Vegas Boulevard South, Suite 1100
Las Vegas, Nevada 89101
Phone: (702) 388-6336
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nadia.ahmed@usdoj.gov

Representing the United States of America

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA
-OOO-

UNITED STATES OF AMERICA,

Plaintiff,

vs.

CHAD HALL, D.O.,

MICHAEL HALPRIN, a/k/a Michael Vincent,

RONALD SMITH, M.D.,

JANELL OLSON, and

EGHOMWARE IGBINOVIA, a/k/a Jerry Igbinovia,

Defendants.

SEALED
CRIMINAL INDICTMENT

2:19-cr-00154

CASE NO: ~~2:18-CR-~~154

VIOLATIONS:

21 U.S.C. § 841(a)(1) & (b)(1)(E) and b(2) – Distribution of a Controlled Substance (Schedules III & IV)

21 U.S.C. § 843 – Obtaining a Controlled Substance by Misrepresentation

21 U.S.C. § 846 - Conspiracy to Distribute a Controlled Substance

21 U.S.C. § 856 – Maintaining a Drug-Involved Premises

18 U.S.C. § 2 – Aiding and Abetting

THE GRAND JURY CHARGES THAT:

INTRODUCTION

At all times material to this Indictment:

1. The Controlled Substances Act, Title 21, United States Code, Sections 801, *et seq.*, governs the manufacture, distribution, and dispensing of controlled substances in the United States. With limited exceptions for medical professionals, the CSA makes it "unlawful for any person knowingly or intentionally ... to manufacture, distribute, or dispense ... a controlled substance."

2. The CSA defines a "controlled substance" as a drug or other substance that is included in one of five schedules - Schedule I, II, III, IV, or V - of Subchapter I, Part B of the Act. 21 U.S.C. § 802(6). Drugs or substances are placed into these schedules based, at least in part, on their potential for abuse, likelihood of physical or psychological dependency, accepted medical use, and accepted safety for use under medical supervision.

a. "Schedule II" indicates that the drug or other substance has a currently accepted medical use with severe restrictions and has a high potential for abuse that can lead to severe psychological or physical dependence. 21 U.S.C. § 812(b)(2).

b. "Schedule III" indicates that the drug or other substance has a currently accepted medical use with a potential for abuse that is less than those drugs listed in Schedule II, but can lead to moderate or low physical dependence or high psychological dependence. 21 U.S.C. § 812(b)(3).

3. Title 21, Code of Federal Regulations, Sections 1308.12, 1308.13, 1308.14, and 1308.15 lists the drugs and other substances contained in Schedules II, III, IV, and V, respectively.

4. Title 21, United States Code, Section 822(b) and Title 21, Code of Federal Regulations, Section 290.1, provide that the controlled substances listed in Schedules II-V can be dispensed or distributed only pursuant to a prescription issued by a medical

practitioner registered with the United States Drug Enforcement Administration ("DEA"). The DEA, as authorized by the Controlled Substances Act, issues registration numbers to qualifying medical practitioners that allow them to issue prescriptions for Schedule II-V controlled substances.

5. Accordingly, under Title 21, Code of Federal Regulations, Section 1306.03, controlled substances, such as opioid pain medications, can be dispensed only pursuant to a valid prescription from a medical practitioner authorized by the DEA to distribute controlled substances.

6. Under Title 21, United States Code, Section 802(10), the term "dispense" means to deliver a controlled substance to an ultimate user or research subject by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance and the packaging, labeling, or compounding necessary to prepare the substance for such delivery. The term "dispenser" means a practitioner who so delivers a controlled substance to an ultimate user.

7. Under Title 21, United States Code, Section 802(11), the term "distribute" means to deliver (other than by administering or dispensing) a controlled substance or a listed chemical. The term "distributor" means a person who so delivers a controlled substance or a listed chemical.

8. Title 21, Code of Federal Regulations, Section 1306.04 provides that in order for a prescription for a controlled substance to be valid, it "must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice."

9. A prescription for a controlled substance issued without a legitimate medical purpose or outside of the individual practitioner's usual course of his professional practice

is not a valid prescription, and the person who issues the prescription violates Title 21, United States Code, Section 841(a)(1).

10. The Defendant, Chad Hall (hereinafter "Hall"), is a licensed Doctor of Osteopathic Medicine ("D.O.") who practices in Nevada under D.O. license number DO1729. As part of Hall's practice, he prescribes Controlled Substances, including highly addictive opioids, under his DEA license number FH3496557. Hall maintains the licensure for a medical practice known as Detoxification Solutions ("Solutions"), doing business as Advanced Medical – Center for Detoxification and Psychiatry (CPRX), LLC.

11. The Defendant, Michael Halprin (hereinafter "Halprin") a/k/a Michael Vincent, is an unlicensed, in Nevada, Advanced Practice Registered Nurse ("APRN") who formerly practiced in Florida under license number APRN935042. Halprin cannot prescribe any medications, including controlled substances, or independently provide treatment for patients. Halprin is the sole managing member of Solutions. Halprin sometimes presents himself to patients as "Dr. Mike."

12. The Defendant, Ronald Smith ("Smith"), is a licensed Medical Doctor ("M.D.") who practices in Nevada under M.D. license number 11778. As part of Smith's practice, he prescribes Controlled Substances including highly addictive opioids, under his DEA license number BS9687116.

13. The Defendant, Janell Olson ("Olson") is not licensed as a medical practitioner. Olson cannot issue valid prescriptions for any medications, including controlled substances, or independently provide treatment for patients.

14. The Defendant, Eghomware Igbinovia, a/k/a Jerry Igbinovia (hereinafter "Igbinovia"), is the owner and head pharmacist at ACRx Pharmacy ("ACRx"), 3200 N. Soaring Gulls Dr., Suite 101, Las Vegas, Nevada, 89129. Igbinovia is responsible for

furnishing specially compounded patient-specific buprenorphine troches directly to Solutions.

15. During the date range alleged in this Indictment, Defendants Hall and Smith routinely prescribed Schedule III controlled substances including buprenorphine and Suboxone to Solutions patients, outside the usual course of professional practice, without a legitimate medical purpose. Additionally, Defendant Halprin routinely distributed Schedule III controlled substances, including buprenorphine and Suboxone, without a medical license or a DEA Number. Defendant Olson also distributed Schedule III controlled substances without a medical license or a DEA Number and assisted all other defendants in their unlawful practices.

16. Defendants Hall, Halprin, Smith and Olson also submitted patient-specific prescriptions for specially-compounded buprenorphine lozenges under false patient names to ACRx Pharmacy. Defendant Igbinovia specially compounded the buprenorphine lozenges and delivered them to Solutions. Hall, Halprin, Smith and Olson then dispensed these patient-specific Schedule III medications to patients at Solutions in exchange for cash payments.

COUNT ONE
(Conspiracy to Distribute Controlled Substance)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E), and 846

17. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

18. From in or around 2018 and continuing through in or around March 2019, in the State and Federal District of Nevada,

MICHAEL HALPRIN, a/k/a Michael Vincent,
CHAD HALL, D.O.,
RONALD SMITH, M.D.,

JANELL OLSON, and
EGHOMWARE IGBINOVIA, a/k/a Jerry Igbinovia,

defendants herein, did knowingly and intentionally conspire, confederate, and agree with each other and with persons known and unknown to the Grand Jury, to commit an offense against the United States, to wit: distribute quantities of buprenorphine, a Schedule III controlled substance; all in violation of Title 21, United States Code, Sections 841(a)(1) and 841(b)(1)(E), 846, and Title 18, United States Code, Section 2.

COUNTS TWO AND THREE
(Distribution of Controlled Substances - Schedule III)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E)

19. The Grand Jury realleges and incorporates Paragraphs One through Nineteen as though fully set forth herein.

20. On or about the dates set forth below, in the State and Federal District of Nevada, and elsewhere,

MICHAEL HALPRIN, a/k/a Michael Vincent,
CHAD HALL, D.O., and
JANELL OLSON,

defendants herein, did knowingly and intentionally distribute a mixture and substance containing a detectable amount of A Schedule III controlled substance, to wit: buprenorphine, as listed below, without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
2	January 15, 2019	Patient A	Buprenorphine
3	January 29, 2019	Patient A	Buprenorphine

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS FOUR AND FIVE
(Distribution of Controlled Substances - Schedule IV)
Title 21 U.S.C. §§ 841(a)(1), (b)(2)

21. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

22. On or about the dates set forth below, in the State and Federal District of Nevada, and elsewhere,

MICHAEL HALPRIN, a/k/a Michael Vincent, and
CHAD HALL, D.O.,

defendants herein, did knowingly and intentionally distribute a mixture and substance containing a detectable amount of a Schedule IV controlled substance, to wit: Valium, as listed below, without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
4	January 15, 2019	Patient A	Valium
5	January 29, 2019	Patient A	Valium

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(2); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS SIX AND SEVEN
(Distribution of Controlled Substances - Schedule III)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E)(i)

23. The Grand Jury realleges and incorporates Paragraphs One through Nineteen as though fully set forth herein.

24. On or about the dates set forth below, in the State and Federal District of Nevada, and elsewhere,

RONALD SMITH, M.D.,

defendant herein, did knowingly and intentionally distribute a mixture and substance containing a detectable amount of Schedule III controlled substances, to wit, buprenorphine, as listed below, without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
6	March 12, 2019	Patient B	Buprenorphine
7	March 26, 2019	Patient B	Buprenorphine

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E)(i); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS EIGHT THROUGH TWENTY
(Distribution of Controlled Substances - Schedule III)
Title 21 U.S.C. §§ 841(a)(1), (b)(1)(E)(i)

25. The Grand Jury realleges and incorporates Paragraphs One through Nineteen as though fully set forth herein.

26. On or about the dates set forth below, in the State and Federal District of Nevada,

EGHOMWARE IGBINOVIA,

defendant herein, did knowingly and intentionally create, distribute and dispense a mixture and substance containing a detectable amount of Schedule III controlled substances, to wit, buprenorphine, as listed below, without a legitimate medical purpose and outside the usual

course of professional practice, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Distribution	Patient	Controlled Substance
8	January 18, 2019	Patient C	Buprenorphine
9	January 18, 2019	Patient D	Buprenorphine
10	January 18, 2019	Patient E	Buprenorphine
11	January 18, 2019	Patient F	Buprenorphine
12	January 18, 2019	Patient G	Buprenorphine
13	January 18, 2019	Patient H	Buprenorphine
14	January 18, 2019	Patient I	Buprenorphine
15	January 18, 2019	Patient J	Buprenorphine
16	January 18, 2019	Patient K	Buprenorphine
17	January 18, 2019	Patient L	Buprenorphine
18	January 18, 2019	Patient M	Buprenorphine
19	January 18, 2019	Patient N	Buprenorphine
20	January 18, 2019	Patient O	Buprenorphine

all in violation of Title 21, United States Code, Sections 841(a)(1) and (b)(1)(E)(i); Title 21, Code of Federal Regulations, Section 1306.04; and Title 18, United States Code, Section 2.

COUNTS TWENTY-ONE THROUGH THIRTY-THREE
(Obtaining a Controlled Substance by Misrepresentation)
21 U.S.C. § 843(a)(3), (d)(1)

27. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

28. On or about the dates set forth below, in the State and Federal District of Nevada,

MICHAEL HALPRIN, a/k/a Michael Vincent, and
CHAD HALL, D.O.,
RONALD SMITH, M.D., and
JANELL OLSON,

defendants herein, did knowingly and intentionally acquire and obtain possession of buprenorphine, a Schedule III controlled substance, by misrepresentation, fraud, forgery, deception and subterfuge, as listed below, each of which constitutes a separate count of this Indictment:

Count	Approx. Date of Acquisition	Patient	Controlled Substance
21	January 18, 2019	Patient C	Buprenorphine
22	January 18, 2019	Patient D	Buprenorphine
23	January 18, 2019	Patient E	Buprenorphine
24	January 18, 2019	Patient F	Buprenorphine
25	January 18, 2019	Patient G	Buprenorphine
26	January 18, 2019	Patient H	Buprenorphine
27	January 18, 2019	Patient I	Buprenorphine
28	January 18, 2019	Patient J	Buprenorphine
29	January 18, 2019	Patient K	Buprenorphine
30	January 18, 2019	Patient L	Buprenorphine
31	January 18, 2019	Patient M	Buprenorphine
32	January 18, 2019	Patient N	Buprenorphine
33	January 18, 2019	Patient O	Buprenorphine

all in violation of Title 21, United States Code, Sections 843(a)(3) and (d)(1), and Title 18, United States Code, Section 2.

COUNT THIRTY-FOUR
(Maintaining a Drug-Involved Premises)
21 U.S.C. § 856, 18 U.S.C. § 2

29. The Grand Jury realleges and incorporates Paragraphs One through Seventeen as though fully set forth herein.

30. From in or around 2018 and continuing through in or around March 2019, in the State and Federal District of Nevada,

MICHAEL HALPRIN, a/k/a Michael Vincent, and
CHAD HALL, D.O.,

defendants herein, did unlawfully and knowingly open, lease, rent, use and maintain a place known as Detoxification Solutions, LLC, located at 1701 North Green Valley Parkway, Building 5, Suite A, Henderson, Nevada 89704, for the purpose of distributing buprenorphine, a controlled substance; all in violation of Title 21, United States Code, Section 856(a)(1) and (b), Title 18 United States Code, Section 2.

FORFEITURE ALLEGATION
(Conspiracy to Distribute Controlled Substance; Distribution of Controlled Substances - Schedules III, IV; Obtaining a Controlled Substance by Fraud; and Maintaining a Drug-Involved Premises)

31. The allegations of Counts 1-34 of this Criminal Indictment are hereby realleged and incorporated herein by reference for the purpose of alleging forfeiture pursuant to 18 U.S.C. § 981(a)(1)(C) with 28 U.S.C. § 2461(c); 21 U.S.C. § 853(a)(1); 21 U.S.C. § 853(a)(2); 21 U.S.C. § 881(a)(6) with 28 U.S.C. § 2461(c); and 21 U.S.C. § 881(a)(7) with 28 U.S.C. § 2461(c).

32. Upon conviction of any of the felony offenses charged in Counts 1-34 of this Criminal Indictment,

MICHAEL HALPRIN, a/k/a Michael Vincent,
CHAD HALL, D.O.,
RONALD SMITH, M.D.,
JANELL OLSON, and
EGHOMWARE IGBINOVIA, a/k/a Jerry Igbinovia,

defendants herein, shall forfeit to the United States of America, any property, real or personal, which constitutes or is derived from proceeds traceable to violations of 21 U.S.C §§ 841(a)(1), 843(a)(3), and 856, specified unlawful activities as defined in 18 U.S.C. §§ 1956(c)(7)(A) and 1961(1)(D), or 21 U.S.C. § 846, conspiracy to commit such offenses:

defendants herein, shall forfeit to the United States of America, any property constituting, or derived from, any proceeds obtained, directly or indirectly, as the result of violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

defendants herein, shall forfeit to the United States of America, any property used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

defendants herein, shall forfeit to the United States of America, all moneys, negotiable instruments, securities, or other things of value furnished or intended to be furnished in exchange for a controlled substance or listed chemical in violation of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846, all proceeds traceable to such an exchange, and all moneys, negotiable instruments, and securities used or intended to be used to facilitate any violation of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

defendants herein, shall forfeit to the United States of America, all real property, including any right, title, and interest (including any leasehold interest) in the whole of any lot or tract of land and any appurtenances or improvements, which is used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of, violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846:

1. any and all property with the requisite nexus to violations of 21 U.S.C. §§ 841(a)(1), 843(a)(3), 856, and 846 including, but not limited to, at least access devices, electronic equipment, and fraudulent documentation pursuant to the forfeiture statutes in this forfeiture allegation and Fed. R. Crim. P. 32.2(b)(2)(C); and
2. an in personam criminal forfeiture money judgment including, but not limited to, at least an amount to be calculated pursuant to the forfeiture statute in this forfeiture allegation and Fed. R. Crim. P. 32.2(b)(2)(C)

(all of which constitutes property).

33. If any property being subject to forfeiture pursuant to 18 U.S.C. § 981(a)(1)(C) with 28 U.S.C. § 2461(c); 21 U.S.C. § 853(a)(1); 21 U.S.C. § 853(a)(2); 21 U.S.C. § 881(a)(6) with 28 U.S.C. § 2461(c); 21 U.S.C. § 881(a)(7) with 28 U.S.C. § 2461(c), as a result of any act or omission of the defendants -

a. cannot be located upon the exercise of due diligence;
b. has been transferred or sold to, or deposited with, a third party;
c. has been placed beyond the jurisdiction of the court;
d. has been substantially diminished in value; or
e. has been commingled with other property which cannot be divided without difficulty;

it is the intent of the United States of America, pursuant to 21 U.S.C. § 853(p), to seek forfeiture of any other property of the defendants for the property listed above.

All pursuant to 18 U.S.C. § 981(a)(1)(C) with 28 U.S.C. § 2461(c); 21 U.S.C. §§ 841(a)(1), 843(a)(3), 846, 853(a)(1), 853(a)(2), 853(p), and 856; 21 U.S.C. § 881(a)(6) with 28 U.S.C. § 2461(c); and 21 U.S.C. § 881(a)(7) with 28 U.S.C. § 2461(c).

DATED: this the 19th day of June, 2019.

A TRUE BILL:

/S/
FOREPERSON OF THE GRAND JURY

NICHOLAS A. TRUTANICH
United States Attorney

NADIA AHMED
Assistant United States Attorney

Back To Dashboard

Renewal Application
Controlled Substance

Application Fee : $200.00
Convenience Fee : $10 00
License Number : CS20510
License Type : Controlled Substance
New Expiration Date : 10/31/2022

Personal Information

First Name : CHAD
Middle (initial only) : G.
Last Name : HALL
License # : CS20510

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Chad Hall DO PC
Military Address : ☐
Street : [redacted] Kings Arms Lane
Country : United States
City : Las Vegas
State : Nevada
Zip : 89138
Practice Phone : (702) 518-2365
Practice Fax : (801) 360-6950
Email Address : [redacted]
Sex : Male
Practice License Number: DO1729
Specialty: M

Child Support Information – Check appropriate answer

- ○ I am **NOT SUBJECT** to a court order for the support of a child.
- ◉ I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance wi h a plan approved by the district attorney or other public agency enforcing the order for the repayment of he amount owed pursuant to the order.
- ○ I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for he repayment of he amount pursuant to he order.

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition o her han dishonorable — ○ Yes ◉ No

Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of he United States and separated from such service under conditions other than dishonorable — ○ Yes ◉ No

Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administra ion of the United States in the capacity of the commissioned officer while on active duty in defense of he United States and separated from such service under conditions other than dishonorable? — ○ Yes ◉ No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition hat would impair your ability to perform the essential func ions of your license? — ○ Yes ◉ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? — ○ Yes ◉ No

3. Since your last renewal or recent licensure have you been he subject of a board cita ion or an administrative action whether completed or pending in any state? — ○ Yes ◉ No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? — ○ Yes ◉ No

Acknowledgement and Declaration

By signing and submitting this renewal applica ion, I cer ify that: 1. My DEA certificate is CURRENT and reflects my current NV prac icing address, and 2. I hold an active and current Nevada license with my professional licensing board

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature : Chad Hall

Date Of Application : 10/31/2020

Please type only he First and Last Name that are listed at he top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2020 to 10/31/2022	License Renewal Fee	$200.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	**$210.00**

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 62644447623

InvoiceDate : 10/31/2020

Paid

Pay & Submit

5T

FILED
OCT 20 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALYZA LORRAINE VENTURA, PTT, Certificate of Registration Nos. PT24393 and PT24687** **Respondent.**	**Case No. 22-161-PTT-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Alyza Lorraine Ventura ("Respondent"), held a Nevada pharmaceutical technician-in-training registration, Certificate of Registration No. PT24687, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about February 4, 2021, Respondent submitted her application for a pharmaceutical technician-in-training registration to the Board. On Respondent's application she disclosed a misdemeanor conviction, filed on August 29, 2016, in the Reno Justice Court, Case No. 16CR-09873, for a first time DUI, which occurred on July 9, 2016, in Reno, Nevada.

3. On or about February 16, 2021, the Board issued Respondent Registration No. PT24393.

4. On or about March 28, 2021, Respondent submitted a second application for a pharmaceutical technician-in-training registration at a new location. In Respondent's second application she disclosed the same misdemeanor first time DUI conviction from Case No. 16CR-09873.

5. On or about April 6, 2021, the Board issued Respondent Registration No. PT24678.

6. On or about June 13, 2022, Respondent applied to the Board for a pharmaceutical technician registration. In Respondent's application, she disclosed a previously undisclosed conviction, filed on June 20, 2017, in Case No. CR16-1872, in the Second Judicial District Court, for DUI Resulting in Substantial Bodily Harm, a violation of NRS 484C.430, NRS 484B.200, and NRS 0.060, a Category B Felony.

7. Respondent falsely certified to the Board her responses to question 3 on Respondent's February 4, 2021, and March 28, 2021, pharmaceutical-technician-in-training applications when she failed to disclose her conviction for a Category B Felony in Case No. Case No. CR16-1872.

APPLICABLE LAW

8. It is unlawful for any person to secure registration by making, or causing to be made, any false representation. NRS 639.281(1).

9. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has willfully made to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provision of this chapter. NRS 639.210(9).

10. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

11. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has performed or in any way been a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h). NRS 639.210(4).

12. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation of NRS 639.255(4).

COUNT ONE

Securing License by False Representation

13. By making false representation(s) to the Board to question 3 on Respondent's February 4, 2021, and March 28, 2021, applications, Respondent violated NRS 639.281(1), and/or NRS 639.210(9) and/or (10); and is therefore subject to discipline thereunder and/or NRS 639.255(3).

COUNT TWO

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

14. By making false representation(s) to the Board to question 3 on Respondent's February 4, 2021, and March 28, 2021, applications, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 20th day of October, 2022.

Yenh Long, Pharm.D.,Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALYZA LORRAINE VENTURA, PTT, Certificate of Registration Nos. PT24393 and PT24687** **Respondent.**	**Case No. 22-161-PTT-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 20th day of October, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Alyza Lorraine Ventura, PTT
[redacted]E Plumb Lane
Reno, NV 89502

Alyza Lorraine Ventura, PTT
[redacted] Plumas St.
Reno, NV 89509

KRISTOPHER MANGOSING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALYZA LORRAINE VENTURA, PTT Certificate of Registration Nos. PT24393 and PT24687** **Respondent.**	**Case Nos. 22-161-PTT-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent Alyza Lorraine Ventura., hereby files with the Nevada State Board of Pharmacy ("Board"), her Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on October 20, 2022.

ANSWER TO ACCUSATION

Jurisdiction

Ms. Ventura agrees that the Board has jurisdiction in this matter as set forth in Paragraph 1. Ms. Ventura further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 2-5

Paragraph 2: Ms. Ventura agrees and acknowledges the factual assertions set forth in Paragraph 2, however she wishes to clarify that the misdemeanor case noted was filed in Reno Municipal Court, rather than Reno Justice Court.

Paragraph 3: Ms. Ventura agrees and acknowledges with the factual assertions set forth in Paragraph 3.

Paragraph 4: Ms. Ventura agrees and acknowledges that the factual assertions set forth in Paragraph 4 are accurate.

Paragraph 5: Ms. Ventura agrees and acknowledges that the factual assertions set forth in Paragraph 5 are accurate.

Paragraph 6: Ms. Ventura agrees and acknowledges that she disclosed the noted conviction from the Second Judicial District Court, as noted in Paragraph 6 however, as further described below, Ms. Ventura had confusion regarding the two cases and had no intention of misleading the Board.

Paragraph 7: Ms. Ventura acknowledges that she did not properly note her convictions however, as further described below, this was wholly unintentional and in no way was meant to mislead the Board.

Applicable Law: Paragraphs 8-12

Ms. Ventura agrees that Paragraphs 8-12 of the Accusation accurately reflect current Nevada and federal law.

Causes of Action: Paragraphs 13-14

First cause of action (paragraph 13): Ms. Ventura denies that she denies she willfully made false representations to the Board as alleged in violation of the laws cited in paragraph 13.

Second cause of action (paragraph 14): Ms. Ventura denies that she engaged in unprofessional activity as alleged in paragraph 14.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Mitigating Information

Ms. Ventura would like to stress to the Board that she had no intention of misleading the Board or that she willfully provided false information to the Board in submitting her applications. Rather, this is a matter of confusion regarding the criminal process in these cases.

Ms. Ventura was arrested for misdemeanor driving under the influence (DUI) (alcohol) in July 2016. This was Ms. Ventura's first arrest for any offense. She was released from custody on her own recognizance on July 9, 2016 and had an initial appearance in Reno Municipal Court on one count misdemeanor DUI (case no. 16CR-09873) on July 29, 2016.

Subsequently, Ms. Ventura was arrested on August 6, 2016, for felony DUI causing substantial bodily harm. Ms. Ventura's arraignment was held in Reno Justice Court (case no. RCR2016-087990) on August 12, 2016.

Ms. Ventura then appeared again in Reno Municipal Court on the misdemeanor on August 16, 2016 and entered a plea of guilty to one count misdemeanor DUI. Sentencing was held on August 29, 2016[1] and Ms. Ventura sentenced to time in the Washoe County Jail.

After several continuances, a preliminary hearing was held in Reno Justice Court on the felony matter on December 7, 2016 and the matter bound over to the Second Judicial District Court under case no. CR16-1872. Ms. Ventura eventually did bond out of jail in December 2016. Pursuant to plea negotiations, Ms. Ventura entered a plea of guilty to one count felony DUI causing

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[1] As discussed herein, Ms. Ventura does not have records currently from the Reno Municipal Court (they are in the process of being requested) but based on the information available, Ms. Ventura was sentenced to 180 days in the Washoe County Jail.

substantial bodily harm on March 23, 2017. Ms. Ventura was sentenced on June 20, 2017 to 24 to 60 months in the Nevada Department of Corrections and a $2,000 fine.

Ms. Ventura was paroled at her first parole eligibility date and was honorably discharged from parole.

Ms. Ventura has never had any issues with substances, alcohol or any other criminal issues since her release from custody. Ms. Ventura acknowledges that in the spring and summer of 2016 she was dealing with significant personal and family stressors including her mother being diagnosed with cancer and the loss of the family home due to financial constraints arising from the healthcare expenses. Ms. Ventura admits to having turned to alcohol during this time and has since received counseling and treatment to address her use of alcohol at the time and to address the underlying stress and anxiety.

Subsequent to Ms. Ventura's release from custody, she returned to school and will be graduating from the University of Nevada in May 2023 with a bachelor's degree in biology and pre-med. She wishes to further her education and pursue possibly enrolling in pharmacy school. In addition to attending school full-time, Ms. Ventura works as a pharmacy tech in training. She recently left CVS and is now working with Omnicare at a long term care facility.

Ms. Ventura had no intent nor did she willfully provide the Board false information. Ms. Ventura was very confused about the criminal proceedings as she was addressing both cases concurrently. She believed that the misdemeanor case in Reno Municipal Court had been subsumed into the felony case due to being in custody on the felony case prior to being sentenced in the misdemeanor.

While Ms. Ventura was represented by criminal defense counsel in both cases, her counsel, Dennis Cameron died in August 2020 and Ms. Ventura was unaware at the time how to obtain

information related to her cases. She provided explanations based on the limited information she had in her possession, and as noted above, was confused about the various cases, especially as the Reno Justice Court case became the District Court case; Ms. Ventura believed this to have been the case with the Reno Municipal Court case as well.

Ms. Ventura has been open with employers regarding her past criminal history and the time she was required to spend in prison had a significant impact on her. Ms. Ventura has no intent to hide her criminal history, rather she is a young woman who fully acknowledges her history and wishes to move forward with a career in health care.

Respectfully submitted this 7th day of December, 2022.

Lyn E. Beggs, Esq.
Attorney for Respondent Alyza Lorraine Ventura, PTT

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FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JOSEPH LEE WILLIAMS, MD,
Certificate of Registration No. CS18591,

Respondent.

Case No. 22-334-CS-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Joseph Lee Williams, M.D., ("Respondent"), held Certificate of Registration to Dispense Controlled Substances, Registration No. CS18591, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about March 19, 1993, Respondent was issued his initial Certificate of Registration to Dispense Controlled Substances, Registration No. CS06809, which expired on October 31, 2008.

3. On or about May 19, 2010, Respondent was issued a second Certificate of Registration to Dispense Controlled Substances, Registration No. CS18591, which expired on October 31, 2020.

4. Between November 1, 2020, and September 2, 2022, Respondent authorized one or more controlled substance prescriptions for Nevada patients without a valid Certificate of Registration to Dispense Controlled Substances.

5. Between November 1, 2020, and September 2, 2022, Respondent failed to conduct required patient inquiries and/or review MyRX reports, on one or more occasions, using the Prescription Monitoring Program ("PMP") for those patients to whom he authorized prescriptions for controlled substances.

APPLICABLE LAW

6. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

7. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

8. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

9. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

10. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

11. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any law or

regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

12. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

13. A practitioner with shall, before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the PMP. NRS 639.23507.

14. A practitioner registered with the Board to write prescriptions for controlled substances shall, access his or her prescriber activity in the PMP at least once each 6 months to review prescriptions issued by the practitioner and verify to the Board that he or she continues to have access to the PMP. NRS 453.164(7).

15. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

COUNT ONE

Violation of Federal Controlled Substances Act

16. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11) and NRS 639.255(3).

COUNT TWO
Violation of State Controlled Substances Act

17. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12) and NRS 639.255(3).

COUNT THREE
Unprofessional Conduct – Prescribing without a Valid Registration

18. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4) and NRS 639.255(3).

COUNT FOUR
Commission of Acts that Render Registration Inconsistent with the Public Interest

19. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing himself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1) and NRS 639.255(3).

COUNT FIVE
Violations of State Law – Prescription Monitoring Program

20. By failing obtain access to and/or query the PMP database to review a patient's utilization report prior to issuing a prescription for a controlled substance and to review his prescriber activity, as alleged in herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.164(7) and NRS

639.23507, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b) and NRS 639.255(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 9th day of December, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary, Nevada State Board of Pharmacy, on behalf of J. David Wuest, RPH, Executive Secretary

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSEPH LEE WILLIAMS, MD,** **Certificate of Registration No. CS18591,** **Respondent.**	**Case No. 22-334-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, January 11, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 9th day of December, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary, Nevada State Board of Pharmacy, on behalf of J. David Wuest, RPH, Executive Secretary

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of December, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Dr. Joseph Williams
9060 W Post Rd, Ste 100
Las Vegas, NV 89148

KRISTOPHER MANGOSING

FILED
DEC 27 2022
NEVADA STATE BOARD
OF PHARMACY

Maria Nutile, Esq.
Nevada Bar No.: 7847
Bridget Kelly, Esq.
Nevada Bar No.: 14388
NUTILE LAW
7395 S. Pecos Rd., Suite 103
Las Vegas, Nevada 89120
Telephone: (702) 307-4880
Facsimile: (702) 307-4881
Email: maria@nutilelaw.com
bridget@nutilelaw.com

Attorneys for Joseph Lee Williams, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. JOSEPH LEE WILLIAMS, M.D., Certificate of Registration No. CS18591, Respondent.	CASE NO.: 22-334-CS-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-titled matter before the Nevada States Board of Pharmacy (the "Board"), admits, denies, and alleges as follows:

A. With regard to Paragraph 1, Respondent admits that the Board has jurisdiction over this matter, and that Respondent held Controlled Substance Registration, Certificate No. CS18591.

B. Paragraphs 2 and 3 do not contain allegations against the Respondent. To the extent an answer is required, the Respondent denies the allegations in this paragraph.

C. With regard to Paragraph 4, Respondent admits that he authorized one or more controlled substance prescriptions for Nevada patients between November 1, 2020 and September 2, 2022, but denies knowingly doing so with a lapsed Controlled Substance Registration.

1. During the registration renewal window and around the registration

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expiration date, over the summer and fall of 2020, Nevada was under a state of emergency due to the COVID-19 pandemic.

2. As a result of the COVID-19 pandemic, Respondent experienced both internal and external disruptions to his practice operations during that period, which impacted his awareness that renewal of his Controlled Substances Registration was due by October 31, 2020.

a. Mail delivery at Respondent's office was inconsistent, which may have caused a renewal notification mailed by the Board to go unnoticed in a timely manner.

b. Respondent's office manager became ill with COVID-19 and was out of the office for a period of weeks.

c. Respondent then became ill and was hospitalized with COVID-19, and as a result his office was closed for approximately one (1) month.

d. Respondent was later informed by Board representatives that renewal reminders had also been sent by email; however they were apparently not sent to the email address submitted by Respondent as his email address of record, and he therefore had not received them.

3. Respondent was unaware that his Controlled Substances Registration had lapsed as of November 1, 2020.

a. Despite not having an active Controlled Substances Registration, Respondent continued to have access to his account with the Prescription Monitoring Program ("PMP") AWARxE portal until at least February 2022.

b. Despite not having an active Controlled Substances Registration, Respondent was able to register for e-prescribing in the beginning of 2022, including two-factor authentication for controlled substances, with MD Toolbox, an e-prescribing system approved by the Board.[1]

c. In August 2022, Respondent first learned that his license had lapsed when he was unable to access his PMP AWARxE portal account and contacted PMP technical assistance.

D. With regard to Paragraph 5, Respondent denies the allegations therein.

1. Respondent asserts he continued conducting required patient inquiries with

[1] https://bop.nv.gov/resources/ALL/Approved_E-Prescribing_Systems/

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the PMP until he converted to e-prescribing in February 2022.

2 Respondent asserts he believed the PMP was integrated with his Board-approved e-prescribing system[2], eliminating the need for separate inquiries through the PMP AWARxE portal.

E. Paragraphs 6 through 15 do not contain allegations against the Respondent. To the extent an answer is required, the Respondent denies the allegations in this paragraph.

F. With regard to Paragraphs 16 through 20, Respondent denies the allegations contained therein.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to best of my knowledge.

Dated this 26th day of December, 2022.

JOSEPH LEE WILLIAMS, M.D.

On behalf of Respondent:

NUTILE LAW

Maria Nutile, Esq.
Nevada Bar No.: 7847
Bridget Kelly, Esq.
Nevada Bar No.: 14388
NUTILE LAW
7395 S. Pecos Rd., Suite 103
Las Vegas, Nevada 89120
Telephone: (702) 307-4880
Facsimile: (702) 307-4881
Email: maria@nutilelaw.com
bridget@nutilelaw.com

[2] See, Statewide Integration Announcement, https://bop.nv.gov/links/PMP/.

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of NUTILE LAW, and that on this 27th day of December, 2022, I caused to be filed via email an electronic copy of the foregoing Answer and Notice of Defense to each of the following at the Nevada State Board of Pharmacy:

1. Peter Keegan, Esq., Asst. General Counsel, p.keegan@pharmacy.nv.gov;
2. Kristopher Mangosing, Asst. Board Coordinator, kmangosing@pharmacy.nv.gov.

/s/ Bridget Kelly
An employee of NUTILE LAW

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSEPH LEE WILLIAMS, M.D.** **Certificate of Registration No. CS18591,** **Respondent.**	**Case No. 22-334-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its Assistant General Counsel, Peter K. Keegan, Esq., and Respondent JOSEPH LEE WILLIAMS, M.D. ("Respondent") Certificate of Registration No. CS18591 (expired) and Temporary Certificate of Registration No. CS33958 (expiration 1.11.2023) **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about December 9, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of his right to seek the advice of counsel in this matter prior to entering into this Stipulation.

4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of paragraphs below, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him

by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent's Certificate of Registration No. CS18591 expired on October 31, 2020, and Respondent authorized one or more controlled substance prescriptions for Nevada patients in violation of 21 U.S.C. **§** 822(a)(2); 21 U.S.C. **§** 823(f); 21 U.S.C. § 841(a), 21 U.S.C. § 842(a); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.232; NRS 453.321(1); NRS 639.100(1); and NRS 639.235(1); and

B. These violations are grounds for disciplinary action pursuant to NRS 453.236(1)(d-e); NRS 453.241(1); NRS 639.210(4), (11-12); and NRS 639.255(3).

7. In order to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Joseph Lee Williams, M.D., Certificate of Registration No. CS18591 shall:

A. Pay a fine of Five-Thousand Dollars ($5000.00) for the violations; and

B. Pay Five-Hundred and Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

9. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 11,

2023, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or his counsel are not present at the meeting.

10. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 23rd day of December 2022.

JOSEPH LEE WILLIAMS
Certificate of Registration No. CS25926

Signed this ____ day of December 2022.

NEVADA STATE BOARD OF PHARMACY

PETER K. KEEGAN, ESQ.
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

APPROVED AS TO FORM AND CONTENT
this 23rd day of December 2022.

NUTILE LAW

Bridget Kelly, J.D., M.S
Nevada Bar No. 14388
7395 S. Pecos Rd., Suite 103
Las Vegas, Nevada 89120
702-307-4871

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Joseph Lee Williams, M.D., Certificate of Registration No. CS18591, in Case No. 22-334-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of January 2023.

_____
Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VINAY KUMAR BARARIA, MD,** **Respondent.**	**Case Nos. 19-003-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, an order to cease and desist, citation and fine was served upon Respondent Vinay Kumar Bararia, MD (Bararia) alleging violations of Nevada law as set forth herein.

2. On or about July 17, 2020, Bararia appealed the citation and fine and requested a hearing pursuant to NRS 639.2895(2).

FACTUAL ALLEGATIONS

3. Bararia was not registered with the Board to prescribe or dispense controlled substances or dangerous drugs for Nevada patients at the time of the events alleged herein.

4. Bararia voluntarily surrendered his license to practice medicine, License No. 11355, to the Nevada State Board of Medical Examiners (NSBME) on March 8, 2013, and was sentenced in federal court for distribution of controlled substances in September 2014.

5. Bararia has owned and operated Nevada Health Services, LLC aka Trimcare (Trimcare), located at 5375 South Fort Apache Road, Suites 102 and 103, in Las Vegas, since August 2018.

6. Abdel M. Khalek, MD (Khalek), co-owned and/or was employed at Trimcare from at least October 2018 to April 2019. Khalek held a controlled substance registration,

Certificate of Registration No. CS19745, and dispensing practitioner registration, Certificate of Registration No. PD00722.

3. Robert Chancellor, MD (Chancellor), co-owned and/or was employed by Trimcare from at least November 2018 to the present. Chancellor held a controlled substance registration, Certificate of Registration No. CS22616, and dispensing practitioner registration, Certificate of Registration No. PD27416

4. Lindsay Hoffman, PA-C (Hoffman), was employed by Trimcare from at least August 2018 to present. Hoffman held a controlled substance registration, Certificate of Registration No. CS 18262, and dispensing practitioner registration, Certificate of Registration No. PD

5. Bararia colluded with Khalek, Chancellor and Hoffman in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without the prescribing practitioner having a bona fide therapeutic relationship with patients, without the practitioner being present at the time prescriptions were dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state.

APPLICABLE LAW

6. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

7. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

8. It is unlawful for a practitioner to prescribe or dispense a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS

454.215; NRS 454.301, NRS 639.100(1); NRS 639.23505; NAC 453.410; NAC 639.742; NAC 639.745.

9. It is unlawful for a person to purchase, possess, administer or furnish a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321 and/or NRS 454.356.

10. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

11. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 639.2813(1).

12. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

VIOLATIONS OF LAW ALLEGED

13. Bararia has purchased, accessed, stored, possessed, administered, furnished, prescribed and/or dispensed controlled substances and dangerous drugs and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state. This constitutes a violation of Nevada law, including NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813, and NRS 639.310. This also constitutes a violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05.

14. Khalek, Chancellor and Hoffman have been charged in a corresponding administrative action, Case Nos. 19-003-A-S, 19-003-B-S, and 19-003-C-S.

NOTICE OF HEARING

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the at the Hilton Garden Inn located at 7830 South Las Vegas Blvd., Las Vegas, Nevada.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

DATED this 31st day of August, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of August, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Vinay Kumar Bararia, MD
5375 S. Ft. Apache Rd., Ste. 103
Las Vegas, NV 89148

Vinay Kumar Bararia, MD
6850 N DURANGO DR #205
Las Vegas, NV 89149

E. Brent Bryson, Esq.
7730 W. Sahara Avenue – Suite 109
Las Vegas, NV 89117

SHIRLEY HUNTING

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
PHONE (775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

July 7, 2020

VIA CERTIFIED U.S. MAIL AND PERSONAL SERVICE

Vinay Kumar Bararia, MD
Nevada Health Services, LLC aka Trimcare
5375 South Fort Apache Road, Suite 102
Las Vegas, NV 89148

Re: CEASE and DESIST/CITATION: Unlicensed Practice (Case No. 19-003-S)

Dear Dr. Bararia:

The Nevada State Board of Pharmacy (BOP) has determined that you are possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from your practice in violation of federal and state law. Specifically, you do not hold an active license from the Nevada State Board of Medical Examiners since surrendering your License No. 11355 on March 8, 2013, and you are not registered with the BOP.

You have violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.2355, NRS 639.2813, NRS 639.310, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05.

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from your practice. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed practice. The Board has assessed you an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the forgoing does not preclude the filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Regards,



Brett Kandt
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0250 5392 65

E. Brent Bryson, LTD.
ATTORNEYS AT LAW

E. BRENT BRYSON, ESQ.

TELEPHONE 702-364-1234
FACSIMILE 702-364-1442
ebbesqltd@yahoo.com

7730 W. SAHARA AVE., SUITE 109
LAS VEGAS, NEVADA 89117

July 17, 2020

Sent Via Email and U.S. Mail

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy., Suite 206
Reno, NV 89521

Re: Vinay Kumar Bararia, MD, Case No. 19-003-S

Dear Mr. Kandt,

This letter serves to inform you that this office has been retained by Vinay Kumar Bararia regarding the above case. Please have no further direct contact with Mr. Bararia regarding this matter. As previously stated during our telephonic conversation regarding this matter, Mr. Bararia denies all allegations contained in your July 7, 2020 correspondence.

Please also accept this letter as a request for a hearing pursuant to NRS 639-2895(2). As we also discussed, give the complexities of this case, this matter will be placed on calendar no earlier than December 2020.

Respectfully,

E. Brent Bryson, Esq.

Approved as to form and content:

Vinay Kumar Bararia, MD

Date: 7/17/2020

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FILED
DEC 14 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

In the Matter of the Citation Appeal by:	**CASE NO. 22-356-S**
SIERRA STEGER, DVM	**STATEMENT AND NOTICE OF HEARING**

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about October 20, 2022, a Cease and Desist, and CITATION AND FINE was served upon Sierra Steger, DVM ("Steger") alleging violations of Nevada law as more particularly set forth herein. Steger, through counsel Jeffrey Whitehead, Esq. of the law firm of Whitehead & Burnett, appealed the CITATION AND FINE.

FACTUAL ALLEGATIONS

2. Steger is a veterinarian who has not yet received her veterinarian license from the Nevada State Board of Veterinary Medical Examiners ("BVME"). Steger performed veterinary services, including prescribing, dispensing, and/or administering controlled substances to animal patients, at AmeriVet Veterinary Partners ("AmeriVet") dba Animal Care Center of Pahrump ("ACC") located at 6981 North Nevada Highway 160, in Pahrump, Nevada.

3. Steger does not hold any controlled substance registration and/or practitioner dispensing registration from the Board of Pharmacy ("BOP").

4. Steger was informed, that as a graduate awaiting licensure, she must not prescribe, dispense and/or administer controlled substances and/or dangerous drugs to animal patients.

5. However, Steger prescribed at least twenty-five (25) controlled substance and dangerous drug prescriptions for animal patients utilizing other practitioners', namely Jack Thomas, DVM ("Thomas"), and John Wallace, DVM ("Wallace"), veterinarian license numbers

and/or Drug Enforcement Administration ("DEA") numbers. An exemplar of the prescribed medications for animal patients are as follows:

a. On May 17, 2022, Phenobarbital 68.5 mg prescription, a controlled substance in schedule IV, quantity 180, for Heeler, signed by Respondent Steger above her printed name but containing Dr. Thomas' veterinarian license number and no DEA registration number;

b. On May 17, 2022, Phenobarbital 64.8 mg prescription, a controlled substance in schedule IV, quantity 150, for Heeler, signed by Respondent Steger above her printed name but containing Dr. Thomas' veterinarian license number and DEA registration number;

c. On May 17, 2022, Gabapentin 100 mg capsule prescription, a dangerous drug, quantity 360, for Retriever/Labrador mix, signed by Respondent Steger above her printed name but containing Dr. Thomas' veterinarian license number and no DEA registration number;

d. On May 30, 2022, Amlodipine 2.5 mg tablet prescription, a dangerous drug, quantity 7, for Shih Tzu, signed by Respondent Steger above her printed name but containing Dr. Thomas' veterinarian license number and no DEA registration number;

e. On June 7, 2022, Alprazolam 1 mg tablet prescription, a controlled substance in schedule IV, quantity 60, for Australian Shepherd mix, signed by Respondent Steger above her printed name but containing Dr. Thomas' veterinarian license number and Dr. Wallace's DEA registration number; and

f. On June 7, 2022, Alprazolam 0.25 mg tablet prescription, a controlled substance in schedule IV, quantity 20, for Terrier mix, signed by Respondent Steger above her printed name but containing Dr. Thomas' veterinarian license number and Dr. Wallace's DEA registration number.

6. Steger unlawfully prescribed and/or administered the aforementioned controlled substances and dangerous drugs to animal patients without an active veterinary license, a controlled substance registration, nor a dispensing registration.

7. Steger engaged in the unlawful use of Dr. Thomas' and Dr. Wallace's authority as a practitioner to provide on-site medications and/or to prescribe to animal patients, including the administration of the aforementioned controlled substances and dangerous drugs.

8. On or about October 20, 2022, a Cease and Desist, CITATION AND FINE was served upon Steger alleging violations of Nevada law.

9. On or about November 14, 2022, a Cease and Desist, CITATION AND FINE was re-sent to Steger alleging violations of Nevada law.

10. On or about November 15, 2022 (but dated November 8, 2022), Board counsel received a fax from Jeffrey Whitehead, Esq. ("Whitehead"), on behalf of Steger, requesting an appeal of the CITATION AND FINE if the matter has to be reported (counsel requested no reporting).

11. On or about November 15 , 2022, Board counsel contacted Mr. Whitehead by telephone and left a voicemail.

12. On or about November 23, 2022, Board counsel emailed Mr. Whitehead indicating that reporting was mandated for unlicensed activity or that a private reprimand is not an option. Therefore, the appeal hearing will be scheduled as requested.

APPLICABLE LAW

13. No person may prescribe, and/or dispense (as defined by NRS 453.056 and NRS 639.0065), distribute, or administer (as defined by NRS 453.021) controlled substances in Nevada without specific statutory authority to do so. 21 U.S.C. § 822(a), 21 U.S.C. 841, 21 CFR 1306.04-.05, NRS 453.321, NRS 453.331, NRS 453.401.

14. A practitioner (as defined by NRS 639.0125) has authority to possess, administer,

and/or dispense controlled substances. NRS 453.375, NRS 453.377.

15. It is unlawful to dispense drugs unless the practitioner is licensed/registered by the Board. NRS 453.226, NRS 454.213, NRS 454.215, NRS 639.100, NAC 639.7423.

16. It is unlawful to possess a dangerous drug by fraud, misrepresentation, forgery and/or without a valid prescription written by a licensed practitioner. NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.281.

17. Unlicensed activity is subject to NRS 639.2895.

COUNT ONE
Unlawful Possession of Controlled Substances and Dangerous Drugs

18. By failing to obtain an active controlled substance registration, engaging in the unlawful use of Dr. Thomas' and/or Dr. Wallace's authority as a practitioner to prescribe, possess and/or administer controlled substances and dangerous drugs at ACC, Steger violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226, NRS 453.321, NRS 453.331, NRS 453.336, NRS 453.375, NRS 453.401, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100, NAC 639.7423, and is subject to a CITATION and FINE pursuant to NRS 639.2895.

COUNT TWO
Unlawful Administration, Prescribing and/or Dispensing of Controlled Substances and Dangerous Drugs

19. By failing to obtain an active controlled substance or dispensing registration, and/or engaging in the unlawful use of Dr. Thomas' and/or Dr. Wallace's authority as a practitioner to prescribe, possess, and/or administer controlled substances and dangerous drugs, Steger violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.321, NRS 453.331, NRS 453.401, NRS 454.311, NRS 454.316, NRS 639.100(1), and/or NAC 639.7423, and subject to a CITATION and FINE pursuant to NRS 639.2895.

COUNT THREE
Unlicensed Practice

20. By failing to obtain an active controlled substance registration, and/or dispensing registration, and/or unlawfully providing on-site medical treatment to animal patients, including the administration of controlled substances and dangerous drugs to animal patients who were not examined by Dr. Thomas' and/or Dr. Wallace's or any other practitioner with an active veterinary license, Steger engaged in unlicensed practice by fraudulently representing herself to be a practitioner/veterinarian with an active controlled substance registration, and/or failed to obtain a controlled substance or dispensing registration, Steger violated, attempted to violate, assisted or abetted in the violation of, or conspired to violate 453.226, NRS 454.213, NRS 454.215, NRS 639.100(1), NRS 639.281(1), and/or NAC 639.7423, and is subject to a CITATION and FINE pursuant to NRS 639.2895.

Dated this 14th day of December, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE OF HEARING

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, January 11, 2023, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn located at 7830 S. Las Vegas Boulevard, Las Vegas, Nevada 89123.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of December, 2022, I personally served a true and correct copy of the foregoing document via certified mail upon the following:

Sierra Steger, DVM
[redacted] Valmeyer Avenue
Las Vegas, Nevada 89148

Jeffrey Whitehead, Esq.
Whitehead & Burnett
6980 O'Bannon Drive
Las Vegas, NV 89117

KRISTOPHER MANGOSING

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSHUA SCHAFFNER,** **Respondent.**	**Case Nos. 22-189-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.070 and NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about September 21, 2022, a Cease and Desist/Citation and Fine was served upon Respondent Joshua Schaffner ("Schaffner"), alleging the violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. On June 23, 2022, the Board received a complaint against Respondent Schaffner for offering to sell diabetic supplies, including test strips and insulin, for to City Pharmacy, in Las Vegas Nevada.

2. The complaint against Respondent Schaffner included an email from Respondent with a linked price list for the products.

3. The products offered for sale by Respondent Schaffner and listed on the price list provided to City Pharmacy included prescription drug products and/or prescription devices.

4. Respondent Schaffner advertised for the purchase of diabetic supplies in Las Vegas on Craigslist and Instagram.

5. Respondent Schaffner does not hold a Nevada wholesaler's license.

6. On or about August 4, 2022, Respondent was served with the Board's Cease-and-Desist Order and a $5,000.00 Citation and Fine for offering and/or attempting and/or engaging in wholesale distribution without a Nevada wholesaler license.

7. On or about October 24, 2022, Respondent was served with a second Cease-and-Desist Order and a $5,000.00 Citation and Fine for offering and/or attempting and/or engaging in wholesale distribution without a Nevada wholesaler license.

8. On or about November 22, 2022, Respondent appealed the Board's Citation and Fine and requested a hearing before the Board.

APPLICABLE LAW

9. It is unlawful for any person to engage in wholesale distribution, sell or dispense, or permit to be disturbed at wholesale, any drug, poison, medicine, chemical, or to dispense, or permit to be dispensed any prescription of a practitioner unless the person holds the appropriate certificate, license, or permit required by Nevada Revised Statutes ("NRS") Chapters 639, 453, or 454 and the person complies with the regulations adopted by the Board under Nevada Administrative Code ("NAC") Chapter 639. NRS 639.100(1).

10. Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices, or applications that are restricted by federal law to sale by or on the order of a physician to any person located within this state shall obtain a license pursuant to the provisions of this chapter. NRS 639.233; NRS 639.500 – 639.515; NAC 639.593.

11. It is unlawful for any wholesaler or manufacturer to furnish, sell, offer for sale, or deliver any drugs, poisons, chemicals, or devices, other than those referred

to in NRS 639.270, to any person not authorized by the laws of this state to handle, sell, possess, or deal in such drugs, poisons, chemicals, or devices. NRS 639.288.

12. Any person who fraudulently represents himself or herself to be the holder of any certificate, license or permit issued by the Board is guilty of a misdemeanor. NRS 639.281(1); NRS 639.500 – 639.515; NAC 639.593.

13. The Board may impose an administrative fine of not more than $5,000.00 against any person who the Board determined violated NRS 639.100(1) or NRS 639.285(1). Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. NRS 639.2895(1-4).

14. A person who knowingly or intentionally obtains or attempts to obtain possession of a dangerous drug by misrepresentation, fraud, forgery, deception, subterfuge, or alteration is guilty of a category E felony. NRS 454.311.

15. A person who possesses a dangerous drug, except that furnished to the person by a pharmacist pursuant to a legal prescription or by a practitioner, is guilty of a gross misdemeanor. NRS 454.316.

16. Pursuant to NRS 622.400(1), a regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as part of its investigation, administrative and disciplinary proceedings against the person if the regulatory body enters a final order in which it finds that the person has violated any provision which the regulatory body has authority to enforce, any regulation adopted pursuant thereto or any order of the regulatory body.

COUNT ONE

Unlicensed Wholesale Distribution of Dangerous Drugs Without Prescriptions

17. By offering to purchase and sell diabetic supplies including prescription drugs and/or devices to a pharmacy and/or persons to whom the prescription drugs

were not prescribed without holding a Nevada wholesaler license Respondent violated Nevada state law including NRS 639.100(1); NRS 639.233; NRS 639.288, NRS 639.500 – 639.515; and NAC 639.593. Pursuant to NRS 639.2895(1-4) the Board may impose upon Respondent an administrative fine of not more than $5,000.00.

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, January 11, 2023, at 9:00 a.m. or soon thereafter. The hearing will occur at the at the Hilton Garden Inn located at 7830 South Las Vegas Blvd., Las Vegas, Nevada.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses

relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

DATED this 9th day of December 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of December 2022, I personally served a true and correct copy of the foregoing **Statement to the Respondent and Notice of Hearing** by placing a copy in the United States Mail, postage prepaid, addressed to the following:

Dan Hill, Esq.
228 4th Street
Third Floor
Las Vegas, Nevada 89101

KRISTOPHER MANGOSING

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. LAS VEGAS SCRIPTS RX, Pharmacy License No. PH03930, NATHAN EDOUARD, RPH, Certificate of Registration No. 19462, and SHERMAN WASHINGTON, MD, Certificate of Registration No. CS24310, Respondents.	CASE NOS. 19-243-PH-S 19-243-RPH-S 19-243-CS-S NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Las Vegas Scripts Rx ("LV Scripts") held a Nevada Pharmacy License No. PH03930, Respondent Nathan Edouard, RPh, ("Edouard") held a Nevada Pharmacist Certificate of Registration No. 19462, and Respondent Sherman Washington, MD, ("Washington") held a Controlled Substance Registration No. CS24310, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent LV Scripts is a pharmacy located at 2920 N. Green Valley Parkway, #814, in Henderson, Nevada.

3. Respondent Edouard was/is the owner of LV Scripts and was/is employed as the managing pharmacist during the alleged and relevant timeframes.

4. Respondent Washington was/is a physician who wrote prescriptions with copied signatures filled by LV Scripts during the relevant timeframes.

5. On or about June 10, 2019, LV Scripts received a prescription written by Dr. M.B. for patient M.W. for "Cold Cough & Chest rub 240 grams". The prescription was designated prescription #4000099 and was compounded with Dimethyl Sulfoxide Liquid and Promethazine-Codeine Syrup, which were not written on the prescription. The ingredients and percentages of each drug were not identified on the prescription label.

6. On or about September 25, 2019, Board inspectors completed their annual inspection at LV Scripts. At the inspection, the following violations were discovered:

a. LV Scripts was shipping prescriptions to California and Arizona where LV Scripts is not licensed.

b. LV Scripts appeared to be filling faxed prescriptions that were not signed by practitioners, but contained copied signatures.

c. LV Scripts did not include the required documentation on prescriptions received by telephone from practitioners. The prescriptions also lacked the name(s) of the person(s) who telephoned the prescription, the date(s) the prescription(s) were received and/or the name(s) of the pharmacist(s) who received the order(s).

d. LV Scripts is providing pre-printed prescription forms for marketing purposes in efforts to promote sales to patients and/or practitioners.

e. Respondent Eduoard was improperly documenting prescriptions received by telephone orders on transferred prescriptions.

APPLICABLE LAW

7. A pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and personnel with all state, and federal laws and regulations regarding the operation of the pharmacy. NRS 639.220(1).

8. Unprofessional conduct includes a licensee failing strictly to follow the instructions of the prescribing practitioner in filling of and/or placing contents on the label of the prescription. NRS 585.485(2)(b)(1); NAC 639.6703(1)(a); NAC 639.945(1)(c), (d).

9. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

10. Unprofessional conduct includes a licensee performing any act, task, or operation for which licensure, certification, or registration is required without the required licensure, certification, or registration. NAC 639.945(1)(k).

11. Unprofessional conduct includes the use of secret formulas and failure to strictly follow the instructions of the person writing, making, or ordering a prescription, and to specify the content on the label of the prescription. NAC 639.6703(1)(a); NAC 639.945(1)(c), (d).

12. No pharmacist or owner of a pharmacy may offer an unearned rebate. The furnishing to a practitioner by a pharmacist or pharmacy of prescription blanks bearing the name and address of the pharmacy is an unearned rebate. NRS 639.264.

13. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230; NAC 639.702; NAC 639.945.

14. Respondents are subject to discipline for violations pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

COUNT ONE

Unprofessional Conduct – Failure to Strictly Follow Instructions of Prescribing Practitioner (Respondent Edouard)

15. Respondent Edouard engaged in unprofessional conduct when he failed to strictly follow the directions of the prescribing practitioner when compounding prescription #4000099 for patient M.W., which were compounded with Dimethyl Sulfoxide Liquid, a substance not to be used for medicinal purposes on humans, and Promethazine-Codeine Syrup; the ingredients were not written on the prescription in violation of NRS 585.485(2)(b)(1), NAC 639.6703(1)(a), and NAC 639.945(1)(c)(d), and (i), and Respondent Edouard is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

COUNT TWO

Unprofessional Conduct – Incompetent, Unskillful and Negligent Conduct (Respondents Edouard and Washington)

16. Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest, and performed his duties in an incompetent, unskillful or negligent manner when he processed copied signatures on prescriptions for Respondent Washington in violation of NAC 453.440(2), NAC 454.060, and is therefore subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

17. Respondent Washington engaged in unprofessional conduct and conduct contrary to the public interest, and performed his duties in an incompetent, unskillful or negligent manner when he allowed his copied signature to be used on prescriptions in violation of NAC 453.440(2), NAC 454.060, and is therefore subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

COUNT THREE

Failure to Properly Document Prescriptions on Telephoned Orders (Respondent Edouard)

18. Respondent Edouard failed to provide proper documentation of telephoned orders in violation of NAC 639.707(1), (2), and (6)(b), and is therefore subject to discipline pursuant to NRS 639.210(12), (15), and/or NRS 639.255.

COUNT FOUR

Unprofessional Conduct – Utilization of Pre-printed Forms as Unearned Rebate
(Respondent Edouard)

19. As a pharmacy owner/pharmacist registered with the Board, Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest when he utilized pre-printed forms as unearned rebates in marketing his business in violation of NRS 639.264, NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT FIVE

Unprofessional Conduct – Unlicensed Activity
(Respondent Edouard)

20. As a pharmacy owner/pharmacist registered with the Board, Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest when he shipped prescriptions to California and Arizona without valid licenses in those jurisdictions in violation of NAC 639.945(1)(k), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT SIX

Pharmacy/Pharmacy Owner Responsibility
(Respondent LV Scripts)

21. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, LV Scripts is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.702, NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license(s)/registration(s) of these Respondents.

Signed this 26th day of APRIL 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462,** **Respondent.**	**CASE NO. 19-243-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of April, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462,** **Respondent.**	**CASE NO. 19-243-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____
NATHAN EDOUARD, RPH,

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of April 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sherman Washington, MD
[redacted] S. Rainbow Blvd. Suite 100
Las Vegas, NV 89118

Sherman Washington, MD
Transforming Arts
[redacted] N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

Sherman Washington, MD
[redacted] E Lake Mead Blvd Ste M
North Las Vegas, NV 89030

Nathan Edouard, RPH
2920 N. Green Valley Pkw Bldg. 8 Ste# 814
Henderson, NV 89014

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy #814
Henderson, NV 89014

SHIRLEY HUNTING

RSPN
CHANDON S. ALEXANDER, ESQ.
Nevada Bar No. 12033
SPARTACUS LAW FIRM
2777 S. Paradise Rd., Suite 3006
Las Vegas, Nevada 89109
Phone: (702) 660-1234
Facsimile: (702) 441-1626
Chandon@spartacuslawfirm.com

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY Petitioner, v. LAS VEGAS SCRIPTS RX, Pharmacy License No. PH03930 NATHAN EDOUARD RPH, Certificate of Registration No. 19462, and SHERMAN WASHINGTON, MD., Certificate of Registration CS24310, Respondents.	CASE NO(s).: 19-243-PH-S 19-243-RPH-S 19-243-CS-S

ANSWER TO SPECIFIC ALLEGATIONS CONTAINED IN THE NOTICE OF INTENDED ACTION AND ACCUSTATION

COMES NOW the Petitioners LAS VEGAS SCRIPTS RX, and NATHAN EDOUARD RPH, Respondents and hereby respond as follows:

JURISDICTION

1. Admit.

FACTUAL ALLEGATIONS

2. Admit.
3. Admit.
4. Respondent is without knowledge and therefore denied.
5. Denied.

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2777 S. Paradise Rd.; Suite 3006
Las Vegas, NV 89109
P: 702-660-1234 F: (702) 441-1626

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6. Respondent is without knowledge and therefore denied, this response is applicable to all sub-elements of this allegation.

APPLICABLE LAW

7. Paragraph 7 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 7 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
8. Paragraph 8 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 8 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
9. Paragraph 9 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 9 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
10. Paragraph 10 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 10 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.

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11. Paragraph 11 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 11 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
12. Paragraph 12 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 12 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
13. Paragraph 13 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 13 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
14. Denied.

COUNT ONE

15. Respondent is without knowledge and therefore denies.

COUNT TWO

16. Respondent is without knowledge and therefore denies.
17. Respondent is without knowledge and therefore denies.

COUNT THREE

18. Said allegations are vague, ambiguous, and incorrect and therefore denied.

COUNT FOUR

19. Respondent is without knowledge and therefore denies.

COUNT FIVE

20. Said allegations are vague, ambiguous, and incorrect and therefore are denied.

COUNT SIX

21. Denied.

DATED on this 17th day of June, 2022.

SPARTACUS LAW FIRM

/s/Chandon S. Alexander
CHANDON S. ALEXANDER, ESQ.
Nevada Bar #12033
2777 S. Paradise Rd., Suite 3006
Las Vegas, NV 89109

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462, and** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondents.**	**CASE NOS. 19-243-PH-S** **19-243-RPH-S** **19-243-CS-S** **STIPULATED FACTS**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Las Vegas Scripts Rx ("LV Scripts"), Pharmacy License No. PH03930, and Nathan Edouard, RPh ("Edouard"), Certificate of Registration No. 19462, by and through counsel, Alexander Chandon, Esq. of Spartacus Law Firm, and Sherman Washington, MD ("Washington"), by and through counsel Michael Mee, Esq., **HEREBY STIPULATE AND AGREE TO THE FOLLOWING FACTS**:

1. The Board has jurisdiction over Respondents and this matter.

2. Respondent Las Vegas Scripts Rx is a pharmacy located 2920 N. Green Valley Parkway, #814, in Henderson, Nevada.

3. Respondent Edouard was/is the owner of LV Scripts and was/is employed as the managing pharmacist during the alleged and relevant timeframes.

4. Respondent Washington was/is a physician who wrote prescriptions with copied signatures filled by LV Scripts during the relevant timeframes.

5. On or about June 10, 2019, LV Scripts received a prescription written by Dr. M.B. for patient M.W. for "Cold Cough & Chest rub 240 grams". The prescription was designated prescription #4000099 and was compounded with Dimethyl Sulfoxide Liquid and Promethazine-Codeine Syrup, which were not written on the prescription.

6. On or about September 25, 2019, Board inspectors completed their annual inspection at LV Scripts. At the inspection, the following violations were discovered:

a. LV Scripts was shipping prescriptions to California and Arizona where LV Scripts is not licensed.

b. LV Scripts appeared to be filling faxed prescriptions that were not signed by practitioners, but contained copied signatures.

c. LV Scripts did not include the required documentation on prescriptions received by telephone from practitioners. The prescriptions also lacked the name(s) of the person(s) who telephoned the prescription, the date(s) the prescription(s) were received and/or the name(s) of the pharmacist(s) who received the order(s).

d. LV Scripts is providing pre-printed prescription forms.

e. Respondent Eduoard was improperly documenting prescriptions received by telephone orders on transferred prescriptions.

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AGREED:

APPROVED AS TO FORM AND CONTENT

this 24th day of August, 2022

ALEXANDER CHANDON, ESQ.
Counsel for Respondents Las Vegas Scripts Rx and Nathan Edouard, RPh

Signed this ___ day of August, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

AGREED:

APPROVED AS TO FORM AND CONTENT

this 24th day of August, 2022

ALEXANDER CHANDON, ESQ.
Counsel for Respondents Las Vegas Scripts Rx and Nathan Edouard, RPh

Signed this 24th day of August, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462, and** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondents.**	**CASE NOS. 19-243-PH-S** **19-243-RPH-S** **19-243-CS-S** **FINDINGS OF FACTS, CONCLUSIONS OF LAW, AND ORDER FOR RESPONDENTS LAS VEGAS SCRIPTS RX, AND NATHAN EDOUARD, RPH ONLY**

This matter came before the Nevada State Board of Pharmacy ("Board") at its regularly scheduled meeting on Thursday, September 8, 2022, in Las Vegas, Nevada. Courtney K. Lee, Esq., appeared on behalf of Petitioner Board. Respondent Las Vegas Scripts, Rx ("LV Scripts"), Pharmacy License No. PH03930, and Nathan Edouard, RPH ("Edouard"), appeared jointly through counsel Chandon Alexander, Esq. of Spartacus Law Firm. Respondent Sherman Washington, MD ("Washington"), appeared through counsel Michael Mee, Esq., and agreed to a separately executed Stipulation and Order. Upon hearing the case, and based upon the evidence presented, the Board determined the following Findings of Facts, Conclusions of Law, and Order ("Order").

FINDINGS OF FACTS

The allegations against Respondents, as stated in the Notice of Intended Action and Accusation ("Accusation") on file herein, and upon which the Board determined findings of facts, incorporated along with the parties' stipulated facts, are as follows:

1. The Board has jurisdiction over Respondents because at the time of the events alleged herein, Respondent LV Scripts held Pharmacy License No. PH03930 with the Board, and

Respondent Edouard held a pharmacist registration, Certificate of Registration No. 19462 with the Board.

2. Respondent LV Scripts Rx is a pharmacy located 2920 N. Green Valley Parkway, #814, in Henderson, Nevada.

3. Respondent Edouard was/is the owner of LV Scripts and was/is employed as the managing pharmacist during the alleged and relevant timeframes.

4. Respondent Washington was/is a physician who wrote prescriptions with copied signatures filled by LV Scripts during the relevant timeframes.

5. On or about June 10, 2019, LV Scripts received a prescription written by Dr. M.B. for patient M.W. for "Cold Cough & Chest rub 240 grams". The prescription was designated prescription #4000099 and was compounded with Dimethyl Sulfoxide Liquid and Promethazine-Codeine Syrup, which were not written on the prescription.

6. On or about September 25, 2019, Board inspectors completed their annual inspection at LV Scripts. At the inspection, the following violations were discovered:

a. LV Scripts appeared to be filling faxed, hand-delivered, or picked up prescriptions that were not signed by practitioners, but contained copied signatures.

b. LV Scripts is providing pre-printed prescription forms.

c. Respondent Edouard failed to provide proper documentation of telephoned orders.

/ / /

/ / /

/ / /

CONCLUSIONS OF LAW

Based upon the foregoing findings of facts, the Board concludes as a matter of law:

7. Respondent Edouard engaged in unprofessional conduct when he failed to strictly follow the directions of the prescribing practitioner when compounding prescription #4000099 for patient M.W., which were compounded with Dimethyl Sulfoxide Liquid, a substance not to be used for medicinal purposes on humans, and Promethazine-Codeine Syrup; the ingredients were not written on the prescription in violation of NRS 585.485(2)(b)(1), NAC 639.6703(1)(a), and NAC 639.945(1)(c)(d), and (i), and Respondent Edouard is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

8. Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest, and performed his duties in an incompetent, unskillful or negligent manner when he processed copied signatures on prescriptions for Respondent Washington in violation of NAC 453.440(2), NAC 454.060, and is therefore subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

9. Respondent Edouard failed to provide proper documentation of telephoned orders in violation of NAC 639.712, and is therefore subject to discipline pursuant to NRS 639.210(12), (15), and/or NRS 639.255.

10. As a pharmacy owner/pharmacist registered with the Board, Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest when he utilized pre-printed forms as unearned rebates in marketing his business in violation of NRS 639.264, NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

11. As the pharmacy at which the violations of law alleged herein occurred, Respondent LV Scripts is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.702, NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

/ / /

ORDER

THEREFORE, BASED UPON THE FINDINGS OF FACTS, AND CONCLUSIONS OF LAW, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. Respondent LV Scripts' Pharmacy License No. PH03930 is revoked; however, the revocation is immediately stayed. Respondent LV Scripts shall be placed on probation for two (2) years from the date of entry of the Order. During the 2-year probationary period, Respondent LV Scripts shall not violate any federal or state law pertaining to the dispensing of controlled substances and/or dangerous drugs. If Respondent LV Scripts successfully completes the conditions of the probationary period, then after 2 years, Respondent's Pharmacy License No. PH03930 shall be fully restored.

2. Respondent LV Scripts shall pay fines of Ten Thousand Dollars ($10,000) for the violations by *personal check, business check*, *cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, on the following payment schedule:

Due Date	Amount
10/1/2022	$1,000
11/1/2022	$1,000
12/1/2022	$1,000
1/1/2023	$1,000
2/1/2023	$1,000
3/1/2023	$1,000
4/1/2023	$1,000
5/1/2023	$1,000
6/1/2023	$1,000

7/1/2023	$1,000
***TOTAL**	**$10,000**

*Respondent LV Scripts may pre-pay a portion or all of the fines without penalty.

3. Respondent LV Scripts shall pay attorney's fees and investigative costs of Nine Hundred-Forty Dollars and Fifty Cents ($940.50) by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days upon entry of Order.

4. Respondent LV Scripts shall be subject to quarterly inspections by Board's staff for a period of two (2) years from entry of Order at Respondent LV Scripts' cost, not to exceed Five Hundred Dollars ($500) for each quarterly inspection.

5. Respondent LV Scripts shall ensure that all pharmacist staff who will engage in compounding have completed compounding training approved by Board staff pursuant to NAC 639.67013 within six (6) months of entry of Order.

6. Respondent Edouard's pharmacist registration, Certification of Registration No. 19462 is revoked; however, the revocation is immediately stayed. Respondent Edouard shall be placed on probation for five (5) years from the date of entry of the Order. During the 5-year probationary period, Respondent Edouard shall not violate any federal or state law pertaining to the dispensing of controlled substances and/or dangerous drugs. If Respondent Edouard successfully completes the conditions of the probationary period, then after 5 years, Respondent's Certificate of Registration No. 19462 shall be fully restored.

7. Respondent Edouard shall not be a managing pharmacist for any pharmacy for a period of two (2) years from entry of Order.

8. Respondent Edouard shall pay fines of Five Thousand Dollars ($5,000) for the violations by *personal check, business check*, *cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's

Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, on the following payment schedule:

Due Date	Amount
10/1/2022	$1,000
11/1/2022	$1,000
12/1/2022	$1,000
1/1/2023	$1,000
2/1/2023	$1,000
***TOTAL**	**$5,000**

*Respondent Edouard may pre-pay a portion or all of the fines without penalty.

9. Respondent Edouard shall pay attorney's fees and investigative costs of Nine Hundred Dollars ($900) by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days upon entry of Order.

10. Respondent Edouard must complete two (2) additional hours of continuing education by attending two (2) discipline days of Board meetings within one (1) year upon entry of Order.

11. This Order shall be a public record pursuant to NRS 622.330, and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

12. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next scheduled Board meeting for hearing. If the show cause hearing results in a finding of a violation of this Order by any

Respondent, then the Board may impose additional discipline upon any Respondent consistent with NRS Chapter 639

13. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 8th day of September, 2022.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23nd day of September 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy Ste 814
Henderson, NV 89014

9171 9690 0935 0270 0152 51

Nathan Edouard
2920 N. Green Valley Pkwy Ste 814
Henderson, NV 89014

9171 9690 0935 0270 0152 44

Chandon Alexander
2777 Paradise Rd, Suite 3006
Las Vegas, NV 89109

9171 9690 0935 0270 0152 37

KRISTOPHER MANGOSING

Kristopher Mangosing

To: Courtney K. Lee
Subject: RE: Dr. Nathan Edouard

From: David Wuest <dwuest@pharmacy.nv.gov>
Sent: Monday, September 26, 2022 11:55 AM
To: Courtney K. Lee <c.lee@pharmacy.nv.gov>; Chandon Alexander <chandon@spartacuslawfirm.com>; Brett Kandt <bkandt@pharmacy.nv.gov>
Cc: Yenh Long <ylong@pharmacy.nv.gov>
Subject: RE: Dr. Nathan Edouard

Mr. Alexander.

Per our conversation, I will grant an extension until October 24th for your petition for reconsideration on this case.

Respectfully,

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

Kristopher Mangosing

To: Courtney K. Lee
Subject: RE: Official request for Reconsideration - Las Vegas Scripts/ Nathan Edouard

From: Dr. Nathan Edouard <dredouard@lvscripts.com>
Sent: Monday, October 24, 2022 3:38 PM
To: David Wuest <dwuest@pharmacy.nv.gov>
Subject: Official request for Reconsideration - Las Vegas Scripts/ Nathan Edouard

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Mr. Wuest,

I'm circling back as per prior communication to officially request a reconsideration of my case. Also to ask when will the reconsideration hearing take place? When is my supporting documentation/exhibits required to be submitted? I'm still working on compiling everything, but wanted to make sure I submit everything to you by any required deadline.

Thank you kindly,
Nathan

Get Outlook for iOS

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LAS VEGAS SCRIPTS RX,
Pharmacy License No. PH03930,

NATHAN EDOUARD, RPH,
Certificate of Registration No. 19462, and

SHERMAN WASHINGTON, MD,
Certificate of Registration No. CS24310,

Respondents.

CASE NOS. 19-243-PH-S
19-243-RPH-S
19-243-CS-S

ORDER GRANTING RESPONDENTS' LAS VEGAS SCRIPTS RX, AND NATHAN EDOUARD, RPH PETITION/MOTION FOR PARTIAL RECONSIDERATION

This matter came before the Nevada State Board of Pharmacy ("Board") at its meeting on Thursday, September 8, 2022, in Las Vegas, Nevada. Courtney K. Lee, Esq., appeared on behalf of Petitioner Board. Respondent Las Vegas Scripts, Rx ("LV Scripts"), Pharmacy License No. PH03930, and Nathan Edouard, RPH ("Edouard"), appeared jointly through counsel Chandon Alexander, Esq. ("Alexander") of Spartacus Law Firm. Mr. Alexander has subsequently withdrawn as counsel of record, and both Respondents, LV Scripts and Edouard, are representing themselves, *in proper person*. An extension of time was granted for Respondents to serve and file a petition/motion for reconsideration to October 24, 2022, which request was received by email on or about October 24, 2022. The presiding officer of the Board, pursuant to NRS 233B.130(4) and NRS 622A.390(5)(c) has granted the petition/motion to partially reconsider the Findings of Facts, Conclusions of Law, and Order ("Order") entered on or about September 8, 2022 ONLY as it pertains to paragraphs 7 and 10 of the Conclusions of Law of the Order.

IT IS SO ORDERED.

Entered this 10th day of November, 2022.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of November 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy Ste 814
Henderson, NV 89014

9171 9690 0935 0279 3112 93

Nathan Edouard
2920 N. Green Valley Pkwy Ste 814
Henderson, NV 89014

9171 9690 0935 0279 3113 09

KRISTOPHER MANGOSING

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LAS VEGAS SCRIPTS RX,
Pharmacy License No. PH03930,

NATHAN EDOUARD, RPH,
Certificate of Registration No. 19462, and

SHERMAN WASHINGTON, MD,
Certificate of Registration No. CS24310,

Respondents.

CASE NOS. 19-243-PH-S
19-243-RPH-S
19-243-CS-S

RESPONDENT LAS VEGAS SCRIPTS RX, AND NATHAN EDOUARD, RPH'S MOTION FOR CONTINUANCE AND LEAVE TO FILE PETITION/MOTION FOR NEW HEARING

This matter came before the Nevada State Board of Pharmacy ("Board") at its regularly scheduled meeting on Thursday, September 8, 2022, in Las Vegas, Nevada. On or about October 24, 2022, Respondents, *in proper person* and without the assistance of counsel, submitted an email request for reconsideration of the Board's Findings of Fact and Conclusions of Law as entered on or about September 8, 2022. The presiding officer of the Board, pursuant to NRS 233B.130(4) and NRS 622A.390(5)(c) granted Respondents' petition/motion to partially reconsider the Findings of Facts, Conclusions of Law, and Order ("Order") ONLY as it pertains to paragraphs 7 and 10 of the Conclusions of Law of the Order; setting the motion for hearing on November 30, 2022. LV Scripts and Edouard, are represented by counsel Ayesha R. Mehdi, Esq., of Spencer Fane LLP, as properly noticed by this Board on November 16, 2022. As counsel has not had an adequate time to conduct review of this case's procedural history and the complete record of hearing, Respondents hereby request that the current setting for hearing on Respondents' petition/motion be continued from its current setting of November 30, 2022; and reset for hearing no sooner than 60 days from the date of appearance of Respondents' counsel.

Respondents further request leave of the Board to amend the petition/motion previously submitted by Respondents prior to appearance of counsel. Such leave is requested for a period of fifteen (15) days following the boards action on this motion, in order to remain in compliance with the statutory provisions of NRS 622A.390(2)(a).

Should the Board deny Respondents' request for continuance and leave to amend Respondents' petition/motion for rehearing/reconsideration; Respondents request that the Board enter final judgment on this case such as to allow for Respondents to immediately seek judicial review pursuant to NRS 622A.400.

Respectfully Submitted,

SPENCER FANE LLP

/s/ Ayesha Mehdi
Ayesha R. Mehdi, Esq. (NV Bar No. 13917)
Attorney for Respondents

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462, and** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondents.**	**CASE NOS. 19-243-PH-S** **19-243-RPH-S** **19-243-CS-S** **OPPOSITION TO RESPONDENTS' LAS VEGAS SCRIPTS RX, AND NATHAN EDOUARD, RPH'S MOTION FOR CONTINUANCE AND LEAVE TO FILE PETITION/MOTION FOR NEW HEARING**

This matter came before the Nevada State Board of Pharmacy ("Board") at its meeting on Thursday, September 8, 2022, in Las Vegas, Nevada. Courtney K. Lee, Esq., appeared on behalf of Petitioner Board. Respondent Las Vegas Scripts, Rx ("LV Scripts"), Pharmacy License No. PH03930, and Nathan Edouard, RPH ("Edouard"), appeared jointly through counsel Chandon Alexander, Esq. ("Alexander") of Spartacus Law Firm. Mr. Alexander has subsequently withdrawn as counsel of record on or about October 5, 2022. Both Respondents, LV Scripts and Edouard, represented themselves, *in proper person* thereafter. An extension of time was granted for Respondents to retain new counsel and/or serve and file a petition/motion for reconsideration to October 24, 2022, which request was received by email from Respondent Edouard on or about October 24, 2022. The presiding officer of the Board, pursuant to NRS 233B.130(4) and NRS 622A.390(5)(c) granted the petition/motion to partially reconsider the Findings of Facts, Conclusions of Law, and Order ("FFCLO") entered on or about September 8, 2022 ONLY as it pertains to paragraphs 7 and 10 of the Conclusions of Law of the Order, to be heard before the Board on November 30, 2022. Respondents LV Scripts and Edouard waived the 21-day notice of hearing.

On or about November 16, 2022, Ayesha Mehdi, Esq. of Spencer Fane LLP entered her appearance as counsel on behalf of Respondents LV Scripts and Edouard.

On November 28, 2022, counsel Ms. Mehdi emailed the Respondent Las Vegas Scripts Rx, and Nathan Edouard, RPH's Motion for Continuance and Leave to File Petition/Motion for New Hearing ("Motion") to J. David Wuest, the Executive Secretary of the Board, without the Board counsel's consent or knowledge. Mr. Wuest forwarded Ms. Mehdi's Motion to General Counsel of the Board, Courtney K. Lee, on the morning of November 29, 2022. The undersigned informed Ms. Mehdi by email that her direct contact with Mr. Wuest may be a Nevada Rules of Professional Conduct 4.2 violation as she was aware that the undersigned represented the Board/Board staff. This appeared to be an attempt to circumvent the procedural requirements by obtaining the grant of continuance and leave to file another petition/motion from a non-legal Board executive.

Although Ms. Mehdi was retained on November 16, 2022, Respondents LV Scripts and Edouard were already given the courtesy of an extension and opportunity to retain replacement counsel sooner to file any petitions/motions. No good cause was stated to support another grant of extension of time.

Nevertheless, this present Motion for Continuance is untimely pursuant to NRS 622A.360(3), as any "prehearing motion ***must be filed*** with the regulatory body or hearing panel or officer ***at least 10 days before the date of the hearing***." (Emphasis added). Any motion for continuance for the current hearing scheduled for November 30, 2022 should have been filed, at the latest, by November 20, 2022.

Furthermore, leave to file a petition/motion for rehearing or new hearing should be denied as the time to file has long expired. The Board's FFCLO in this matter, was file-stamped September 8, 2022, and served on Respondents on September 23, 2022. The original due date for any petition/motion for rehearing/reconsideration was October 10, 2022, but Respondents were granted an extension of time to October 24, 2022 to retain new counsel and/or to file any petition/motion, which Respondents chose to file themselves or *in proper person* via email on October 24, 2022. Posthearing motions, as enumerated in NRS 622A.390, state in relevant part:

> A motion requesting a rehearing or reconsideration must be filed with: . . . (b)The regulatory body not later than 15 days after the date of service of the final decision of the regulatory body.

Moreover, any petition for judicial review is also untimely pursuant to NRS 233B.130(2) as it should have been filed within 30 days after service of the final decision of the agency or by October 24, 2022. If Respondents argue that the time to file an petition for judicial review was somehow tolled by the grant of extension of time to file their petition/motion for reconsideration, then Respondents had until November 23, 2022 to file their petition for judicial review on the other final portions of the Board's FFCLO pursuant to NRS 233B.130(4) because the November 10, 2022 Order (served on November 15, 2022) granted partial reconsideration only as to paragraphs 7 and 10 of the Conclusions of Law portion of the FFCLO.

It is requested that the Board deny Respondents' Motion in its entirety as untimely and unwarranted.

Dated this 29th day of November, 2022.

/s/ Courtney K. Lee
Courtney K. Lee, General Counsel
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 29th day of November, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy Suite 814
Henderson, NV 89014

7020 1810 0001 9430 7038

Nathan Edouard
2920 N. Green Valley Pkwy Suite 814
Henderson, NV 89014

7020 1810 0001 9430 7045

Ayesha Mehdi, Esq.
Spencer Fane LLP
300 South 4th Street, Suite 950
Las Vegas, NV 89101

7020 1810 0001 9430 7052

COURTNEY K. LEE

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LAS VEGAS SCRIPTS RX,
Pharmacy License No. PH03930,

NATHAN EDOUARD, RPH,
Certificate of Registration No. 19462, and

SHERMAN WASHINGTON, MD,
Certificate of Registration No. CS24310,

Respondents.

CASE NOS. 19-243-PH-S
19-243-RPH-S
19-243-CS-S

RESPONDENTS' REPLY TO THE BOARDS OPPOSITION TO RESPONDENTS' LAS VEGAS SCRIPTS RX, AND NATHAN EDOUARD, RPH'S MOTION FOR CONTINUANCE AND LEAVE TO FILE PETITION/MOTION FOR NEW HEARING

On November 29, 2022, general counsel for the Nevada Board filed a response in Opposition to Respondents' Motion for New Hearing, alleging impropriety in the procedural mechanism by which Respondents' counsel sought to submit a motion for consideration before the Board. The Board took issue with the submission of Respondents' Motion for Continuance and Leave to File Petition/Motion for New Hearing ("Motion") of November 28, 2022, to J. David Wuest, the Executive Secretary of the Board. Mr. Wuest forwarded Ms. Mehdi's Motion to General Counsel of the Board, Courtney K. Lee, on the morning of November 29, 2022. The motion was submitted in accordance with the provisions of NRS 622A.360(2)(a), (3), and (4), excerpted in relevant part:

> "3. A prehearing motion must be filed with the regulatory body or hearing panel or officer at least 10 days before the date of the hearing. A party who opposes the motion may file a response to the prehearing motion not later than 7 days after the date of service of the motion. Upon a showing of good cause, the regulatory body or hearing panel or officer may allow a party to file such a motion or response within such other times as the regulatory body or hearing panel or officer deems appropriate.
>
> 4. The regulatory body or hearing panel or officer shall rule on any prehearing motion before or on the date of the hearing The regulatory body may authorize the president or chair of the regulatory body to rule on any prehearing motion before the date of the hearing. The hearing panel may authorize the chair or presiding officer of the hearing panel to rule on any prehearing motion before the date of the hearing." *See,* NRS 622A.360 at (3) and (4).

As the hearing is currently set for November 30, 2022, the Respondents' motion was a properly designated "prehearing motion" pursuant to NRS 622A.360(2)(a). The relevant section sets forth three specific avenues for motion submission and consideration: (1) regulatory body, (2) hearing panel, (3) officer. None of which indicate that the prosecutor assigned to present the case brought by the Board is the proper means for receiving the prehearing motion submission of an adverse party. As the statute provides no further information that is instructive concerning motion submission, Respondents' elected to follow the same procedural trajectory as established and endorsed in the Boards acceptance and consideration of Respondents' original motion of October 24, 2022— submission via Mr. Wuest. Without more, the statutory provisions and prior Board practice indicates that Mr. Wuest was the proper avenue for motion submission, deeming the prosecutor's response to counsel's motion not only professionally improper— but procedurally incorrect.

A procedure requiring reliance on the counsel for an adversarial party to receive, review, and submit motions for consideration serves to embed a conflict of interest within a Respondents' due process, and is prejudicial on its face. The absence of more specific instructions for motion submission, should they exist outside of the statutory confines, is a procedural defect of which the Board should seek to remedy to avoid further potential for prejudice.

Nevertheless, Respondents' present Motion for Continuance should be considered for approval by the hearing panel pursuant to NRS 622A.360(3), as "Upon a showing of good cause, the ***regulatory body*** or ***hearing panel*** or ***officer*** <u>may</u> allow a party to file such a motion or response ***within such other times*** as the regulatory body or hearing panel or officer deems appropriate."
(Emphasis added). Therefore, any motion for continuance for the current hearing scheduled for November 30, 2022, remains within the discretion of the aforementioned entities to grant or deny.

Furthermore, leave to file a petition/motion for rehearing or new hearing also remains within the discretion of the regulatory body or hearing panel or officer— for which Respondents request specific instructions for submission to ensure timely and accurate receipt without any opportunity for impropriety or unnecessary delay.

Respondents' therefore reiterate their request that the Board grant Respondents' Motion in its entiret to ensure Respondents receive effective assistance of counsel and full exercise of their rights to procedural due process in accordance with Nevada laws and the Constitution of the United States.

Dated this 29th day of November, 2022.

Respectfully Submitted,

SPENCER FANE LLP

<u>/s/ Ayesha Mehdi</u>
Ayesha R. Mehdi, Esq. (NV Bar No. 13917)
Attorney for Respondents

7B

8

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (06/08/2021)

Where is the facility located? ☑ Nevada ☐ Out-of-State

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☐ New MDEG		☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☑ Ownership Change*	* If making a change, provide current license number:	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M P030X60	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Cranial Technologies Inc

MDEG Physical Address: 8285 W Arby Avenue Suite 235

City: Las Vegas State: NV Zip: 89113-2235

Mailing Address (if different from physical address): 1405 W Auto Drive Fl 2

City: Tempe State: AZ Zip: 85284

Telephone: (725) 236-4279 Website: www.cranialtech.com

Email: regulatoryaffairs@cranialtech.com

Name of MDEG Administrator (NAC 639.694): Morgan Hicks

Type of MDEG products that will be sold (check all applicable)

☐ Medical Gases**	☐ Assistive Equipment
☐ Respiratory Equipment**	☐ Diabetic Supplies
☐ Life-sustaining equipment**	☑ Orthotics and Prosthetics
☐ Parenteral and Enteral Equipment**	☐ Others:

** If providing these products, you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):

Name: N/A Telephone:

Days and Hours of Operation

Mon:	9am-6pm
Tues	7:30am-4:30pm
Wed:	7:30am-4:30pm
Thurs:	7:30am-4:30pm
Fri:	7:30am-4:30pm
Sat:	
Sun:	
Holidays:	

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
See attached addendum

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Arizona

Parent Company (if any): Cranial Technologies Intermediate Holdings, Inc.

Corporation/Organization Name: Cranial Technologies, Inc.

Mailing Address: 1405 W Auto Drive, Fl 2

City: Tempe State: AZ Zip: 85284

Telephone: 602-393-8188 Email: obah@cranialtech.com

Contact Person Name: Oumou Bah

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Darren Wight

Print Name of Authorized Person Submitting Application

Darren Wight

Original signature of Authorized Person (copies or stamps not accepted)

3/31/2022

Date

Board Use Only	Date Received: _____	Amount: 500 check # 86007

1405 W. Auto Dr., Fl. 2, Tempe AZ 85284

Fax: (844) 447-5895 • **Ph: (844) 447-5894**

Addendum to:
Application for Nevada Medical Device, Equipment & Gases (MDEG)
List of Medicare and Medicaid provider numbers registered to the business or its owner:

Clinic Location:
Cranial Technologies, Inc.
8285 W Arby Ave, Ste 235, Las Vegas, NV 89113-2235

NOTE: The following list of clinics are enrolled in their state's Medicaid under their service location NPI. Locations with a PTAN are also enrolled with Medicare

NPI	Medicare ID/PTAN	St.	Address
1841857596		AZ	7330 N 99th Ave, Ste 225, Glendale, AZ 85307
1740723907		AZ	1500 S Dobson Rd, Ste 315, Mesa, AZ 85202
1336264944		AZ	1920 E Cambridge Ave, Bldg E, Ste 205, Phoenix, AZ 85006
1992362370		AZ	6373 E Tanque Verde Rd, Ste 140, Tucson, AZ 85715
1669759486		CA	11620 Wilshire Blvd, Ste 200, Los Angeles, CA 90025
1407468416	675320030	CA	488 E Valley Pkwy Ste 207 Escondido, CA 92025
1376183848	675320021	CA	30 River Park Place West, Ste 280, Fresno, CA 93720
1740812387	67520023	CA	1040 Elm Ave, Ste 304, Long Beach, CA 90813
In Process		CA	1965 Hillhurst Ave, Ste 200, Los Angeles, CA 90027
1114567765		CA	515 South Dr,Ste 23, Mountain View, CA 94040
In Process		CA	1722 Sweetwater Road, Suite A, National City, California 91950
1629629845	67520009	CA	3300 Webster St, Ste 1109, Oakland, CA 94609
1326349630		CA	1010 W La Veta Ave, Ste 510, Orange, CA 92868
1588842330		CA	200 E Del Mar Blvd, Ste 104 Pasadena, CA 91105
1205426657		CA	801 Corporate Center Dr., Ste 200 Pomona, CA 91768
1891211942		CA	4244 Riverwalk Pkwy, Ste 180, Riverside, CA 92505
1972147916	675320020	CA	2825 J St, Ste 325, Sacramento, CA 95816
1568587160	675320031	CA	8010 Frost St, Ste 500, San Diego, CA 92123
1629624127	675320022	CA	1100 Van Ness Ave, Ste 1000, San Francisco, CA 94109
1902484553		CA	7030 Santa Teresa Blvd, Suite 30, San Jose, CA 95139
1821696592		CA	3031 W March Lane, Ste 216 W, Stockton, CA 95219



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Fax: (844) 447-5895 • **Ph: (844) 447-5894**

In Process		CA	15141 Whittier Blvd, Suite 505, Los Angeles, CA 90603
1043783145		CO	9351 Grant St, Ste 650, Thornton, CO 80229
1942766290		CO	7800 E Orchard Rd, Ste 120, Greenwood Village, CO 80111
1922123538		CT	1343 Boston Post Rd, Ste 102, Madison, CT 06443
1427490002		FL	1905 Clint Moore Rd, Ste 301, Boca Raton, FL 33496
1295367837		FL	1300 Riverplace Blvd, Ste 100, Jacksonville, FL 32207
1649396789		FL	7000 SW 62nd Ave Ste 400-A, South Miami, FL 33143
1093183824		FL	2902 N Orange Ave, Ste C, Orlando, FL 32804
1720442981		FL	14497 N Dale Mabry Hwy, Ste 125-N Tampa, FL 33618
1174999858		GA	5901 Peachtree Dunwoody Rd, Ste A-155, Atlanta, GA 30328
1073077848		GA	239 Village Center Pkwy, Ste 230, Stockbridge, GA 30281
1861905325		GA	3235 Satellite Blvd, Bldg 400, Ste 150, Duluth, GA 30096
1013420363		GA	709 Canton Rd NE, Ste 220, Marietta, GA 30060
1861918914		IL	1600 N Randall Rd, Ste 145 Elgin, IL 60123
1235541574		IL	1333 W Belmont Ave, Ste 340, Chicago, IL 60657
1265557888		IL	720 E Butterfield Rd, Ste 180, Lombard, IL 60148
1760047583		IL	13500 Circle Dr, Ste 202, Orland Park, IL 60462
1134244742		IL	4709 Golf Rd, Tower 2, Ste 510, Skokie, IL 60076
1710465166		IN	10603 N Meridian St, Ste 120, Indianapolis, IN 46290
1508260910	675320016	MD	5450 Knoll North Drive, Suite 340 Columbia, MD 21045
1912585563	675320029	MD	251 National Harbor Blvd, Ste 302, National Harbor, MD 20745
1205338860	675320018	MD	10750 Columbia Pike, Ste 100, Silver Spring, MD 20901
1285212845	675320027	MD	22 West Rd, Ste 202, Towson, MD 21204
1699264192		MI	25500 Meadowbrook Rd, Ste 280, Novi, MI 48375
1215400312		MO	4801 Main St, Ste 220, Kansas City, MO 64112
1427656727	675320005	MO	755 S New Ballas Rd., Ste 140, St. Louis, MO 63141
1063537660	675320004	NC	9300 Harris Corners Pkwy, Suite 340, Charlotte, NC 28269
1659959211		NC	3426 Toringdon Way, Ste 410, Charlotte, NC 28277
1861946584		NC	1000 Southhill Dr, Ste 150, Cary, NC 27513
1659938306		NC	1590 Westbook Plaza Dr, Ste 101, Winston-Salem, NC 27103
1477185015		NJ	1810 Chapel Ave W, Ste 100, Cherry Hill, NJ 08002
1568885887		NJ	2163 Oak Tree Rd, Ste 104, Edison, NJ 08820
1811012495		NJ	2 University Plaza Dr, Ste 111, Hackensack, NJ 07601
1255907770		NJ	240 Cedar Knolls Rd, Ste. 106, Cedar Knolls, NJ 07927
1023696689		NV	8285 W Arby Ave, Ste. 235, Las Vegas, NV 89113



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1265081731		NY	1393 Veterans Memorial Hwy, Ste 112N, Hauppauge, NY 11788
1700435278		NY	200 Old Country Rd, Ste 590A, Mineola, NY 11501
1144657024	675320008	NY	495 Central Park Ave, Ste 1, Scarsdale, NY 10583
1962947036		OH	4030 Smith Rd, Ste 105, Cincinnati, OH 45209
1205370038		OH	6055 Rockside Woods Blvd, Ste 170, Independence, OH 44131
1851864953		OH	500 E Main St, Ste 250, Columbus, OH 43215
1174172647		PA	250 Cetronia Rd, Ste 306, Allentown, PA 18104
1730682832		PA	5750 Centre Ave, Ste 100, Pittsburgh, PA 15206
1952878167		TN	1720 West End Ave, Ste 630, Nashville, TN 37203
1578688164		TX	1111 W 34th St, Ste 204, Austin, TX 78705
1457954695		TX	13114 FM 1960 RD W, Ste. 150 Houston, TX 77065
1689799272		TX	8131 LBJ Freeway, Ste 100, Dallas, TX 75251
1851719918		TX	800 8th Ave, Ste 124, Fort Worth, TX 76104
1871191643		TX	2020 W State Highway 114, Ste 360, Grapevine, TX 76051
1922528959		TX	10907 Memorial Hermann Dr, Ste 410, Pearland, TX 77584
1629677281		TX	8122 Datapoint Dr, Ste 506, San Antonio, TX 78229
1639597792		TX	929 Gessner Rd, Ste 2205, Houston, TX 77024
1396157541		TX	128 Vision Park Blvd, Ste 100 Shenandoah, TX 77384
1841761095		UT	4225 W Lake Park Blvd, Ste 225, West Valley City, UT 84120
1366567950	675320019	VA	3299 Woodburn Rd, Ste 320, Annandale, VA 22003
1376102053		VA	6161 Kempsville Cir, Ste 300, Norfolk, VA 23502
1609433341		VA	8730 Stony Point Pkwy, Ste 140, Richmond, VA 23235
1659873271	675320017	VA	14 Pidgeon Hill Dr, Ste 410, Sterling, VA 20165
1134507429		WI	115 S 84th St., Ste. 410, Milwaukee, WI 53214



1405 W. Auto Dr., Fl. 2, Tempe AZ 85284

Fax: (844) 447-5895 • **Ph: (844) 447-5894**

Addendum to:
Application for Nevada Medical Device, Equipment & Gases (MDEG)
List of Officers and Directors

Clinic Location:
Cranial Technologies, Inc.
8285 W Arby Ave. Ste 235, Las Vegas, NV 89113-2235

- Cranial Technologies Intermediate Holdings, Inc.
  - Title: Owner/Parent Company
  - Percent Owned: 100%
  - Tax ID: 45-4038701
  - Address: 1405 W Auto Drive Fl 2, Tempe, AZ 85284
  - Phone: 844-447-5894
- Debra James
  - Title: CEO
  - SSN: [redacted]
  - DOB: [redacted]
  - Address: [redacted] E Hearne Way, Gilbert AZ 85234-6154
  - Phone: [redacted]
- Darren Wight
  - Title: CFO
  - SSN: [redacted]
  - DOB: [redacted]
  - Address: [redacted] E Comstock Dr, Gilbert AZ 85296-9450
  - Phone: [redacted]
- Timothy Littlefield
  - Title: Chief Science & Technology Officer
  - SSN: [redacted]
  - DOB: [redacted]
  - Address: [redacted] E Theia Dr, Mesa AZ 85212-8524
  - Phone: [redacted]
- Robert Mulfinger
  - Title: Chief Commercial Officer
  - SSN: [redacted]
  - DOB: [redacted]
  - Address: [redacted] Avoca St, Nashville TN 37203-1208
  - Phone: [redacted]



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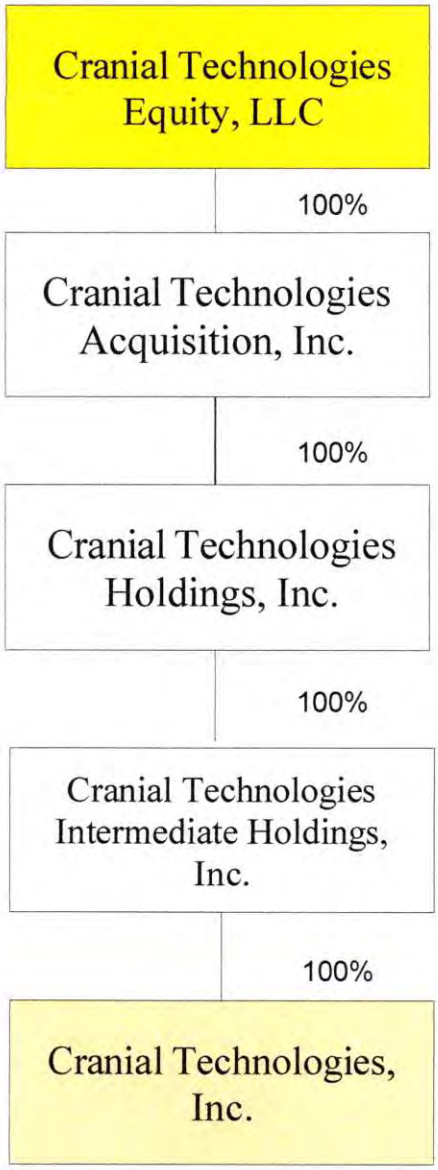
Fax: (844) 447-5895 • **Ph: (844) 447-5894**

- Eric Raymond Sondag
  - Title: Board Member
  - DOB: [redacted]
  - SSN: [redacted]
  - Address: [redacted] W 72nd St, Apt [redacted], NY, NY 10023-4195
  - Phone: [redacted]
- Henri Jean Paul Domange
  - Title: Board Member
  - DOB: [redacted]
  - SSN: [redacted]
  - Address: [redacted] Lispenard St, Apt [redacted], NY, NY 10013-5221
  - Phone [redacted]
- Jack Sasson
  - Title: Board Member
  - DOB: [redacted]
  - SSN: [redacted]
  - Address: [redacted] E 61st Street, Apt [redacted], NY, NY 10065-8191
  - Phone: [redacted]
- Robert "**Austin**" Glass
  - Title: Board Member
  - DOB: [redacted]
  - SSN: [redacted]
  - Address: [redacted] Greenwich Street, Apt [redacted], NY, NY 10013-2710
  - Phone: [redacted]

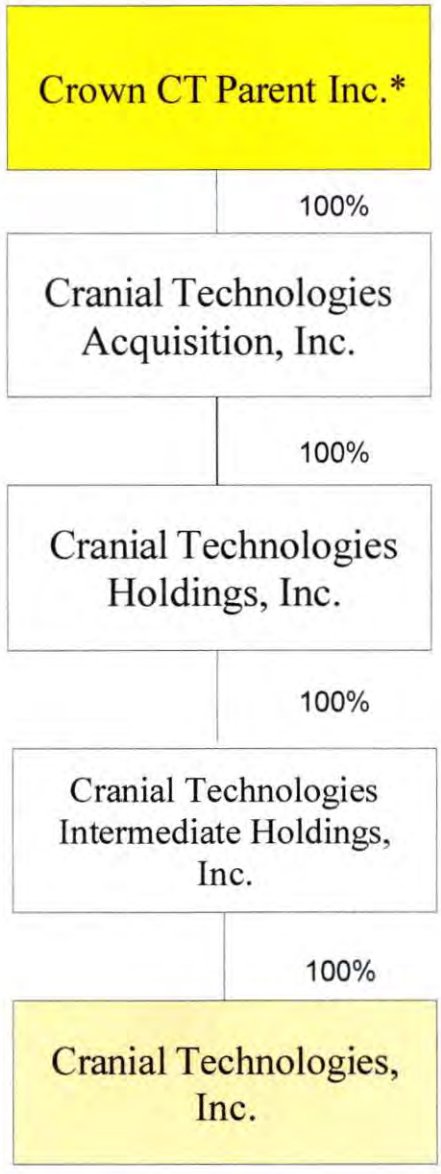


Attachment A

Pre-Closing Organization Chart



Post-Closing Organization Chart



* After closing, the majority of the equity of Crown CT Parent Inc. will be owned indirectly by Eurazeo SE, a public company registered in accordance with the corporate law of France (through intermediary entities specifically created for this investment). No other person or entity will own 5% or more of the equity of Cranial Tech or exercise control over such licensed entity.

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

CRANIAL TECHNOLOGIES, INC.

ACC file number: 06021477

was incorporated under the laws of the State of Arizona on 07/09/1993;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **07/11/2022**

Matthew Neubert, Executive Director

1405 W. Auto Dr., Fl. 2, Tempe AZ 85284

Fax: (844) 447-5895 • **Ph: (844) 447-5894**

March 8, 2022

RECEIVED
APR 11 2022
NEVADA STATE BOARD
OF PHARMACY

NV Board of Pharmacy
985 Damonte Ranch Parkway
Reno, NV 89521

Re: Cranial Technologies, Inc.

To Whom It May Concern:

The purpose of this letter is to notify the NV Board of Pharmacy of an upcoming indirect change of ownership of Cranial Technologies, Inc. ("Cranial Tech"), which currently holds State MDEG License for the following facilities (each, a "Clinic"):

Facility D/B/A Name and Address	License/Permit Type and ID No.
8285 W Arby Ave, Ste. 235, Las Vegas, NV 89113	LICENSE NUMBER : P030060

In connection with a Stock Purchase Agreement by and among: (i) Crown CT Parent Inc., a Delaware corporation ("Purchaser"), (ii) Cranial Technologies Equity, LLC ("Seller") and (ii) Cranial Technologies Acquisition, Inc. ("CT Acquisitions"), Purchaser will be acquiring all of the issued and outstanding Common Stock of CT Acquisition (the "Transaction"). As a result of the Transaction, Purchaser will become the indirect owner of 100% of Cranial Tech, an entity which holds the above permits. Enclosed for your reference as Attachment A, please find pre- and post-closing organizational charts, illustrating the change.

Please note that the Transaction will result only in a change of indirect ownership of Cranial Tech. Following the Transaction, Cranial Tech will retain its tax identification number. In addition, Cranial Tech's direct ownership/controlling interests, operations, accreditation, location, name, and policies and procedures of the business will remain the same.

The Transaction is expected to close on or about March 8, 2022.



1405 W. Auto Dr., Fl. 2, Tempe AZ 85284

Fax: (844) 447-5895 • **Ph: (844) 447-5894**

We understand this is all the information you need in regard to this Transaction. If, however, you have questions or need any additional information, please do not hesitate to contact Justin Bova (jbova@cranialtech.com)

Sincerely,

Justin Bova
Director of Managed Care

Enclosure



CRANTEC-01 KBUCHER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/31/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Colleen Sokolowski	
Thompson Flanagan Executive Liability Group 626 W. Jackson Blvd. 5th Floor Chicago, IL 60661	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: csokolowski@thompsonflanagan.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Chubb Custom Insurance Company	
INSURED	INSURER B : Great Northern Insurance Company	20303
Cranial Technologies, Inc. 1395 W. Auto Drive Tempe, AZ 85284	INSURER C : Federal Insurance Company	20281
	INSURER D : Chubb Indemnity Insurance Company	12777
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 10,000,000
	X CLAIMS-MADE ☐ OCCUR			3605-42-40	4/1/2022	4/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 10,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 10,000,000
	X POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$ 10,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			7361-44-84	4/1/2022	4/1/2023	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
C	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB ☐ CLAIMS-MADE			7989-67-44	4/1/2022	4/1/2023	AGGREGATE	$ 10,000,000
	DED ☐ RETENTION $							$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A		7183-36-69	4/1/2022	4/1/2023	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Prof. Liability			3605-42-41	4/1/2022	4/1/2023	Limit	10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 8285 W Arby Ave Suite 235 Las Vegas NV 89113

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Corbin S Flanagan

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Cranial Technologies, Inc. MDEG License # (if applicable): MP030060

Physical Address: 8285 W Arby Avenue Suite 235

City: Las Vegas State: NV Zip: 89113-2235

Mailing Address (if different from physical address): 1405 W Auto Drive Fl 2

City: Tempe State: AZ Zip: 85284

Telephone: (725) 236-4279 Website: www.cranialtech.com

Licensing Company Email: regulatoryaffairs@cranialtech.com

Section 2: Personal Information

First: Morgan Middle: Tailor Last: Hicks

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Box Step Drive

City: Henderson State: NV Zip: 89014

Telephone: [redacted] Email: mhicks@cranialtech.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
West Texas A&M University		08/14-12/21	
Address	City	State	Zip
4th Avenue	Canyon	TX	70015
Diploma/Degree obtained, if any			
BS in Communication Disorders			
School Name		From - To (MM/YY – MM/YY)	
Canyon High School		08/14-08/19	
Address	City	State	Zip
1701 23rd Street	Canyon	TX	79015
Diploma/Degree obtained, if any			
GED			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/21-present	[redacted]Box Step Drive	Henderson	NV	89014
From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/19-07/21	[redacted]S 300 E Apt. 241	Salt Lake City	UT	84115
From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/18-08/19	[redacted]N 600 W	Salt Lake City	UT	84116
From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/11-08/18	[redacted]Taylor Lanes	Canyon	TX	79015
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Cranial Technologies, Inc,			11/2020-04/2022	
Business Address		**City**	**State**	**Zip**
4225 West Lakes Park Blvd, Suite 225		Salt Lake City	UT	84120
Phone	**Title**		**Number of Employed Hours**	
(725) 236-4279	Baby Imaging ~~Specialist~~		2720	
Description of Duties				
Calibrate, operate imaging DSi system to create DOC Band, Medical Office duties to manage DOC band care.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Morgan Hicks, **certify that as the MDEG Administrator for**

Cranial Technologies, Inc.,

that I (initial that you have read and meet the following requirements):

1. MH Have a high school diploma or its equivalent;
2. MH Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MH Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Morgan Hicks
Print Name (First, Last)

Morgan Hicks
Original Signature (electronic, copies or stamps not accepted)

4-1-2022
Date

Board Use Only	Date Received:

9

9A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☑ Nevada ☐ Out-of-State	☑ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: ADVANCE PHARMA

Physical Address: 5000 W. OAKEY BLVD B-7

City: LAS VEGAS State: NV Zip: 89146

Mailing Address (if different from physical address): 5000 W. OAKEY BLVD B-7

City: LAS VEGAS State: NV Zip: 89146

Telephone: 702 574 6144 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: info@advancepharma.us

Website: Advance Pharma

Nevada Business License # (if applicable) NV20222583742

Supervising/Managing Pharmacist Name (NRS 639.220): TAYLOR MENDEZ

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23119

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: TAYLOR RETH MENDEZ	NV Pharmacist Registration #: 23119
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEVADA

Parent Company (if any): _____

Corporation/Organization Name: ADVANCE PHARMA

Mailing Address: 5000 W. OAKEY BLVD B-7

City: LAS VEGAS State: NV Zip: 89146

Telephone: 702 574 6144 Email: info@advancepharma.us

Contact Person Name: Vladimir Hernandez

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist in Charge (title) for ADVANCE PHARMA (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Taylor R. Mendez

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

10/03/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, TAYLOR MENDEZ hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PHARMACYST (title) for ADVANCE PHARMA (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Taylor Mendez
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 03 day of October, 2022

Notary Public

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
VLADIMIR HERNANDEZ
Appt. No. 16-4403-1
My Appt. Expires Dec. 4, 2024

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: TAYLOR MENDEZ Pharmacist Registration #: 23119

Pharmacy Name: ADVANCE PHARMA

Initial each statement below to indicate you have read and agree with the following:

TM I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

TM I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

TM I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

TM I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

TM I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Taylor Mendez
Original signature of Managing Pharmacist (copies or stamps not accepted)

10/03/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List <u>all</u> Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the <u>top four</u> stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List <u>all stockholders</u> who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded -** The top 4 shareholder/stockholders. **b. For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Taylor R Mendez

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

10/03/2022
Date

Board Use Only	Date Received: 10-27-22	Amount: 500.00 CC

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

ADVANCE PHARMA

Nevada Business Identification # NV20222583742
Expiration Date: 09/30/2023

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/28/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202209283040111
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT:

Name	Country
Jose Horacio De Luna Almaguer	USA

Address	City	State	Zip/Postal Code
[redacted] Restful Springs Ct	Las Vegas	NV	89128

CORPORATION, INDICATE THE SECRETARY:

Name	Country
Vladimir Igor Hernandez	USA

Address	City	State	Zip/Postal Code
[redacted] Rexburg Circle	Las Vegas	NV	89107

CORPORATION, INDICATE THE TREASURER:

Name	Country
Vladimir Igor Hernandez	USA

Address	City	State	Zip/Postal Code
[redacted] Rexburg Circle	Las Vegas	NV	89107

CORPORATION, INDICATE THE DIRECTOR:

Name	Country
Gabriela De Luna Olivares	USA

Address	City	State	Zip/Postal Code
[redacted] Restful Springs Ct	Las Vegas	NV	89128

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X Vladimir I Hernandez
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Secretary
Title

09/28/2022
Date

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

09/28/2022

Work Order Item Number:	W2022092802916 - 2411827
Filing Number:	20222647636
Filing Type:	Initial List
Filing Date/Time:	09/28/2022 20:47:07 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E26476352022-6 **Entity Name:** ADVANCE PHARMA

Entity Status: Active **Expiration Date:** None

Commercial Registered Agent
TNAM CORPORATION
2917 W. WASHINGTON AVE # 3, LAS VEGAS, NV 89107, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	E26476352022-6
	Filing Number
Secretary of State	20222647634
State Of Nevada	Filed On
	09/28/2022 20:47:07 PM
	Number of Pages
	2

Formation - Profit Corporation

☑ NRS 78 - Articles of Incorporation Profit Corporation ☐ NRS 80 - Foreign Corporation ☐ NRS 89 - Articles of Incorporation Professional Corporation

☐ 78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

Articles of Formation of _____ **a close corporation (NRS 78A)**

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)

ADVANCE PHARMA

2. Registered Agent for Service of Process: (Check only one box)

☑ Commercial Registered Agent (name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below)

TNAM CORPORATION
Name of Registered Agent **OR** Title of Office or Position with Entity

2917 W. WASHINGTON AVE # 3 Street Address — **LAS VEGAS** City — Nevada **89107** Zip Code

PO BOX 35412 Mailing Address (If different from street address) — **LAS VEGAS** City — Nevada **89133** Zip Code

2a. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X **Vladimir Hernandez** — **09/28/2022**
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — **Date**

3. Governing Board: (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)

This corporation is a close corporation operating with a board of directors ☐ Yes **OR** ☑ No

4. Names and Addresses of the Board of Directors/ Trustees or Stockholders

(NRS 78: Board of Directors/ Trustees is required.

NRS 78a: Required if the Close Corporation is governed by a board of directors.

NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)

1) **Jose Horacio De Luna Almaguer** Name

[redacted]**Restful Springs Ct** Address — **Las Vegas** City — **NV** State — **89128** Zip Code

5. Jurisdiction of Incorporation: (NRS 80 only)

5a. Jurisdiction of incorporation:

5b. I declare this entity is in good standing in the jurisdiction of its incorporation. ☐

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
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www.nvsilverflume.gov

Formation - profit Corporation

Continued, Page 2

6. Benefit Corporation: (For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)	By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field. **Yes** ☑
7. Purpose/Profession to be practiced: (Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)	**Pharmacy Services**
8. Authorized Shares: (Number of shares corporation is authorized to issue)	Number of common shares with Par value: 0 Par value: $ 0 Number of preferred shares with Par value: 0 Par value: $ 0 Number of shares with no par value: **70000** If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.
9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80. **Name, Address and Signature of the Incorporator** for NRS 78, 78A, and 89. NRS 89 - Each Organizer/ Incorporator must be a licensed professional.	**I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.** **Jose Horacio De Luna Almaguer** (Name) **United States** (Country) [redacted]**Restful Springs Ct** (Address) **Las Vegas** (City) **NV** (State) **89128** (Zip/Postal Code) X **Jose Horacio De Luna Almaguer** (attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

ADVANCE PHARMA

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☑ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

Filed in the Office of	Business Number
Barbara K. Cegavske	**E26476352022-6**
Secretary of State	Filing Number
State Of Nevada	**20222647636**
	Filed On
	09/28/2022 20:47:07 PM
	Number of Pages
	2

☐ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association

☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: **Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the *Charitable Solicitation Registration Statement* is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the *Exemption From Charitable Solicitation Registration Statement* is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC CORPORATION (78) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **ADVANCE PHARMA** did, on 09/28/2022, file in this office the original Articles of Incorporation-For-Profit that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/28/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202209283040110
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ADVANCE PHARMA

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 5000 W. OAKEY BLVD B-7

City LAS VEGAS State NV Zip 89146

Mailing Address (if different from physical address) 5000 W. OAKEY BLVD B-7

City LAS VEGAS State NV Zip 89146

Telephone 702 574 6144 Website ADVANCEPHARMA.US

Licensing Company Email info@advancepharma.us

Section 2: Personal Information

First TAYLOR Middle RHETT Last MENDEZ

Alias(es, nicknames, name changes, etc.) TAYLOR RHETT MURRAY

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] LANGHORNE CREEK ST

City LAS VEGAS State NV Zip 89139

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ROSEMAN UNIVERSITY OF HEALTH SERVICES		08/19 - 05/22	
Address	**City**	**State**	**Zip**
11 SUNSET WAY	HENDERSON	NV	89014
Diploma/Degree obtained, if any			
PHARMD			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF NEVADA		08/16 - 0519	
Address	**City**	**State**	**Zip**
4505 S. MARYLAND PARKWAY	LAS VEGAS	NV	89154
Diploma/Degree obtained, if any			
PRE-REQUISITES FOR PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
SILVERADO HIGH SCHOOL		08/10 -06/14	
Address	**City**	**State**	**Zip**
1650 SILVER HAWK AVE	LAS VEGAS	NV	89123
Diploma/Degree obtained, if any			
HIGH HONOR			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20 -10/22	[redacted]S. LANGHORNE CREEK ST	LAS VEGAS	NV	89139
05/19 - 06/20	[redacted]TIMBER CROSSING ST	HENDERSON	NV	89074
01/12 - 04/19	[redacted]SILVER SLIPPER AVE	HENDERSON	NV	89002

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
ASPCARE SPECIALITY PHARMACY			06/22 - 09/22	
Business Address		**City**	**State**	**Zip**
501 S. RANCHO 646		LAS VEGAS	NV	89106
Phone	**Title**		**Number of Employed Hours**	
702 941 1844	PHARMACIST		600	
Description of Duties				
REVIEW AND VERIFY NEW SCRIPTS AND REFILL FOR ACCURACY WORK WITH PATIENTS WITH HIV, TRANSPLANT, AND MIGRANE				

Business Name			From - To (MM/YY – MM/YY)	
ROSEMAN UNIVERSITY OF HEALTH SERVICES			08/19 - 09/22	
Business Address		**City**	**State**	**Zip**
11 SUNSET WAY		HENDERSON	NV	89014
Phone	**Title**		**Number of Employed Hours**	
702 990 4433	INTERN PHARMACIST		2000	
Description of Duties				
EDUCATED PATIENTS WORK IN PROFESSIONAL TEAMS FILLED & WRITE PRESCRIPTIONS AT VARIOUS LOCATIONS				

Business Name			From - To (MM/YY – MM/YY)	
ROSEMAN UNIVERSITY OF HEALTH SERVICES			12/19 - 01/21	
Business Address		**City**	**State**	**Zip**
11 SUNSET WAY		HENDERSON	NV	89014
Phone	**Title**		**Number of Employed Hours**	
702 990 4433	IRB - ADMIN		1800	
Description of Duties				
HAVE DIRECT ADMINISTRATIVE OVERSHIGHT AND COORDINATION ALL RESEARCH INVOLVING HUMAN SUBJET, APPROVING RESARCH TO ENSURE COMPLIANCE WIHT FEDERAL ANS STATE LAW				

Business Name			From - To (MM/YY – MM/YY)	
CVS PHARMACY				
Business Address		**City**	**State**	**Zip**
21 W. HORIZON RIDGE PARKWAY		HENDERSON	NV	89012
Phone	**Title**		**Number of Employed Hours**	
702 566 4541	PHARMACY INTERN /TECH		4200	
Description of Duties				
ASSIST PHARMACYST IN FILLING SCRIPTS, DICTATED RXS, PERFORM INVENTORY MANAGEMENT TAKE SCRIPT OVER THE PHONE, MANAGE PATIENT TREATMENT, DISPENSE PRESCRIPTION TO PATIENTS.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Taylor Mendez
Original Signature (electronic, copies or stamps not accepted)

10/3/2022
Date

I, TAYLOR MENDEZ, **certify that as the designated representative for**

ADVANCE PHARMA,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. YM I am at least 21 years of age;
3. YM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. YM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. YM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. YM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. YM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Taylor Mendez
Print Name (First, Last)

Taylor Mendez
Original Signature (electronic, copies or stamps not accepted)

10/03/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

TAYLOR MENDEZ

Print Name (First, Last)

Taylor Mendez — 10/03/2022

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Taylor Rhett Mendez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Taylor Mendez — 10/3/22

Original Signature — **Date**

Subscribed and Sworn to before me this 03 day of October 2022

Notary Public Signature

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
VLADIMIR HERNANDEZ
Appt. No. 16-4403-1
My Appt. Expires Dec. 4, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ADVANCE PHARMA

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 5000 W. OAKEY BLVD B-7

City LAS VEGAS State NV Zip 89146

Mailing Address (if different from physical address) 5000 W. OAKEY BLVD B-7

City LAS VEGAS State NV Zip 89146

Telephone 7025746144 Website ADVANCEPHARMA.US

Licensing Company Email INFO@ADVANCEPHARMA.US

Section 2: Personal Information

First Gabriela Middle _____ Last De Luna Olivares

Alias(es, nicknames, name changes, etc.) Yassel Olivares Couto

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Restful Springs Ct

City Las Vegas State NV Zip 89128

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
SCHOOL OF MEDICINE SANTIAGO DE CUBA		09/98 - 07/2000	
Address	**City**	**State**	**Zip**
AVENIDA LAS AMERICAS	SANTIAGO DE CUBA	CUBA	90100
Diploma/Degree obtained, if any			
DENTIST			

School Name		From - To (MM/YY – MM/YY)	
IPUCE JOSE MACEO		09/93 - 09/95	
Address	**City**	**State**	**Zip**
AVE 26 DE JULIO	GUANTANAMO	CUBA	95100
Diploma/Degree obtained, if any			
HIGH SCHOOL DEGREE			

School Name		From - To (MM/YY – MM/YY)	
JUNIOR HIGH SCHOOL LA SALLE		09/90 - 09/95	
Address	**City**	**State**	**Zip**
AVE CARLOS MANUEL	GUANTANAMO	CUBA	95100
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
ELEMENTARY SCHOOL CONRADO BENITES		09/83 - 07/90	
Address	**City**	**State**	**Zip**
AVENIDA PEDRO A PEREZ	GUANTANAMO	CUBA	95100
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/19 Current	[redacted]RESTFUL SPRINGS CT	Las Vegas	NV	89128
01/17 - 04/19	[redacted] OLD NEWBURG AVE	LAS VEGAS	NV	89108
01/16 - 01/17	[redacted]FLAMINGO RD	LAS VEGAS	NV	89121
08/15 - 01/16	[redacted]ARTIC ST	LAS VEGAS	NV	89121
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
BRAIN HEALTH SOLUTIONS			10/19 - CURRENT	
Business Address		**City**	**State**	**Zip**
5000 W. OAKEY BLVD STE A2		LAS VEGAS	NV	89145
Phone	**Title**			
702-478 3858	DIRECTOR			
Description of Duties				
OFFICE MANAGER				

Business Name			From - To (MM/YY – MM/YY)	
ALTA WELLNESS CENTER			10/16 - 10/19	
Business Address		**City**	**State**	**Zip**
6655 W. SAHARA AVE		LAS VEGAS	NV	89146
Phone	**Title**			
702-901-9729	NEUROFEEDBACK TECHNICIAN			
Description of Duties				
NEUROFEED BACK SERVICES				

Business Name			From - To (MM/YY – MM/YY)	
THE COSMOPOLITAN OF LAS VEGAS			5/16 - 8/17	
Business Address		**City**	**State**	**Zip**
3708 LAS VEGAS BLVD		LAS VEGAS	NV	89109
Phone	**Title**			
702-698 7000	ROOM ATTENDARN			
Description of Duties				
ROOM ATTENDAN				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ 10/3/2022

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gabriela De Luna Olivares

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/03/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Gabriela De Luna Olivares, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/03/2022

Date

Subscribed and Sworn to before me this 03 day of October, 2022

Notary Public Signature

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
VLADIMIR HERNANDEZ
Appt. No. 16-4403-1
My Appt. Expires Dec. 4, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ADVANCE PHARMA

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 5000 W. OAKEY BLVD B-7

City LAS VEGAS State NV Zip 89146

Mailing Address (if different from physical address) 5000 W. OAKEY BLVD B-7

City LAS VEGAS State NV Zip 89146

Telephone 702 574 6144 Website ADVANCEPHARMA.US

Licensing Company Email INFO@ADVANCEPHARMA.US

Section 2: Personal Information

First JOSE Middle HORACIO Last DE LUNA ALMAGUER

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] RESTFUL SPRINGS CT

City LAS VEGAS State NV Zip 89128

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
CENTRO DE ESTUDIOS REGIOMONTANOS		09/95 - 07/98	
Address	**City**	**State**	**Zip**
CALLE BENITO JUAREZ	MONTERREY, NL	MEXICO	67150
Diploma/Degree obtained, if any			
INDUSTRIAL ELECTROMECHANIC			

School Name		From - To (MM/YY – MM/YY)	
THECNICAL SCHOOL CECATI		09/93 - 07/95	
Address	**City**	**State**	**Zip**
CALLE MITLA Y MANUEL NEGRETE	SAN NICOLAS, NL	MEXICO	66437
Diploma/Degree obtained, if any			
INDUSTRIAL ELECTROMECHANIC			

School Name		From - To (MM/YY – MM/YY)	
HIGH SCHOOL # 2 PIPILA		09/93 - 07/95	
Address	**City**	**State**	**Zip**
COL. CELESTINO GUSCA	GENERAL ESCOBEDO, NL	MEXICO	6605
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
ELEMENTARY SCHOOL PROFESORA MARIA E. VILLAREAL		09/83 - 07/89	
Address	**City**	**State**	**Zip**
CALLE MORELOS Y PAVON # 200	GENERAL ESCOBEDDO, NL	MEXICO	6605
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/19 - CURRENT	[redacted] RESTFUL SPRINGS CT	LAS VEGAS	NV	89128
12/18 - 04/19	[redacted] OLD NEWBURG	LAS VEGAS	NV	89108
02/16 - 12/18	[redacted] KIAMATH FALL WAY	LAS VEGAS	NV	89128
02/14 - 02/16	[redacted] OLIVE PALM	LAS VEGAS	NV	89128
02/11 - 02/14	[redacted] LEANING PINE WAY	LAS VEGAS	NV	89128
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
BRAIN HEALTH SOLUTIONS			10/20 - Current	
Business Address		**City**	**State**	**Zip**
5000 W. OAKEY BLVD STE A2		LAS VEGAS	NV	89146
Phone	**Title**			
702 476 3858	NEUROFEEDBACK THERAPIST			
Description of Duties				
NEUROFEEDBACK THERAPIST				

Business Name			From - To (MM/YY – MM/YY)	
PAVESTONE			10/19 - 10/20	
Business Address		**City**	**State**	**Zip**
4720 ALTO AVE		LAS VEGAS	NV	89115
Phone	**Title**			
702.221.2700	ELECTRICIAN			
Description of Duties				
ELECTRICIAN				

Business Name			From - To (MM/YY – MM/YY)	
WONDER SOIL			02/14 - 05/19	
Business Address		**City**	**State**	**Zip**
6355 WINDY RD		LAS VEGAS	NV	89119
Phone	**Title**			
702 360 5800	INDUSTRIAL MAINTENANCE			
Description of Duties				
RELATED TO INDUSTRIAL MAINTENANCE				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/03/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JOSE HORACIO DE LUNA ALMAGUER

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/03/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Jose Horacio De Luna Almaguer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/03/2022

Date

Subscribed and Sworn to before me this 03 day of October 2022

Notary Public Signature

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
VLADIMIR HERNANDEZ
Appt. No. 16-4403-1
My Appt. Expires Dec. 4, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ADVANCE PHARMA

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 5000 W. OAKEY BLVD B-7

City LAS VEGAS State NV Zip 89146

Mailing Address (if different from physical address) 5000 W. OAKEY BLVD B-7

City LAS VEGAS State NV Zip 89146

Telephone 702 574 6144 Website ADVANCEPHARMA.US

Licensing Company Email INFO@ADVANCEPHARMA.US

Section 2: Personal Information

First VLADIMIR Middle IGOR Last HERNANDEZ

Alias(es, nicknames, name changes, etc.) VLADIMIR HERNANDEZ PORRAS

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address P.O.BOX [redacted]

City LAS VEGAS State NV Zip 89133

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
EXAMFX		03/2016 - 03/2016	
Address	**City**	**State**	**Zip**
ONLINE		NV	
Diploma/Degree obtained, if any			
LIFE AND HEALTH INSURANCE			

School Name		From - To (MM/YY – MM/YY)	
INCAE		02/1992 - 02/1993	
Address	**City**	**State**	**Zip**
MONTEFRESCO	MANAGUA, NICARAGUA	NIC.	
Diploma/Degree obtained, if any			
SALES & MARKETING MANAGEMENT			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSIDAD NACIONAL DE INGENIERIA		02/1987 - 11/1992	
Address	**City**	**State**	**Zip**
COSTADO SUR VILLA PROGRESO	MANAGUA, NICARAGUA	NIC	
Diploma/Degree obtained, if any			
INDUSTRIAL ENGINEENRING			

School Name		From - To (MM/YY – MM/YY)	
INSTITUTO NICARAGUENSE DE ADMINISTRACION PUBLICA		02/1987 - 11/1988	
Address	**City**	**State**	**Zip**
2ND AVE SUROESTE	MANAGUA, NICARAGUA	NIC	
Diploma/Degree obtained, if any			
HUMAN RESOURCE MANAGEMENT			

School Name		From - To (MM/YY – MM/YY	
INSTITUTO NICARAGUENSE DE ADMINISTRACION PUBLICA		02/1987 -11/1988	
Address	**City**	**State**	**Zip**
2ND AVE SUROESTE	MANAGUA, NICARAGUA	NIC	
Diploma/Degree obtained, if any			
BUSINESS MANAGEMENT AND PROBLEMS SOLUTION			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2019 TO PRESE[redacted]	[redacted]REXBURG CIRCLE	LAS VEGAS	NV	89107
11/2014 TO 04/2019	[redacted]MOONLIGHT BAY	LAS VEGAS	NV	89128
02/2012 TO 10/2014	[redacted]Desert Inn Rd Apt 1118 and Apt 1028	LAS VEGAS	NV	89117
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
TNAM CORPORATION			03/2013 TO PRESENT	
Business Address	**City**		**State**	**Zip**
2917 W. WASHINGTON AVE STE 3	LAS VEGAS		NV	89107
Phone	**Title**			
702 609 9800	C. E. O			
Description of Duties				
MANAGE BUSINESS OPERATION				

Business Name			From - To (MM/YY – MM/YY)	
WASHINGTON TIRES AND ACCESSORIES			05/2017 TO PRESENT	
Business Address	**City**		**State**	**Zip**
2905 W. WASHINGTON AVE	LAS VEGAS		NV	89107
Phone	**Title**			
702 636 8773	BOOKKEEPER			
Description of Duties				
BOOKKEEPER				

Business Name			From - To (MM/YY – MM/YY)	
MASSMUTUAL			03/16 - 05/17	
Business Address	**City**		**State**	**Zip**
1140 N TOWN CENTER DR STE 350	LAS VEGAS		NV	89144
Phone	**Title**			
702 791 0200	AGENT			
Description of Duties				
FINANCIAL SERVICES				

Business Name			From - To (MM/YY – MM/YY)	
BRINI ENTERPRISES			11/2004 - 02/2011	
Business Address	**City**		**State**	**Zip**
3400 CABANA DR UNIT 1099	LAS VEGAS		NV	89122
Phone	**Title**			
N/A	DIRECTOR			
Description of Duties				
OPERATION MANAGEMENT				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

V Pinney

Original Signature (electronic, copies or stamps not accepted)

10/5/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

VLADIMIR HERNANDEZ

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/28/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Vladimir IGor Hernandez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/05/2022

Date

State of Nevada
County of Clark
Subscribed and Sworn to before me this 5th day of October, 2022 by Vladimir Igor Hernandez.

Notary Public Signature

CARLA V GOMEZ
Notary Public-State of Nevada
Appointment No. 10-3602-1
My Appointment Expires May 17, 2026

(Seal)

9B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Y

Where is the facility located?

- ■ Nevada
- ☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 03469	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Choice LV Specialty Pharmacy

Physical Address: 7915 W Sahara Ave, #103

City: Las Vegas State: NV Zip: 89117

Mailing Address (if different from physical address): Same as physical address

City: _____ State: _____ Zip: _____

Telephone: 702-487-5207 Toll Free # (NAC 639.708, NRS 639.23286): None

Fax: 702-487-5886 Contact Email: choiceLVpharmacist@gmail.com

Website: none

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Jonathan Tang ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19117 ✓

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Jonathan Tang	NV Pharmacist Registration #: 19117
Name: Bora Shim	NV Pharmacist Registration #: 20629
Name: Hiep Nguyen	NV Pharmacist Registration #: 19451
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): Apotheco, LLC (sole member of Janna Pharmacy, LLC)

Corporation/Organization Name: Ace Pharmacy, LLC

Mailing Address: 788 Morris Turnpike, Floor 3

City: Short Hills State: NJ Zip: 07078

Telephone: 973-869-2820 Email: nikki@apothecopharmacy.com

Contact Person Name: Nikolette Baniewicz

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Ace Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Anush Amin

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

6/10/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Anush Amin hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Ace Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

HURLEY FOX - NOTARY PUBLIC
No. 50029122
Comm. Exp. December 28, 2025
NEW JERSEY

SUBSCRIBED AND SWORN TO
Before me, a notary public this 10 day of June, 2022

Notary Public

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Jonathan Tang Pharmacist Registration #: 19117

Pharmacy Name: Ace Pharmacy LLC

Initial each statement below to indicate you have read and agree with the following:

JT I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

JT I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

JT I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

JT I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

JT I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

6/13/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓ SEE ATTACHEMENT		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓ SEE ATTACHEMENT		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓ SEE ATTACHEMENT		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): ○ All General Partners; ○ All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• Personal History Record Application found at http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. For Non-publicly traded - The top 4 shareholder/stockholders. b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest. c. For Sole Owner - The owner.		✓	✓	✓
• Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
• License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g)	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)	✓	✓	✓	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

TO BE PROVIDED WHEN LLC IS FORMED AS PART OF THE CHANGE OF OWNERSHIP TRANSACTION.

NOT APPLICABLE BECAUSE THE APPLICANT (JANNA PHARMACY, LLC) IS 100% DIRECTLY OWNED BY AN LLC, APOTHECO, LLC. SEE ATTACHED ORGANIZATION CHART

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Anush Amin

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

6/10/2022

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK# 768348

Ace Pharmacy, LLC d/b/a Choice LV Specialty Pharmacy
Nevada Pharmacy Application – Ownership Change and Name Change
ATTACHMENT

- **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**

Ace Pharmacy, LLC – Officers	
Name	**Officer Title**
David Vucuverich	Chief Executive Officer
Anush Amin	President
James Chris Luthin	Chief Financial Officer
Nikolette "Nikki" Baniewicz	Secretary and Treasurer

Ace Pharmacy, LLC is a member-managed LLC and does not have any directors.

- **List the top four stockholders and their percent ownership. NRS 639.231(3)**

Ace Pharmacy, LLC is directly owned 100% by Apotheco, LLC. Please reference the attached organization chart reflecting the ownership structure.

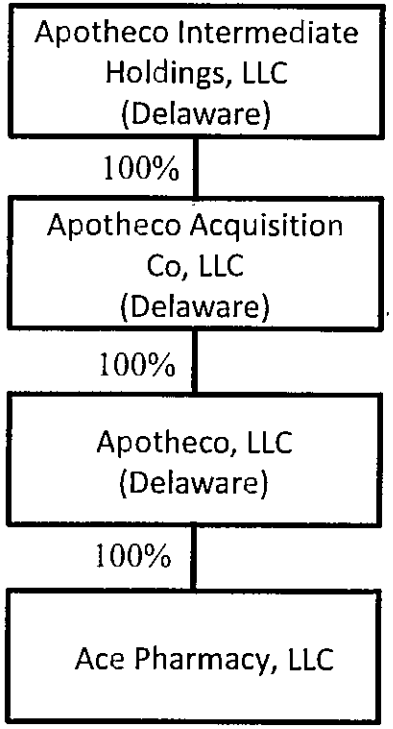
- **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**

Ace Pharmacy, LLC is directly owned 100% by Apotheco, LLC. Please reference the attached organization chart reflecting the ownership structure. No individual holds more than 10% of the shares of Apotheco, LLC.

3550

Ace Pharmacy, LLC d/b/a Choice LV Specialty Pharmacy

Post-Closing Ownership Chart



APOTHECO
PHARMACY GROUP

In 1992, I was promoted by Walgreens into their store management program and moved out of pharmacy practice to store operations. My responsibilities expanded to include the entire store as general manager. I was prescribed Vicodin from time to time to treat lower back pain and over time became physically and emotionally addicted to the opiate. In the midst of my addiction, I began to divert medication from the pharmacy at the store I managed. I was approached by Walgreens loss prevention and the AZ BOP regarding control substance audit results and admitted to my actions and behavior in January 1993.

The BOP gave me an opportunity to retain my license by entering into a stipulation agreement and the Pharmacists Assisting Pharmacist with Addiction (PAPA) rehabilitation program. The program included 30-day inpatient treatment followed by a 5 year outpatient program that included weekly group meetings and random weekly drug UAs. I completed the program commitment in 1998 and my license was removed from probation and placed in good standing.

During the period in the PAPA program, I practiced pharmacy for a couple of years as a staff pharmacist and PIC before moving into managed care operations with Albertsons in 1997. I continued to advance my career while there into pharmaceutical purchasing as Director of Procurement. In 2003, I joined Rite Aid Corp in Camp Hill, PA as SVP of Purchasing where my responsibilities also included clinical services and government affairs for the chain of over 4,500 locations nationwide. In 2009, I joined Prasco Laboratories, a privately owned generic company, as President and COO. Our business model was to partner with brand pharma after exclusivity and created their authorized generic product lines. While at Prasco, the company expanded their partnerships from 7 brand companies to 38 and grew the product line to over 200 authorized generics. In 2014, I returned to pharmacy services as COO with Genoa Healthcare, a specialized pharmacy provider in the behavioral health space. We were successful in bringing a comprehensive level of care to patients with severe and persistent mental illness and addictions that improved their lives and reduced their overall burden on healthcare costs. Our patients had over a 90% adherence rate to their medication and a 40% reduction in total cost of care as measured in a peer reviewed retrospective study published in JAMA. We grew the business to over 500 pharmacies in 47 states, including CA, over 4 years before being acquired by UnitedHealth Group. I retired in 2019 and shortly after joined the Board of Directors at Apotheco Pharmacy Group. I moved within the board to Executive Chair in 2020, interim CEO and then CEO in 2021.

The overall experience was humbling for me but in hindsight the most important event in my life. The humility of falling so hard and literally starting my career over was not enjoyable but with the love and support of my wife and family, the last 29 years could not have played out been better. I have been blessed with a second chance and have worked hard every day to take advantage of it. Thank you.

Sincerely,



GALE A. NORTON
Attorney General

STEPHEN K. ERKENBRACK
Chief Deputy Attorney General

TIMOTHY M. TYMKOVICH
Solicitor General

STATE OF COLORADO

DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL

STATE SERVICES BUILDING
1525 Sherman Street - 5th Floor
Denver, Colorado 80203
Phone (303) 866-4500
FAX (303) 866-5691

March 23, 1994

David Vucurevich
[redacted] S. River Drive
Tempe, Arizona 85281

RE: The Disciplinary Action Against the License of David Vucurevich

Dear Mr. Vucurevich:

I am the attorney for the State Board of Pharmacy. . The Board met on February 18, 1994 and reviewed your case. In lieu of a formal hearing, the Board is willing to offer you the terms described in the attached Stipulation and Order. The Stipulation and Order parallel your Arizona probation. You will be under the Colorado stipulation until April 7, 1998, or until Arizona lifts your probation.

In lieu of a formal hearing, the Board is willing to offer you the terms described in the attached Stipulation and Order. Signing of the Stipulation and Order will take care of all your pending matters before the Board of Pharmacy.

Please review the Stipoulation and Order and respond to me by April 8, 1994. Please be advised that you have the right to have a formal hearing and can, of course, hire an attorney to represent you in this matter.

Sincerely,

FOR THE ATTORNEY GENERAL

EVELYN BACHRACH MAKOVSKY
Assistant Attorney General
Regulatory Law Section
(303) 866-5381

EBM

cc: D.L. Simmons

Enclosure

AG Alpha No. E9419378.28
AG File No. RG PH DAJZG

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Proceeding No. RG DE DAJZG

STIPULATION AND ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A PHARMACIST IN THE STATE OF COLORADO OF DAVID VUCUREVICH, R.PH., LICENSE NO. 11967

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("the Board") and David Vucurevich, R.Ph. (respondent") as follows:

1. The Board has jurisdiction over the person of the respondent and the subject matter of this Stipulation.

2. The respondent has been licensed as a pharmacist in the State of Colorado at all relevant times herein.

3. Respondent admits the following:

a. In October 1993, respondent informed the Board that his dental license in the State of Arizona had been placed on probation due to respondent's substance abuse.

b. Respondent holds Arizona dental license number

8461.

c. On or about April 9, 1993, the Arizona State Board of Pharmacy issued Findings of Fact, Conclusions of Law and Board Order ("Arizona Order") regarding the respondent.

d. The Arizona Order suspended respondent's dental license for 5 years, with the suspension stayed contingent upon terms of probation to continue until April 7, 1998, at a minimum.

4. The statutory authority of the Board is as follows:

> 12-22-125. Licenses or registrations may be denied, suspended, or revoked. (1) The board may deny, suspend, or revoke any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:
>
> . . .
>
> (c) Has violated any of the provisions of this part 1, the lawful rules and regulations of the board, or any state or federal law pertaining to drugs.
>
> (2) (a) The board may deny, suspend, or revoke any license to practice as a pharmacist or pharmacy

intern, after a hearing held in accordance with the provisions of this section, upon proof that the licensee:

. . .

(IV) Has had his license to practice pharmacy in another state revoked or suspended for disciplinary reasons or has committed acts in any other state which would subject him to disciplinary action in this state;

. . .

5. A true and correct copy of the Arizona Order is attached hereto as Attachment A and the terms of the Arizona Order are incorporated herein by reference as if fully set forth.

6. Respondent's license shall hereby be placed on probation, commencing from the effective date of this Stipulation and Order, until April 7, 1998, or until the Arizona Board of Pharmacy lifts respondent's probation in that state.

7. Respondent agrees to notify the Board of any violation of the Arizona Order.

8. Respondent agrees to comply with the terms of the

Arizona Order. Respondent further agrees that at the end of the probation period, respondent will submit proof to the Board that all terms and conditions of the Arizona Order were satisfied and the case has been terminated in the State of Arizona.

9. Respondent shall comply with all the provisions of the Colorado Drugs and Druggists Act and the rules and regulations of the Board.

10. In the event of relocation to another state, respondent shall notify the Board of the change of address within 30 days of such relocation and hereby gives consent to the Board that it may notify the Board of Nursing or the equivalent regulatory agency in any state to which respondent relocates, of the existence and terms of this Stipulation and Order.

11. Respondent is aware of and understands the right to receive a formal notice of hearing and charges and to have a formal disciplinary hearing pursuant to § 12-22-125, C.R.S. (1991) and hereby waives those rights and requests that this Stipulation and Order be accepted by the Board with the same force and effect as an Order entered as a result of a formal disciplinary proceeding.

12. Respondent understands that if, during the pendency of this Stipulation and Order, the Board has reasonable grounds

to believe that respondent has violated this Stipulation or is otherwise in violation of the Colorado Drugs and Druggists Act, the Board may refer the respondent to hearing or may suspend, on a summary and immediate basis, the license of respondent pending a prompt post-suspension formal disciplinary hearing. In the event an alleged violation of this Stipulation and Order is taken to hearing and the facts that constitute the violation are determined to be not proven, no disciplinary action shall be taken by the Board, and this Stipulation and Order shall remain operative and in full force and effect. The pendency of any disciplinary action pursuant to this Stipulation and Order shall not affect the obligation of respondent to comply with the terms of this Stipulation and Order.

13. Should respondent return to Colorado the Board will review respondent's status and compliance with the Arizona Order. The probationary period of respondent shall be subject to further continuance, amendment or revision as the Board determines in its discretion that is necessary to protect the public health, safety and welfare.

14. If, at the end of the State of Arizona probation period, the Board finds that respondent adhered to all the terms of this Stipulation and Order, then this proceeding shall be dismissed.

15. This Stipulation and Order is entered into by respondent voluntarily, after the opportunity to consult with counsel, and with full understanding of the legal consequences of this Stipulation and Order.

16. In the event this Stipulation and Order does not become an Order of the Board, it shall be void and respondent shall not be bound by any provisions hereof or admissions herein.

17. This Stipulation and Order shall become an Order of the Board when accepted by the Board and signed by an authorized Board member.

18. This Stipulation and Order shall be a public record in the custody of the Board at all times.

RESPONDENT

_____
DAVID VUCUREVICH, R.PH.

_____
Address

_____
Address

_____
Phone Number

COLORADO STATE BOARD OF PHARMACY

By: _____
1560 Broadway, Suite 1310
Denver, Colorado 80202

Effective Date: This _____ day of _____ 19__.

GALE A. NORTON
Attorney General

STEPHEN K. ERKENBRACK
Chief Deputy Attorney General

TIMOTHY M. TYMKOVICH
Solicitor General

MERRILL SHIELDS
Deputy Attorney General

LINDA L. SIDERIUS
First Assistant Attorney General

EVELYN B. MAKOVSKY, 19378*
Assistant Attorney General
Regulatory Law Section

Attorneys for State Board
of Pharmacy

1525 Sherman Street, 5th Floor
Denver, Colorado 80203
Telephone: (303) 866-5268
FAX: (303) 866-5395
AG Alpha No. RG PH DAJZG
AG File No. E94RATL.554

AUG 0 9 1993

94-028

93-04-HO

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of:	
DAVID VUCUREVICH Certificate of Registration Number 8461	FINDINGS OF FACT, CONCLUSIONS OF LAW AND BOARD ORDER NO. 93 - 04 - H

DIRECTED TO: DAVID VUCUREVICH
[redacted] S. River Drive
Tempe, AZ 85281

Pursuant to the foregoing Consent to Entry of Order, the evidence and records compiled and contained in the file for DAVID VUCUREVICH and for good cause appearing, the Board on this 8th day of April, 1993 enters the following Finding of Fact, Conclusions of Law and Board Order in the Matter of 93-04-H.

FINDINGS OF FACT

I

1. DAVID VUCUREVICH is the holder of Certificate of Registration Number 8461 issued by the Arizona State Board of Pharmacy which permits the holder to practice pharmacy in the State of Arizona.

2. That on the 8th day of March, 1993 DAVID VUCUREVICH did enter into a Consent to Entry of Order with the Arizona State Board of Pharmacy admitting that factual allegations contained in the Notice of Hearing Number 93-04-H are true and accurate.

3. That DAVID VUCUREVICH admits to violations of A.R.S. § 36-2525, and 21 C.F.R. § 1306.21 to wit: the removal or cause to be removed of controlled substances without a legitimate medical need and without a valid prescription order and for personal use from

Walgreen Pharmacies.

4. That DAVID VUCUREVICH is aware of the fact that the conduct contained in the factual allegations constitutes grounds for disciplinary action as provided for in A.R.S. § 32-1927(A)(10) and A.R.S. § 32-1927(B)(2).

CONCLUSIONS OF LAW

II

1. The Board concludes that it has jurisdiction in this Matter pursuant to A.R.S. § 32-1927 (A)(10) and 32-1927(B)(2).

2. The Board concludes that DAVID VUCUREVICH did violate A.R.S. § 36-2525 and 21 C.F.R. § 1306.21 to wit: the removal or cause to be removed of controlled substances without a legitimate medical need and without a valid presciption order and for his own personal use.

3. The Board further concludes that DAVID VUCUREVICH is in violation of A.R.S. § 32-1927(A)(10) and 32-1927(B)(2).

ORDER

III

The certificate of Registration Number 8461 issued to DAVID VUCUREVICH is hereby suspended for a period of five (5) years from the date of this Order. The suspension is hereby stayed and Certificate of Registration 8461 is placed on probation for five years from the date of this Order and shall continue, at a minimum, until the 7th day of April, 1998 pursuant to the following conditions.

1. DAVID VUCUREVICH shall initiate a five (5) year contract with the Pharmacists Assisting Pharmacists of Arizona or any other board approved program and shall comply with each and every requirement of that contract.

2. DAVID VUCUREVICH shall submit to a minimum of four (4) random biological fluid screenings for the presence of drugs or alcohol in the system per month and at times to be determined by the Pharmacists Assisting Pharmacists of Arizona or other board approved program for the period of suspension and the first twenty-four (24) months of the probation period, thereafter as required by the program contract.

3. DAVID VUCUREVICH shall not serve as a preceptor pharmacist nor as a Pharmacist in Charge throughout the term of probation.

4. DAVID VUCUREVICH shall take and successfully complete the Arizona Jurisprudence Examination (AZPLEX) with a score of 90% or better within 120 days of the date of this Order.

5. In lieu of a civil penalty in this Matter, DAVID VUCUREVICH is required to perform 400 hours of community service in a Board approved program during the time of probation and shall further submit evidence of those hours to the Arizona State Board of Pharmacy on or before April 7, 1998.

6. DAVID VUCUREVICH shall furnish the Arizona State Board of Pharmacy with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with

the registration number of said licenses.

7. DAVID VUCUREVICH is required to advise the Arizona State Board of Pharmacy immediately of any change in pharmacy employment status throughout the term of probation.

8. DAVID VUCUREVICH is required to furnish any and all pharmacy employers with a copy of this Board Order throughout the term of probation.

9. DAVID VUCUREVICH shall pay all fees and complete all Continuing Education requirements to maintain certificate of registration number 8461 throughout the term of probation.

10. DAVID VUCUREVICH shall obey all federal and state laws and rules governing the practice of pharmacy.

11. DAVID VUCUREVICH shall bear the responsibility for the release of information forms and reports required by this Order.

12. DAVID VUCUREVICH shall bear all costs for testing, rehabilitation, aftercare programs and reports to be filed.

13. DAVID VUCUREVICH shall "hold harmless" the provider of any required reports to the Board of Pharmacy.

14. DAVID VUCUREVICH shall appear before the Arizona State Board of Pharmacy on or after the 7th day of April, 1998 to show cause why the probation imposed in this matter should be removed.

15. If DAVID VUCUREVICH violates this Order in any way or fails to fullfill the requirements of this Order, the Board, after

giving the Respondent Notice and the opportunity to be heard, may revoke, suspend or take other disciplinary action against the Respondent.

DATED this 9th day of April, 1993

ARIZONA STATE BOARD OF PHARMACY

SEAL

By Llyn A. Lloyd
Llyn A. Lloyd
Executive Director

Copies of the foregoing Finding of Fact, Conclusions of Law and Board Order mailed by certified mail this 9th day of April, 1993 to:

DAVID VUCUREVICH
1802 S. River Drive
Tempe, AZ 85281

and by Courier Mail to:

Montgomery Lee
Assistant Attorney General
1275 W. Washington
Phoenix, AZ 85007
Attorney for the State

and

Paula Bickett
Assistant Attorney General
1275 W. Washington
Phoenix, AZ 85007
Solicitor General's Office

Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy #206 • Reno • NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

INSPECTION NOTICE

CHOICE LV SPECIALTY PHARMACY

License: **PH03469**
Inspector : L. Curras
Month of Inspection : November
Inspection # : **214610**
Date of Inspection : November 11/17/2021

INSTRUCTIONS

This Notice is provided to #FULLNAME#to inform you that your facility will be inspected sometime in the month of November. These instructions are intended to assist you to be prepared for the inspection. **You must have completed the following by the first business day of** November:

- Review and make any needed changes to information shown below
- Download and print from our website the correct forms. Be advised, in order to complete the inspection process, you will be printing more than one document. Carefully read directions below:
  - Go to http://bop.nv.gov/
  - From the Homepage, click on the tab labeled: **"FORMS"**
  - Under the section labeled **"Inspection Forms "**, locate, click on and print the APPROPRIATE Inspection Form **and** Instruction Sheet. Also, for **RETAIL** Pharmacies, click on the Workplace Assessment link labeled: November
- Attach this page to the front of the inspection forms. Complete the Inspection Form, including the Workplace Assessment forms for RETAIL Pharmacies, and have the completed forms available for review by the Inspector.
- The Managing Pharmacist is responsible to assure compliance with, all of the instructions in this matter.
- Failure to fully comply with the instructions will be noted as a deficiency and may result in disciplinary action against the pharmacy and the Managing Pharmacist.
- **The Board will not provide copies of the necessary Inspection Forms by mail or fax. The Pharmacy is responsible to obtain the Inspection Forms through the Board's website. IF you are unable to access this in the pharmacy, please contact your corporate office and request the forms be printed and provided by them.**

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

To: Pharmacy Manager
FROM: Nevada State Board of Pharmacy Inspector
SUBJECT: Self-Assessment Inspection Process

The Board of Pharmacy's established self-assessment inspection process provides management the opportunity to review the standards by which the board inspects your operation. The process recognizes you as the responsible person to implement and review policies and procedures necessary to provide a quality standard of pharmaceutical services. An inspection evaluation form must be obtained from the NVBOP website to self-assess compliance with Nevada pharmacy law. An inspector will review the form with you and inspect your facility during the month listed on your inspection notice. Please have the self-assessment form completed and available for review by the first day of the month listed on your inspection notice.

An inspector will conduct a review of your operation. Observations, along with your findings, will assure understanding and compliance with Nevada law.

Please attach your inspection notice that you received in the mail to your completed self-assessment inspection form.

To minimize the disruption to your facility during the inspection process please have the following documents available:

Completed inspection form along with prior year inspection form ✓

Work Place Assessment Form ✓

Non-Sterile Compounding inspection form if applicable N/A

Sterile Compounding inspection form if applicable N/A

Completed DEA-222 and/or E-222 (CSOS) electronic forms since last inspection No CII's

Most recent biennial controlled substance audit Only Phentermine 15mg + 37.5mg in stock - dispensed.

In-service training records (CE) for all pharmacy technicians

Daily activity log for pharmacy technicians in training Bryan Rascon PT247972 ✓

Daily work log (legible full name) ✓ Reviewed - complete

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Miscellaneous:

Citation	Question			
NAC 639.708 (3)	Does the pharmacy routinely deliver prescriptions outside the local area? If yes please list the toll-free number provided to patient	Yes	(No)	N/A
	Does the pharmacy have an internet website? If yes, list address			
NRS 639.0865	Does the pharmacy dispense prescription medications via the internet?	Yes	(No)	N/A
NAC 639.426	If yes, is the pharmacy VIPPS certified or received certification from the NVBOP?	Yes	No	N/A

Pharmacy Technicians and Technicians in Training:

Citation	Question			
	In-Service training records (CE) and technicians in training daily activity logs must be available on-site for review by the inspector. Technicians and technicians in training are required to complete 1 hour of Nevada law CE each renewal period.			
NAC 639.254	Does the pharmacy manager maintain documentation on site of at least 12 hours of in-service training that is required of each technician for registration renewal?	(Yes)	No	N/A
	Note: Technician in-service hours are audited every other year in the year following renewal of technician registrations. Make sure technician in-service hours are current, organized, and available for review. File old in-service records and law credits in a separate location and only have the most current records available for review. Current PTCB or Institute for Certification of Pharmacy Technicians certification is accepted for the 11 hours of required general in-service hours.			
NAC 639.240	Does the pharmacy manager maintain for each technician in training a daily record?	(Yes)	No	N/A
	Note: Technician in training daily activity logs are reviewed annually. The log must contain the trainees full name, date, hours worked, activities performed, and signature of the supervising pharmacist. Trainees are required to have 1 hour of Nevada law in addition to their daily log for each registration period. Trainees do not have to complete in-service (CE) hours until licensed as a technician.			
NAC 639.247	Written documentation of completion of the orientation and training that demonstrates competency is available for review?	(Yes)	No	N/A

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Pharmacy Facility:

Citation	Question			
NAC 639.469	Is there adequate space for storage, including shelves, refrigerators, narcotic cabinets/safes, and counter areas to avoid crowding?	(Yes)	No	N/A
NAC 639.525	2' X 3' clear work area for each pharmacist and technician on duty and a minimum of free floor space behind the prescription counter that is not less than 8 feet in length and 4 feet in width.	(Yes)	No	N/A
NAC 639.469	Is there a clean and sanitary sink with hot and cold running water available in the pharmacy for all personnel to use?	(Yes)	No	N/A
NAC 639.530	Is each staff member's attire clean and sanitary?	(Yes)	No	N/A
NAC 639.530	Are the floors/counters/other areas free of debris?	(Yes)	No	N/A
NAC 639.469	Is the pharmacy clean and arranged in an orderly manner?	(Yes)	No	N/A
NAC 639.510 NRS 639.282	Is the temperature in the pharmacy compatible with drug storage requirements? USP recommends 68-77 F or 20-25 C with short excursions allowed from 59-86 F.	(Yes)	No	N/A
NAC 639.527	Is the temperature in the refrigerator(s) appropriate for the medications stored? 36-46 F or 2-8 C 39.7°F	(Yes)	No	N/A
	How often is the temperature logged? 39.7°F twice a day			
NAC 639.527 NAC 639.510	Is the temperature in the freezer(s) appropriate for the medications stored? (in accordance with manufacturer's requirements)	(Yes)	No	N/A
	How often is the temperature logged?	twice a day		
NAC 639.527	Have there been any issues with the refrigerator(s) or freezer(s) being out of temperature range?	Yes	(No)	N/A
NAC 639.527	If yes, have available for review the documentation of the results of the audit by the pharmacist of the safety or disposition of the medications.			
NAC 639.525	Are the refrigerator(s) and freezer(s) alarms on and checked periodically?	(Yes)	No	N/A

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Pharmacy Facility:

Citation	Question			
NAC 639.708	Are the facilities sufficient to allow for patient confidentially to be maintained during counseling?	Yes	No	N/A
NAC 639.542	Do all employees wear an identification badge that clearly identifies the person by their name and job position?	Yes	No	N/A
NRS 639.150	Are current licenses and registrations displayed?	Yes	No	N/A
NAC 639.756	For prescription readers: Is there a visible sign posted in the pharmacy informing patient about the availability of prescription readers?	Yes	No	N/A
NAC 639.756	For prescription readers: Upon request, the patient or patient's caregiver is provided a prescription reader or given directions or advice on the manner in which to obtain a prescription reader?	Yes	No	N/A
NAC 639.756	For prescription readers: Is written notice or verbal notice of the availability of a prescription reader given to the patient or caregiver of the patient to whom a drug is dispensed?	Yes	No	N/A

Equipment:

Citation	Question			
NAC 639.751	Does each computer terminal require the staff member to login with a password, biometric, or other electronic means of identification?	Yes	No	N/A
NAC 639.751	Does the computer require the entry of a password, biometric, or other electronic means of identification each time there is a new data entry or a change made to data?	Yes	No	N/A
NAC 639.751	How often are passwords changed?	every 3 months		
NAC 639.751	Does the terminal automatically log out a staff member or does the staff member have to manually logout?	Automatic		Manual
NRS 454.130	Is a poison control center telephone number posted in the pharmacy?	Yes	No	N/A

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Equipment:

Citation	Question			
NAC 639.503	Are current Nevada pharmacy regulations and references available?	(Yes)	No	N/A
NAC 639.469 NAC 639.525	Does all equipment such as the phone, fax, computer, printer, electronic signature devices, and copy machine work properly?	(Yes)	No	N/A

Patient Counseling:

Citation	Question			
NAC 639.707	Does the pharmacy maintain documentation of acceptance or refusal of counseling on all new prescriptions?	(Yes)	No	N/A
NAC 639.707	Does the pharmacist document counseling immediately on completion of counseling?	(Yes)	No	N/A

Stock of Drugs:

Citation	Question			
NAC 639.510 NRS 585.410 NRS 585.460 NAC 639.476	Is the representative stock of drugs available for the practice site?	(Yes)	No	N/A
NAC 639.510 NRS 585.410 NRS 585.460 NAC 639.476	Are all pharmaceutical stock bottles properly labeled including pre-packed drugs (Name of product, manufacturer, expiration date, lot number)	(Yes)	No	N/A
NAC 639.757	Are you purchasing for sale or dispensing to your patients from only Nevada licensed manufacturer of pharmaceutical products or a Nevada licensed wholesaler?	(Yes)	No	N/A

List of wholesalers/manufacturers utilized by pharmacy: AmeriSource Bergen
Pharmsaver
FFF

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
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Prescription Labeling:

Citation	Question			
NRS 639.2801	Do labels bear all information required?	(Yes)	No	N/A
NAC 639.030	Does the computer only issue labels with a date that is the most recent date on which the prescription was filled?	(Yes)	No	N/A
	Expiration/discard date on the label appears as: (circle)	default	order entry	(handwritten)

Records:

Citation	Question			
NAC 639.245	Are all records of pharmacy personnel on duty each day maintained in a written record and available for prior 2 years?	(Yes)	No	N/A
	Do you keep a manual or electronic daily work log for technicians? (circle)	(Electronic)	(Manual)	
	Do you keep a manual or electronic daily work log for pharmacists? (circle)	(Electronic)	(Manual)	
	Note: If electronic, the record must be able to be printed for the last 2 years. The record must clearly identify the job description performed that day for each staff member.			
NAC 639.510	Are all records of the acquisition, storage, and disposition of drugs accurate and complete?	(Yes)	No	N/A
NRS 454.286 NAC 639.245	Does the pharmacy maintain invoices, records or returns, work schedules, refill logs, counseling logs, inventories, and other required records for 2 years?	(Yes)	No	N/A
NRS 639.236 NRS 453.431	Are schedule II controlled substance prescriptions filed separately from all other prescriptions?	Yes	No	(N/A)
	The inspector may review a random sample of schedule II controlled substance prescriptions and verify that they are tendered within 14 days from the date of issue.			

Retrieve E

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Records:

Citation	Question			
NAC 639.712	Are all telephoned prescriptions dated and initialed and documented with the name of the person who called in the prescription when transcribed to paper?	(Yes)	No	N/A
	Legibly write your pharmacy's DEA number	FC5697240		
21 CFR 1305	Does the pharmacy participate in the Controlled Substance ordering System (CSOS)? No Controls (CII)	(Yes)	(No)	(N/A)
	Does the pharmacy print a copy of the completed CSOS form and attach it to the invoice from wholesalers?	Yes	No	(N/A)
NRS 453.251 21 CFR 1305.13 NAC 639.487	Are Schedule II order forms (DEA-222 or CSOS) properly completed? (Dated and initialed by pharmacist, quantity and date received entered)	Yes	No	(N/A)
21 CFR 1304.04	Are Schedule II order forms and invoices maintained separately from other records?	Yes	No	(N/A)
21 CFR 1304.04	Are Schedule III-V invoices maintained separately from other records?	(Yes)	No	N/A
NAC 639.523 NAC 639.487	Are all invoices signed by a pharmacist upon delivery to acknowledge the drugs listed on the invoice were physically received by the pharmacy?	(Yes)	No	N/A
NRS 453.246	Enter the date of the most recent biennial controlled substance inventory:	9/30/2021 @ 6:30PM		
21 CFR 1304.11	Is the documentation of the biennial inventory complete? (signed, dated, and time inventory completed listed on form)	(Yes)	No	N/A
NAC 639.485 NRS 453.246	Is the perpetual inventory updated immediately at the time of dispensing and/or receipt of the controlled substance(s)? Only Phentermine 15mg + 37.5 mg	Yes	No	(N/A)
NAC 639.926	Are you complying with the current reporting requirements of the Controlled Substance Task Force (PMP)?	(Yes)	No	N/A
	Do all controlled substance prescriptions contain the additional elements as required by AB474? No CII dispensed	(Yes)	No	(N/A)
	Are ICD-10 diagnosis codes for the disease being treated with the controlled substance listed on the written prescription?	(Yes)	No	N/A
	Patient's date of birth?	(Yes)	No	N/A

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Records:

Citation	Question			
	The days supply of the medication as indicated and determined by the practitioner?	(Yes)	No	N/A
	The practitioner's DEA number	(Yes)	No	N/A
	Pharmacy Manager Start Date (If changed since last inspection)	_____		
NAC 453.475	Was the Controlled Substance inventory for the change in pharmacy Manager completed?	Yes	No	(N/A)
	Date inventory was taken (must be completed within 48 hours and signed by current and prior pharmacy manager if possible)	_____		
NAC 639.740	How are non-child resistant cap requests documented and maintained? (circle)	(Electronic)		Manual

Security:

Citation	Question			
HIPAA NAC 639.941	Does any person other than authorized pharmacy staff have access to the pharmacy computer system? If yes, please explain below:	Yes	(No)	N/A
	_____			
HIPAA NAC 639.941	Does any person other than authorized pharmacy staff have access to any protected patient information? If yes, please explain below:	Yes	(No)	N/A
	_____			
NAC 639.520	Is the pharmacy secured to prevent unauthorized access? (Only a Nevada licensed pharmacist may have a key, keypad code, or other means of access into the pharmacy)	(Yes)	No	N/A
NAC 639.520	Is the door secured by a deadbolt or electronic lock?	(Yes)	No	N/A
NAC 639.520	Can the pharmacy be closed from the remainder of the store to allow for different hours of operation?	Yes	No	(N/A)
NAC 639.520	Name of alarm system monitoring company	Brantley		

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Pharmacy Technicians and Technicians in Training:

Citation	Question			
NAC 639.250	Does the pharmacy use a maximum of 3:1 technicians and technicians in training (in any combination) per each pharmacist working?	(Yes)	No	N/A
NRS 639.160	Are all licensed personnel's home and work address correct with the board? (The licensee and pharmacy must notify the board within 10 days of a change of work or home address)	(Yes)	No	N/A

Immunizations:

Citation	Question			
	Do your pharmacists administer immunizations?	Yes	(No)	N/A

Note: If this is a new pharmacy or you begin to administer vaccines, send an e-mail to j.dodge@pharmacy.nv.gov stating you do provide immunizations and identify your store and contact email information. In May of each year you will be contacted to provide data on immunizations administered.

	Temperature logs as required by the CDC are available for review?	Yes	No	(N/A)
	Will the immunization data be reported individually or centrally?	Central	Individual	

Required reporting of vaccinations administered by pharmacists to Nevada WebIZ. If your pharmacists do administer immunizations you are required to register and record the immunizations in WebIZ.

Effective January 28,2010, all ACIP recommended vaccinations administered to children and adults must be recorded in WebIZ. The law requires entry for all vaccines, regardless of age or payment method.

Individuals may opt-out of reporting to WebIZ by completing the participation form and the provider must mail or fax the form to the WebIZ program.

WebIZ phone number: 877-689-3249

NRS 439.265	Are you reporting to WebIZ as required by Nevada Revised Statute?	Yes	No	(N/A)

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

ISMP General Guidelines:

Use more than one patient identifier when medications are picked up (i.e. name, address, phone number, date of birth, other).

Open the medication bottle and show the medication to the patient on all refill or new prescriptions that the pharmacist counsels on.

Arrange drug products that have similar or confusing manufacturer labeling, packaging, and/or drug names (that look or sound alike) to be clearly separated on shelves or have warnings.

Use a system to separate patient orders and keep multiple filled prescriptions for a patient together.

Write out all prescription information avoiding the use of error prone abbreviations on all phoned in scripts and notations in the computer.

Repeat back "echo" information to the practitioner or practitioner's agent.

Say and repeat back numbers as digits "five zero milligrams rather than 50 milligrams."

General guidelines related to receipt of prescriptions:

Transmission of prescriptions be facsimile machine – Written prescriptions and faxed prescriptions, regardless of method of receipt via standalone fax, by a computerized fax queue or other fax method, require the handwritten signature of the prescribing practitioner. A prescription received via fax or written is not a legal prescription without a handwritten signature. A pharmacist must validate that a prescription received by fax in a computer fax queue has a handwritten signature and not an electronically signed or stamped signature.

A practitioner may sign a paper prescription in the same manner as he or she would sign a check or legal document. Where an oral order is not permitted, paper prescriptions shall be written with ink or indelible pencil, typewriter, or printed on a computer printer and shall be manually signed by the practitioner. A computer generated prescription that is printed out or faxed by the practitioner must be manually signed.

Electronic transmission of prescription – The electronic signature must be digitally signed with at least all of the information required under part 1306, Prescriptions, of 21 CFR. A prescription that is digitally signed with a practitioner's private key may be transmitted to a pharmacy without the digital signature.

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Controlled Substance Audit Report (If applicable)

Drug Name	Manual count at time of audit	Balance on hand from software system or manual record at time of audit	Discrepancy

See remarks.
- No CII's stocked or dispensed
- Only Phentermine 15mg + 37.5mg stocked.
- No perpetual inventory maintained for phentermine in stock.

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Remarks/Suggestions/Comments/Follow-up Information:

Inspector Use Only

- Electronic Inspection Report completed at time of inspection.
- See remarks on Inspection Report.
- Copy of Inspection Report will be e-mailed to pharmacy at e-mail address on file with NVBOP.
- Good inspection.

Thank You.

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

If you are required to provide any documentation to the inspector via fax or e-mail please attach a copy of the documents to this inspection form for future review on inspection.

Please fax required documents to 1-702-486-7903 for Las Vegas inspectors

Please fax required documents to 1-775-850-1444 for Reno inspectors

Your location has been inspected by an agent of the Nevada Board of Pharmacy. Any noted unsatisfactory conditions that require action are listed above and they must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business.

I acknowledge that any noted unsatisfactory conditions have been explained to me and that I have received a copy of this inspection report.

Pharmacy: _____

Pharmacist signature: _____

Pharmacist printed name: Jonathan Tang

Date: 11/17/2021

NVBOP Inspector signature: _____

NVBOP Inspector printed name: L. Curras

Date: 11/17/2021

Pharmacy Information

Date Completed:	11/17/2021
Pharmacy Name:	Choice LV Specialty Pharmacy
Pharmacy Ad:	7915 W Sahara ave Suite# 103 Las vegas NV. 89117
Pharmacy Telephone Number:	702-487-5207
Pharmacy Fax Number:	702-487-5886
Pharmacy Email:	[redacted]

Please fill out the below information for your Pharmacy Staff – use 2nd sheet if necessary

Position	Name (First and Last Name)	License Number
Managing Pharmacist:	Jonathan Tang	19117
Staff Pharmacist:	Hiep Nguyen	19451
	Bora Shim	20629
	Anna Kamamoto	19306
Intern(s):		
Technician(s):	Argel Bartolo	PT 18889
	Joemar Ragasa	PT 17507
	Randy Phat	PT 15700
	Evelyn Reyes	PT 20452
	Cortland LeBoeuf	PT 19705
	Jerjon Reyes	PT 22693
Tech-in-Training =	Bryan Rascon	PT 24797





CHOICE LV SPECIALTY PHARMACY
7915 W SAHARA AVE STE 103
LAS VEGAS, NV 89117-1996





10001367 2/003656-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC5697240	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-04-2021

CHOICE LV SPECIALTY PHARMACY
7915 W SAHARA AVE STE 103
LAS VEGAS, NV 89117-1996

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC5697240	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-04-2021

CHOICE LV SPECIALTY PHARMACY
7915 W SAHARA AVE STE 103
LAS VEGAS, NV 89117-1996

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC5697240	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-04-2021

CHOICE LV SPECIALTY PHARMACY
7915 W SAHARA AVE STE 103
LAS VEGAS, NV 89117-1996

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1 visit our web site at deadiversion.usdoj.gov - or
2 call our customer Service Center at 1-(800) 882-9539 - or
3 submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301 51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Choice LV Specialty Pharmacy

Physical Address: 7915 W Sahara Ave, STE 103

City: Las Vegas State: NV Zip: 89117

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: 702-487-5207 Website: n/a

Licensing Company Email: choiceLVpharmacist@gmail.com

Section 2: Personal Information

First: Jonathan Middle: Last: Tang

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Willow Break Ave

City: Las Vegas State: NV Zip: 89148

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials JT

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Western University School of Pharmacy			08/2011 - 06/2015	
Address		City	State	Zip
309 E Second St		Pomona	CA	91766
Diploma/Degree obtained, if any				
Doctor of Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Cal State University LA			08/2008 - 06/2010	
Address		City	State	Zip
5151 State University Dr		Los Angeles	CA	90032
Diploma/Degree obtained, if any				
Bachelor of Science, Biology				
School Name			From - To (MM/YY – MM/YY)	
Alhambra High School			08/2000 - 06/2004	
Address		City	State	Zip
101 S. 2nd St		Alhambra	CA	91801
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2016 - Present	[redacted] Willow Break Ave	Las Vegas	NV	89117
08/1986 - 06/2016	[redacted] Cecil St	Monterey Park	CA	91755
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JT

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Choice LV Specialty Pharmacy			03/2016 to Present
Business Address	**City**	**State**	**Zip**
7915 W Sahara Ave, STE 103	Las Vegas	NV	89117
Phone	**Title**		**Number of Employed Hours**
702-487-5207	Pharmacist In Charge		12,896
Description of Duties			
Pharmacist In Charge for over 6 years at this location, daily dispensing and distribution and record keeping of all prescription medications.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JT

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/7/2022

Date

Applicant's initials JT

I, Jonathan Tang, **certify that as the designated representative for** Choice LV Specialty Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jonathan Tang

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/7/2022

Date

Applicant's initials JT

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Tang

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/7/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Harris

I, Jonathan Tang, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/7/2022

Date

Subscribed and Sworn to before me this 7th day of June 2022

Notary Public Signature

CHARMAINE HUBBARD
Notary ID #10875136
My Commission Expires
February 18, 2024

(Seal)

Applicant's initials JT

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACE PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACE PHARMACY, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

6918682 8300

SR# 20223040025

Authentication: 203964746

Date: 07-20-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Ace Pharmacy, LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/08/2022, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/15/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202209153003357
You may verify this certificate online at http://www.nvsos.gov

RECEIVED
JUN 16 2022
NEVADA STATE BOARD OF PHARMACY

ALSTON & BIRD

One Atlantic Center
1201 West Peachtree Street
Atlanta, GA 30309-3424
404-881-7000 | Fax: 404-881-7777

Robert D. Stone Direct Dial: **404-881-7270** Email: **rob.stone@alston.com**

June 15, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Via UPS

Re: Ace Pharmacy Inc.
Notice of Ownership Change and Name Change
Nevada Pharmacy License PH03469

To Whom It May Concern:

Please accept this letter as proper and timely notice of a transaction involving Ace Pharmacy Inc. d/b/a Choice LV Specialty Pharmacy ("Choice"), which owns and operates a pharmacy located at 7915 W Sahara Ave. Unit 103, Las Vegas, Nevada 89117 (the "Pharmacy") pursuant to the abovementioned license. Choice is currently owned by Anna Yamamoto, Jonathan Yamamoto, and Jonathan Tang (the "Sellers").

On February 11, 2022, the Sellers entered into a non-binding Letter of Intent with Apotheco, LLC, pursuant to which the Sellers anticipate selling all of the equity of Choice to Apotheco, LLC (the "Proposed Transaction"). Additionally, in preparation for the Proposed Transaction, Choice will undergo a corporate restructuring which will convert it from a corporation into a limited liability company. Accordingly, its name will change from Ace Pharmacy Inc. to Ace Pharmacy, LLC. The closing date of the Proposed Transaction is anticipated to be on or about June 30, 2022.

Although there will be changes in the officers, Choice will continue to own and operate the Pharmacy in the same location, and its personnel and most of its day-to-day operations will not change. Additionally, there will be no changes to the tax identification number, NPI, or Medicare provider number associated with Choice.

We understand that the Proposed Transaction constitutes a change of ownership for the purposes of Choice's abovementioned license. Attached please find a copy of this application, which reflects the anticipated name and ownership information, along with the requested additional documents and filing fee.

Please note that, as noted within the application, the Certificate of Good standing from Choice's state of domicile (Nevada) will be provided once Choice is converted to a limited liability company as part of the Proposed Transaction. Additionally, we do not believe that the Personal History Record Application would be applicable in this case because Choice will be directly owned

100% by a limited liability company (Apotheco, LLC) post-closing. We have attached an organization chart illustrating the post-closing ownership structure for your reference.

We are happy to answer any questions you may have regarding the Proposed Transaction. If you require any additional information or would like to discuss this notification further, please feel free to contact me as Apotheco, LLC's legal counsel at rob.stone@alston.com or 404-881-7270. We appreciate your assistance with this matter.

Sincerely,



Rob Stone

9C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Y

Where is the facility located?
■ Nevada ☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change*	* If making a change, provide current license number: PH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: TRINITY EXPRESS PHARMACY

Physical Address: 6330 W FLAMINGO RD STE 104

City: LAS VEGAS State: NV Zip: 89103

Mailing Address (if different from physical address): SAME

City: _____ State: _____ Zip: _____

Telephone: 2016999414 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: N/A Contact Email: TRINITY2797@YAHOO.COM

Website: N/A

Nevada Business License # (if applicable) E189625520214

Supervising/Managing Pharmacist Name (NRS 639.220): LAURA D RONGOMAS

Supervising/Managing Pharmacist NV Pharmacist Registration #: 14739

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: LAURA D RONGOMAS	NV Pharmacist Registration #: 14739
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	✓	
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NV/TRINITY EXPRESS PHARMACY LLC

Parent Company (if any): TRINITY EXPRESS PHARMACY

Corporation/Organization Name: TRINITY EXPRESS PHARMACY LLC

Mailing Address: 6330 W FLAMINGO RD STE 104

City: LAS VEGAS State: NV Zip: 89103

Telephone: 9735732687 Email: ADMIN@JSBGROUPOFPHARMACIES.COM

Contact Person Name: JOANN BHATIA

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the MARK YU - PHARMACY ADMIN M (title) for TRINITY EXPRESS PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

MARK KRISTOFFER YU

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12/08/2021

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, MARK KRISTOFFER YU hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PHARMACY ADMIN MANAGER (title) for TRINITY EXPRESS PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 8th day of DECEMBER, 2021

Notary Public

Cristina Tuazon Arias
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 20-8284-01
My Appt. Expires December 1, 2023

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: LAURA D RONGOMAS Pharmacist Registration #: 14739

Pharmacy Name: TRINITY EXPRESS PHARMACY

Initial each statement below to indicate you have read and agree with the following:

LDR I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

LDR I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

LDR I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

LDR I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

LDR I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Laura Rongomas
Original signature of Managing Pharmacist (copies or stamps not accepted)

12/11/2021
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JOANN S BHATIA

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

JBhatia

Original signature of Authorized Person (copies or stamps not accepted)

1/7/2022

Date

Board Use Only	Date Received: _____	Amount: 500 CC	Processed 2/22/22

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	E18962552021-4
Secretary of State	Filing Number
State Of Nevada	20211896254
	Filed On
	11/16/2021 11:57:02 AM
	Number of Pages
	2

Formation - Limited-Liability Company

- [x] NRS 86 - Articles of Organization Limited-Liability Company
- [ ] NRS 86.544 - Registration of Foreign Limited-Liability Company
- [ ] NRS 89 - Articles of Organization Professional Limited-Liability Company
- [ ] NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

1. Name Being Registered in Nevada: (See instructions)
TRINITY EXPRESS PHARMACY LLC

2. Foreign Entity Name: (Name in home jurisdiction)

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation: **3b)** Date formed:
3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐

4. Registered Agent for Service of Process*: (check only one box)
☐ Commercial Registered Agent (name only below) ☑ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below)

JOANN S BHATIA
Name of Registered Agent **OR** Title of Office or Position with Entity

10873 GALBRAITH ST	**Las Vegas**	Nevada **89141**
Street Address	City	Zip Code
		Nevada
Mailing Address (If different from street address)	City	Zip Code

4a. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X **JOANN S BHATIA** **11/16/2021**
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) ☐ Manager(s) **OR** ☑ Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)
Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)
IMPORTANT:
A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.

1) **JOANN S BHATIA**
Name

55 EBERHARDT ROAD	**East Hanover**	**NJ**	**07936**
Address	City	State	Zip Code

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)

9. Series and/or Restricted Limited-Liability Company: (Optional)

Check box if a Series Limited-Liability Company ☐

Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐

10. Records Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

11. Street Address of Principal Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

12. Name, Address and Signature of the Organizer: (NRS 86. NRS 89 -Each Organizer must be a licensed professional.)

*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Name and Signature of Manager or Member: (NRS 86.544 only)

See instructions

JOANN S BHATIA	United States
Name	Country

55 EBERHARDT ROAD	EAST HANOVER	NJ	07936
Address	City	State	Zip/Postal Code

X JOANN S BHATIA (attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **TRINITY EXPRESS PHARMACY LLC** did, on 11/16/2021, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/16/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202111162155771
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

TRINITY EXPRESS PHARMACY LLC

Nevada Business Identification # NV20212281165
Expiration Date: 11/30/2022

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/16/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202111162155773
You may verify this certificate online at http://www.nvsos.gov

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 11-16-2021

Employer Identification Number:
87-3583591

Form: SS-4

Number of this notice: CP 575 A

TRINITY EXPRESS PHARMACY LLC
JOANN S BHATIA SOLE MBR
6330 W FLAMINGO RD STE 104
LAS VEGAS, NV 89103

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-3583591. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	04/30/2022
Form 940	01/31/2023

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

(IRS USE ONLY) 575A 11-16-2021 TRIN B 9999999999 SS-4

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is TRIN. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number ( ) -

Best Time to Call

DATE OF THIS NOTICE: 11-16-2021
EMPLOYER IDENTIFICATION NUMBER: 87-3583591
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

TRINITY EXPRESS PHARMACY LLC
JOANN S BHATIA SOLE MBR
6330 W FLAMINGO RD STE 104
LAS VEGAS, NV 89103

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler TRINITY EXPRESS PHARMACY

Physical Address 6330 W FLAMINGO RD STE 104

City LAS VEGAS State NV Zip 89103

Mailing Address (if different from physical address) SAME

City _____ State _____ Zip _____

Telephone 2016999414 Website N/A

Licensing Company Email TRINITY2797@YAHOO.COM

Section 2: Personal Information

First MARK KRISTOFFER Middle _____ Last YU

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]FRINGE RUFF DR

City LAS VEGAS State NV Zip 89148

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: N/A to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials MKY

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
SAN BEDA COLLEGE			
Address	**City**	**State**	**Zip**
638 MENDIOLA ST	MANILA	NCR	1005
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE - MANAGEMENT INFORMATION SCIENCE			
School Name		**From - To (MM/YY – MM/YY)**	
AQUINAS SCHOOL			
Address	**City**	**State**	**Zip**
183 BLUMENTRITT ST	SAN JUAN	NCR	1500
Diploma/Degree obtained, if any			
HIGH SCHOOL			
School Name		**From - To (MM/YY – MM/YY)**	
HOLYY ANGEL MONTESSORI SCHOOL			
Address	**City**	**State**	**Zip**
A. DE LEGASPI ST	QUEZON CITY	NCR	1109
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/21-PRESENT	[redacted]FRINGE RUFF DR	LAS VEGAS	NV	89148
04/20-06/21	[redacted]BETTORS LUCK CT	LAS VEGAS	NV	89122
01/18-04/20	[redacted]S NELLIS BLVD	LAS VEGAS	NV	89121
9/17-12/17	[redacted]FULTON AVE	JERSEY CITY	NJ	07305
03/17-09/17	[redacted]LIBERTY AVE	JERSEY CITY	NJ	07306
01/15-03/17	[redacted]OXFORD AVE	JERSEY CITY	NJ	07304
04/13-01/15	[redacted]FRENCH LANE,MORNINGSIDE	JOHANNESBURG	GAUTENC	2198
03/08-4/13	AL BARSHA RD	DUBAI	DUBAI	

Applicant's initials MKY

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
TRINITY PHARMACY			01/18-PRESENT
Business Address	**City**	**State**	**Zip**
2797 S MARYLAND PKWY STE 28	LAS VEGAS	NV	89109
Phone	**Title**		**Number of Employed Hours**
7027768210	PHARMACY ADMIN MANAGER		5440
Description of Duties			
INCHARGE OF COORDINATING AN ORGANIZATION ADMINISTRATION SYSTEM AND GENERAL WORKFLOWS			

Business Name			From - To (MM/YY – MM/YY)
THE PRESCRIPTION SHOPPE			
Business Address	**City**	**State**	**Zip**
550 NEWARK AVE STE 28	JERSEY CITY	NJ	07306
Phone	**Title**		**Number of Employed Hours**
2013600600	PHARMACY ADMIN MANAGER		2560
Description of Duties			
INCHARGE OF COORDINATING AN ORGANIZATION ADMINISTRATION SYSTEM AND GENERAL WORKFLOWS			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials MKY

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I, MARK KRISTOFFER YU, **certify that as the designated representative for**

TRINITY EXPRESS PHARMACY,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

MARK KRISTOFFER YU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/08/2024

Date

Applicant's initials MKY

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MARK KRISTOFFER YU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/08/2021

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, MARK KRISTOFFER YU, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/08/2021

Date

Subscribed and Sworn to before me this 8th day of DECEMBER, 2021

Notary Public Signature

Cristina Tuazon Arias
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 20-8284-01
My Appt. Expires December 1, 2023

(Seal)

Applicant's initials MKY

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/08/2021
Date

Applicant's initials MKY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler TRINITY EXPRESS PHARMACY

Physical Address 6330 W FLAMINGO RD STE 104

City LAS VEGAS State NV Zip 89103

Mailing Address (if different from physical address) SAME

City _____ State _____ Zip _____

Telephone 2016999414 Website N/A

Licensing Company Email TRINITY2797@YAHOO.COM

Section 2: Personal Information

First JOANN Middle SY Last BHATIA

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]EBERHARDT RD

City EAST HANOVER State NJ Zip 07936

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials JSB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: CENTRO ESCOLAR UNIVERSITY PHILIPPINES			From - To (MM/YY – MM/YY)
Address: MENDIOLA ST	City: MANILA	State: NCR	Zip
Diploma/Degree obtained, if any: BACHELOR OF SCIENCE IN PHARMACY			
School Name: SAINT JOSEPH COLLEGE PHILIPPINES			From - To (MM/YY – MM/YY)
Address: POBLACION	City: SINDANGAN	State: ZAMBO	Zip
Diploma/Degree obtained, if any: HIGH SCHOOL			
School Name: SINDANGAN PILOT DEMONSTRATION SCHOOL			From - To (MM/YY – MM/YY)
Address: POBLACION	City: SINDANGAN	State: ZAMBO	Zip
Diploma/Degree obtained, if any: ELEMENTARY			
School Name: N/A			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name: N/A			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2000-PRESENT	[redacted]EBERHARDT RD	EAST HANOVER	NJ	07936
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JSB

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
TRINITY PHARMACY			NOV 2014-PRESENT
Business Address	**City**	**State**	**Zip**
2797 S MARYLAND PKWY STE 28	LAS VEGAS	NV	89109
Phone	**Title**		
7027768210	OWNER		
Description of Duties			
OVERSEE GENERAL OPERATIONS			

Business Name			From - To (MM/YY – MM/YY)
THE PRESCRIPTION SHOPPE			2/2012-PRESENT
Business Address	**City**	**State**	**Zip**
550 NEWARK AVE STE 101	JERSEY CITY	NJ	07306
Phone	**Title**		
2013600600	RPH/OWNER		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
EXCEL PHARMACY			05/11-PRESENT
Business Address	**City**	**State**	**Zip**
612 PAVONIA AVE	JERSEY CITY	NJ	07306
Phone	**Title**		
2012895800	RPH/OWNER		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NV/TRINITY EXPRESS PHARMACY LLC

Parent Company (if any): TRINITY EXPRESS PHARMACY

Corporation/Organization Name: TRINITY EXPRESS PHARMACY LLC

Mailing Address: 6330 W FLAMINGO RD STE 104

City: LAS VEGAS State: NV Zip: 89103

Telephone: 9735732687 Email: ADMIN@JSBGROUPOFPHARMACIES.COM

Contact Person Name: JOANN BHATIA

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date 1/7/2022

Applicant's initials JSB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JOANN S BHATIA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/7/2021

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, JOANN S. BHATIA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/7/2021

Date

Subscribed and Sworn to before me this 7th day of DECEMBER, 2021

Notary Public Signature

NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 20-8284-01
My Appt. Expires December 1, 2023

(Seal)

Applicant's initials JSB

Explanatory Answer to Section 3, Question 3

On October 13, 2021, the Nevada State Board of Pharmacy approved a Stipulation and Order resolving a formal Accusation which was filed against Trinity Pharmacy, license no. PH03287, which is under the same ownership as Trinity Express Pharmacy, LLC. The allegations involved the failure of Trinity's managing pharmacist to secure handwritten signatures for faxed emergency prescriptions for schedule II-controlled substances for hospice patients for a period in 2020. Pursuant to the terms of the Stipulation, Trinity was placed on probation for one year, issued a public reprimand, assessed fines and costs (both of which have been paid), must pass quarterly inspections for one year and must establish policies and procedures related emergency prescriptions (which has been completed). A copy of the Stipulation is attached.

JOANN BHATIA
TRINITY PHARMACY, MANAGING MEMBER
1/7/2022

FILED
OCT 15 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. TRINITY PHARMACY, Pharmacy License No. PH03287, MA LOURDES JAUREGUI, RPH, Certificate of Registration No. 17035, Respondents.	CASE NOS. 19-240-PH-S 19-240-RPH-S STIPULATION AND ORDER FOR RESPONDENT TRINITY PHARMACY ONLY

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Trinity Pharmacy ("Trinity"), Pharmacy License No. PH03287, by and through counsel, Lyn Beggs, Esq., **HEREBY STIPULATE AND AGREE THAT**

1. The Board has jurisdiction over Respondent Trinity and this matter.

2. On or about August 13, 2021, Board Staff served Respondent Trinity with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about September 22, 2021, Respondent Trinity filed its Answer and Notice of Defense through retained counsel, Lyn Beggs, Esq.

4. Respondent is aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waive its rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Jauregui was the managing pharmacist of Trinity Pharmacy during all alleged and relevant timeframes. During an annual Board inspection of Trinity Pharmacy on or about September 4, 2019, a Board inspector discovered unsigned faxed prescriptions for schedule II controlled substances.

B. Upon further Board investigation, it was discovered from June 10, 2020 to September 28, 2020, forty-two (42) controlled substance schedule II ("CII") prescriptions ("Prescriptions") were dispensed and/or delivered to hospice patients without valid practitioners' handwritten signatures ("Practitioners"). Jauregui's failure to obtain handwritten signatures of Practitioners, and/or verifying the accuracy and completeness of CII Prescriptions violated NRS 453.381(8); NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.945(1); 21 CFR § 1306.11, which also constituted unprofessional conduct.

C. The 42 CII Prescriptions appeared to have been received and notated by Respondent Jauregui as oral orders. However, none of the Prescriptions stated "Authorization for Emergency Dispensing" nor did any of the prescriptions meet legal

requirements to qualify as dispensing CIIs by oral authorization in an emergency. Jauregui's failure to notate the prescriptions, satisfy the requirements of an oral emergency prescription, including verifying that the telephoned prescription was from the prescribing practitioner, violated NAC 453.420, and NAC 453.440.

D. As the owner/operator of a pharmacy, Trinity is responsible for the violations of its employees, including its managing pharmacist, pursuant to NAC 639.702, and/or NAC 639.945(2).

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 639.210(11), (12), and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Trinity stipulate to the following. Trinity is placed on probation for a period of one (1) year subject to the following conditions and penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding its duties and responsibilities as a licensed pharmacy;

B. Respondent shall pay a fine of Eight-Thousand Four-Hundred Dollars ($8,400.00) for the violations;

C. Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. Respondent shall successfully pass quarterly inspections to be completed by Board's staff at Trinity's expense ~~for~~ one (1) year; (CC)

E. Respondent shall establish policies and procedures regarding emergency oral controlled substance prescriptions in compliance with federal and state law, establish

policies and procedures regarding faxed controlled substance prescriptions, and present to Board's staff for approval within thirty (30) days of entry of this Order; and

Upon successful completion of probation, Respondent Trinity's Pharmacy License No. PH03287, will be fully restored.

10. Any failure by Respondent Trinity to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon the non-compliant Respondent consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 13, 2021. Respondent will appear telephonically or *via* Zoom at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of

Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 23rd day of September, 2021

TRINITY PHARMACY,
Pharmacy License No. PH03287

APPROVED AS TO FORM AND CONTENT
this 23rd day of September, 2021

LYN BEGGS, ESQ.
Counsel for Respondent
Trinity Pharmacy

Signed this 13th day of October, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Trinity Pharmacy, Pharmacy License No. PH03287 in Case No. 19-240-PH-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 13th day of October 2021.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Lyn E. Beggs, Esq.
Law Offices of Lyn E. Beggs, PLLC
316 California Ave. #863
Reno, NV 89509

KRISTOPHER MANGOSING

RECEIVED
FEB 1 2022
NEVADA STATE BOARD
OF PHARMACY

January 6, 2022

JoAnn Bhatia
6330 W. Flamingo St. Ste 104
Las Vegas, NV 89103

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Ste. 206
Reno, NV 89521

RE: Application for Licensure of Trinity Express Pharmacy, LLC

Dear Sirs and Madams:

Please accept this letter as authorization in accordance with NAC 639.215 to allow Mr. Mark Yu to appear as a designated representative on behalf of Trinity Express Pharmacy, LLC, upon consideration of its application for a new pharmacy license. Mr. Yu, the Administrative Manager for the pharmacy, appears with my full authority as managing member of the limited liability company. I have attached documentation of my position with Trinity Express Pharmacy, LLC as required.

Should you require any further information regarding Mr. Yu, please do not hesitate to contact me.

Sincerely,

JoAnn Bhatia, Managing Member
Trinity Express Pharmacy, LLC

9D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ■ Nevada
- ☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: LV Infusion and Specialty, LLC DBA Vital Care of Summerlin

Physical Address: 3150 W Charleston Blvd Suite A

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address): 3150 W Charleston Blvd Suite A

City: Las Vegas State: NV Zip: 89102

Telephone: [redacted] Toll Free # (NAC 639.708, NRS 639.23286): TBD

Fax: TBD Contact Email: [redacted]@yahoo.com

Website: TBD

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Krishna Patel ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21710 ✓

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name:	NV Pharmacist Registration #:
Name: Krishna Patel	NV Pharmacist Registration #: 21710
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: LV Infusion and Specialty, LLC DBA Vital Care of Summerlin

Mailing Address: [redacted] Venticello Dr

City: Las Vegas State: NV Zip: 89138

Telephone: [redacted] Email: [redacted]@yahoo.com

Contact Person Name: Ritesh Patel

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing Member/Owner (title) for LV Infusion and Specialty, LLC DBA Vital Care of Summerlin (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Ritesh Patel

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

05/25/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Ritesh Patel hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Member/Owner (title) for LV Infusion and Specialty, LLC DBA Vital Care of Summerlin (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 25 day of May, 2022

Notary Public

ALMA LOPEZ
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 08-01-2022
Certificate No: 13-10482-1

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History– REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Krishna Patel Pharmacist Registration #: 21710

Pharmacy Name: LV Infusion and Specialty, LLC DBA Vital Care of Summerlin

Initial each statement below to indicate you have read and agree with the following:

KP I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

KP I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

KP I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

KP I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

KP I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

05/26/22
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nitesh Patel

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

N Patel

Original signature of Authorized Person (copies or stamps not accepted)

05/25/2022

Date

Board Use Only	Date Received: _____	Amount: 500 check# 1003534412 ✓

List of Owners

Name: Ritesh R. Patel
Address: [redacted]Venticello Dr
City, State Zip: Las Vegas, NV 89138
SSN: [redacted]
DOB: [redacted]
Email: [redacted]@yahoo.com
Ownership percentage: 100%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler LV Infusion and Specialty DBA Vital Care of Summerlin

Physical Address 3150 W Charleston Blvd

City Las Vegas State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Ritesh Middle R Last Patel

Alias(es, nicknames, name changes, etc.) Riteshkumar Rameshchandra Patel

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Venticello Dr

City Las Vegas State NV Zip 89138

Telephone [redacted] Email _____

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials RP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNLV		09/11-05/13	
Address	**City**	**State**	**Zip**
4505 S Maryland Pkwy	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
Master of Civil Engineering			

School Name		From - To (MM/YY – MM/YY)	
MS University Baroda		09/98-05/03 (09/98-05/03)	
Address	**City**	**State**	**Zip**
Gujarat India	Baroda	India	
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/10-10/18	[redacted]Chambolle Ct	Las Vegas	NV	89144
10/18-present	[redacted]Venticello Dr	Las Vegas	NV	89138

Applicant's initials RP

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Saffron Flavors of Inda			2011-2015	
Business Address	**City**		**State**	**Zip**
4450 N Tenaya Way	Las Vegas		NV 89129	
Phone	**Title**			
	Chef/partner			
Description of Duties				
Kitchen management				

Business Name			From - To (MM/YY – MM/YY)	
Curry Leaf Flavors of India			2015-present	
Business Address	**City**		**State**	**Zip**
5025 S Fort Apache Rd #101	Las Vegas		NV	89148
Phone	**Title**			
	Owner			
Description of Duties				
Management				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials RP

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials RP

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below: N/A

Original Signature (electronic, copies or stamps not accepted)

5/26/22
Date

Applicant's initials RP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ritesh Patel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/26/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Ritesh Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

05/26/22

Date

Subscribed and Sworn to before me this 26 day of May 2022

Notary Public Signature

ALMA LOPEZ
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 08-01-2022
Certificate No: 13-10482-1

(Seal)

Applicant's initials RP

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

03/30/2022

Work Order Item Number:	W2022033000264 - 2017378
Filing Number:	20222209921
Filing Type:	Amendment to Articles of Organization
Filing Date/Time:	03/30/2022 07:14:22 AM
Filing Page(s):	4

Indexed Entity Information:

Entity ID: E21938192022-5

Entity Name: LV Infusion and Specialty, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
ANDERSON REGISTERED AGENTS
3225 MCLEOD DRIVE #110, LAS VEGAS, NV 89121, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Jamie J. Sylvester
3225 McLeod Drive, Suite 100
Las Vegas, NV 89121, USA

Work Order #: W2022033000264
March 30, 2022
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 5470

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Amendment to Articles of Organization	Fees	20222209921	3/30/2022 7:14:22 AM	InternalReview	1	$175.00	$175.00
Total							$175.00

Payments

Type	Description	Payment Status	Amount
Credit Card	648649648858681360309O	Success	$175.00
Total			$175.00

Credit Balance: $0.00

Jamie J. Sylvester
3225 McLeod Drive, Suite 100
Las Vegas, NV 89121, USA

Filed in the Office of	Business Number
Barbara K. Cegavske	E21938192022-5
Secretary of State	Filing Number
State Of Nevada	20222209921
	Filed On
	03/30/2022 07:14:22 AM
	Number of Pages
	4

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Limited-Liability Company:

Certificate of Amendment (PURSUANT TO NRS 86.216, 86.221 and 86.543)

Certificate to Accompany Restated Articles or Amended and Restated Articles (PURSUANT TO NRS 86.221)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity information:

Name of entity as on file with the Nevada Secretary of State :

LV Infusion and Specialty, LLC

Entity or Nevada Business Identification Number (NVID) : NV20222405375

2. Restated or Amended and Restated Articles (Select one):

(If restating or amending and restating, complete section 1, 2 and 6.)

☐ **Certificate to Accompany Restated Articles or Amended and Restated Articles**

☐ Articles have been Restated

☐ Articles have been Amended and Restated

* Restated or Amended and Restated Articles must include with this filing type.

3. Type of amendment filing being completed: (Select only one box):

(If amending, complete section 1,3,5 and 6.)

☐ **Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company Before Issuance of Member's Interest** (Pursuant to NRS 86.216)

The signers thereof are at least two-thirds of the ☐ organizers or the ☐ managers of the limited-liability company

As of the date of the certificate, no member's interest in the limited-liability company has been issued.

☑ **Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company** (Pursuant to NRS 86.221)

The limited-liability company is managed by ☐ Managers or ☐ Members

The certificate of amendment must be signed by a manager of the company or, if management is not vested in a manager, by a member.

☐ **Amendment to Application for Registration of a Foreign Limited-Liability Company** (Pursuant to NRS Chapter 86)

Name of Foreign Limited-Liability Company if different than registered to transact business in Nevada:

If amendment is to change the name, the change taking effect: (select all that apply)

☐ The name under which Limited-Liability Company transacts business in this State

☐ Foreign Limited-Liability Company name from home jurisdiction

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Limited-Liability Company:
Certificate of Amendment (PURSUANT TO NRS 86.216, 86.221 and 86.543)
Certificate to Accompany Restated Articles or Amended and Restated Articles (PURSUANT TO NRS 86.221)

4. Effective date and time: (Optional)

Date: 03/30/2022 Time:

(must not be later than 90 days after the certificate is filed)

5. Information being changed:

Changes to takes the following effect:

- ☑ The entity name has been amended.
- ☐ The registered agent has been changed. (attach Certificate of Acceptance from new registered agent)
- ☐ The purpose of the entity has been amended.
- ☐ The directors, managers or general partners have been amended.
- ☐ IRS tax language has been added.
- ☐ Articles have been added
- ☐ Articles have been deleted
- ☐ Other.

The articles have been amended as follows: (provide article numbers, if available)

(attach additional page(s) if necessary)

6. Signature: (Required)

X **Ritesh Patel**

Signature of Manager, Member or Authorized Signer

Manager

Title

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Amended a

Filed in the Office of	Business Number
Barbara K. Cegavske	E21938192022-5
Secretary of State	Filing Number
State Of Nevada	20222209921
	Filed On
	03/30/2022 07:14:22 AM
	Number of Pages
	4

ABOVE SPACE IS FOR OFFICE USE ONLY

Formation - Limited-Liability Company

- [X] NRS 86 - Articles of Organization Limited-Liability Company
- [ ] NRS 86.544 - Registration of Foreign Limited-Liability Company
- [ ] NRS 89 - Articles of Organization Professional Limited-Liability Company
- [ ] NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Name Being Registered in Nevada: (See instructions)
LV Infusion and Specialty, LLC

2. Foreign Entity Name: (Name in home jurisdiction)

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation: 3b) Date formed:
3c) I declare this entity is in good standing in the jurisdiction of its formation. [ ]

4. Registered Agent for Service of Process*: (Check only one box)
[X] Commercial Registered Agent:(name only below) [ ] Noncommercial Registered Agent (name and address below) [ ] Office or Position with Entity (title and address below)
Anderson Registered Agents
Name of Registered Agent **OR** Title of Office or Position with Entity
Street Address | City | Nevada | Zip Code
Mailing Address (if different from street address) | City | Nevada | Zip Code

4a. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.
X _____ 03/30/2022
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) [X] Manager(s) **OR** [ ] Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)

Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)

IMPORTANT:
A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.

1) Ritesh Patel | USA
Name | Country
3225 McLeod Drive, Suite 100 | Las Vegas | NV | 89121
Street Address | City | State | Zip/Postal Code

2)
Name | Country
Street Address | City | State | Zip/Postal Code

3)
Name | Country
Street Address | City | State | Zip/Postal Code

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)

9. Series and/or Restricted Limited-Liability Company: (Optional)

Check box if a Series Limited-Liability Company ☐

Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐

10 Records Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip Code

Country

11. Street Address of Principal Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip Code

Country

12. Name, Address and Signature of the Organizer:

(NRS 86, NRS 89 -Each Organizer must be a licensed professional.)

*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Name and Signature of Manager or Member:
(NRS 86.544 only)

See instructions

Amanda Phillips | USA
Name | Country

3225 McLeod Drive, Suite 100 | Las Vegas | NV | 89121
Address | City | State | Zip/Postal Code

X Amanda Phillips

(attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

LV INFUSION AND SPECIALTY, LLC DBA VITAL CARE OF SUMMERLIN

3150 W CHARLESTON BLVD, LAS VEGAS, NV 89102

TELEPHONE NUMBER

May 23,2022

RE: LV INFUSION AND SPECIALTY, LLC DBA VITAL CARE OF SUMMERLIN

Application for Community/Retail Pharmacy Permit

Dear Board Representative,

Please see the attached application packet for the above referenced pharmacy to obtain licensure for a community/retail pharmacy permit. We would like to request that the pharmacy application be reviewed at the July 2022 Board meeting.

Please advise if you have any questions or need additional information.

Sincerely,

Ritesh Patel

MAY 31 2022

NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler LV Infusion and Specialty, LLC DBA Vital Care of Summerlin

Physical Address 3150 W Charleston Blvd

City Las Vegas State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone [redacted] Website _____

Licensing Company Email [redacted]@yahoo.com

Section 2: Personal Information

First Krishna Middle _____ Last Patel

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]W Horizon Ridge Pkwy Apt [redacted]

City Henderson State NV Zip 89052

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials KP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Sudhkarrrao Naik Institute of Pharmacy		07/1994 - 05/1998	
Address	**City**	**State**	**Zip**
Nagpur Rd, SH-183, District - Yavatmal INDIA	Pusad	MH	445215
Diploma/Degree obtained, if any			
Bachelor Of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
RPTP Science School		07/1992 - 05/1994	
Address	**City**	**State**	**Zip**
Mota Bazaar, District - Anand INDIA	Vallabh Vidyanagar	GJ	388120
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2022 Till Now	[redacted]W Horizon Ridge Pkwy Apt #[redacted]	Henderson	NV	89052
04/2021 - 05/2022	[redacted]S Joe Wilson Rd Apt #[redacted]	Cedar Hill	TX	75104
05/2020 - 03/2021	[redacted]Up River Rd Apt #[redacted]	Corpus Christi	TX	78410
07/2019 - 06/2020	[redacted]Stone Oak Pkwy Apt #[redacted]	San Antonio	TX	78258
07/2017 - 06/2019	[redacted]Wilderness Oak Apt #[redacted]	San Antonio	TX	78258
06/2010 - 06/2017	[redacted]Seawater Ct	Fayetteville	NC	28306
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
American Star Pharmacy			05/2021-05/2022
Business Address	**City**	**State**	**Zip**
1323 East Franklin St Ste 100	Hillsboro	TX	76645
Phone	**Title**	**Number of Employed Hours**	
254-632-8863	Pharmacist In Charge	2080	

Description of Duties

Pharmacist-In-Charge responsibilities ensuring compliance with controlled substance act, state, and federal regulations.Working with various physicians in the hospitals and in the clinics in outpatient settings to serve patients with

Business Name			From - To (MM/YY – MM/YY)
Texas Specialty Clinic			03/2021 - 04/2021
Business Address	**City**	**State**	**Zip**
2700 W Pleasant Run Rd	Lancaster	TX	75146
Phone	**Title**	**Number of Employed Hours**	
586-604-2356	Consultant Pharmacist	160	

Description of Duties

Worked with providers and patients focusing on reviewing,managing medication regimens of patients, ensuring that the medications are appropriate effective and as safe as possible.

Business Name			From - To (MM/YY – MM/YY)
Crawford Pharmacy			07/2020 - 02/2021
Business Address	**City**	**State**	**Zip**
407 E Orange Ave	Orange Grove	TX	78372
Phone	**Title**	**Number of Employed Hours**	
361 - 384 - 4077	Pharmacist in Charge	875	

Description of Duties

Pharmacist-In-Charge responsibilities ensuring compliance with controlled substance act, state, and federal regulations. Establishing policies and procedures for a new pharmacy. Working with the computer software department, wholesalers

Business Name			From - To (MM/YY – MM/YY)
Orange Grove Pharmacy			05/2020 - 06/2020
Business Address	**City**	**State**	**Zip**
108 S. Eugenia Street	Orange Grove	TX	78372
Phone	**Title**	**Number of Employed Hours**	
361-345-4646	Pharmacist In Charge	100	

Description of Duties

Performed Pharmacist In Charge responsibilities ensuring compliance with controlled substance act, state and federal regulations. Performed various pharmacist's tasks in order to operate the pharmacy.

Business Name			From - To (MM/YY – MM/YY)
Rite Away Pharmacy			09/2019 - 05/2020
Business Address	**City**	**State**	**Zip**
2235 Thousand Oaks Drive # 102	San Antonio	TX	78232
Phone	**Title**	**Number of Employed Hours**	
210 - 490 - 2733	Staff Pharmacist	1000	

Description of Duties

Performed various pharmacist's tasks, including filling and verifying prescriptions for high accuracy while multitasking. Assisted Pharmacy Manager in identifying ways to improve pharmacy results, inventory management, and customer

Continue on next page if additional space is needed.

Applicant's initials KP

Business Name			From - To (MM/YY – MM/YY)	
ASPCARES Pharmacy			07/2017 - 09/2019	
Business Address		**City**	**State**	**Zip**
2414 Babcock Rd # 111		San Antonio	TX	78229
Phone	**Title**		**Number of Employed Hours**	
210 - 615 - 7400	Pharmacist In Charge		4700	
Description of Duties				
Pharmacist in Charge responsibilities ensuring compliance with controlled substance act,state and federal regulations. Worked at high volume pharmacy coached and supervised staff of 6 techs and 4 delivery drivers.				

Business Name			From - To (MM/YY – MM/YY)	
Rite Aid Pharmacy/ Eckerd Pharmacy			01/2007-06/2017	
Business Address		**City**	**State**	**Zip**
2605 Raeford Rd		Fayetteville	NC	28303
Phone	**Title**		**Number of Employed Hours**	
910-484-2170	Pharmacist In Charge/ Staff Pharmacist		21000	
Description of Duties				
Performed pharmacy manager's responsibilities ensuring compliance with controlled substance act, state, and federal regulations. Managed inventory. Hired and trained new team members. Conducted competency and performance				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials KP

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials KP

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

05/26/22

Date

Applicant's initials KP

I, Krishna Patel, **certify that as the designated representative for**

Vital Care of Summerlin,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

KRISHNA PATEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/26/22

Date

Applicant's initials KP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KRISHNA PATEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/26/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, KRISHNA PATEL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

05/26/22

Date

Subscribed and Sworn to before me this 26 day of May 2022

Notary Public Signature

STEPHANIE MORGAN
Notary Public, State of Nevada
No. 10-2456-1
My Appt. Exp. Feb. 18, 2024

(Seal)

Applicant's initials KP

10

10A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada

■ Out-of-State

Type of Application (check applicable box)

☐ New Pharmacy

■ Ownership Change*

☐ Location Change *

☐ Name Change*

* If making a change, provide current license number:

PH 03623

Ownership Type (check applicable box)

☐ Publicly Traded (complete sections 1, 2, 3, 4, S, 9, 10, 11, 12)

■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)

☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)

☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: California Specialty Pharmacy, LLC

Physical Address: 13027 Hadley Street, Suite B

City: Whittier State: CA Zip: 90601

Mailing Address (if different from physical address): same as physical address

City: _____ State: _____ Zip: _____

Telephone: (562) 698-6305 Toll Free # (NAC 639.708, NRS 639.23286): (877) 602-7779

Fax: (866) 853-6555 Contact Email: george.kridner@csprx.com

Website: https://csprx.com/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Phuong Minh Nguyen ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20693 ✓

Type of Pharmacy (check all applicable)

■ Retail/Community ✓

☐ Hospital (# beds _____)

☐ Internet

☐ Nuclear

☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

■ Retail/Community ✓

■ Non-sterile Compounding ✓

☐ Sterile Compounding

☐ Mail-Order Service

☐ Off-site Cognitive Services

☐ Long Term Care

☐ Hospital

☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Phuong Minh Nguyen	NV Pharmacist Registration #: 20693
Name: N/A	NV Pharmacist Registration #: N/A
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): Rx Holdco LLC

Corporation/Organization Name: California Specialty Pharmacy, LLC

Mailing Address: 13027 Hadley Street, Suite B

City: Whittier State: CA Zip: 90601

Telephone: 714-981-6871 Email: george.kridner@csprx.com

Contact Person Name: George Worthington Kridner IV

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Executive Officer (title) for California Specialty Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

George Worthington Kridner IV
Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/8/22
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, George Worthington Kridner IV hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Executive Officer (title) for George Worthington Kridner IV (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

California Notarial
Loose Certificate
attached

CALIFORNIA JURAT WITH AFFIANT STATEMENT

See Attached Document (notary to cross out lines 1-6 below)
See Statement Below (lines 1-5 to be completed only by document signer[s], not Notary

Signature of document Signer No. 1

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me on this Friday, April 08, 2022, by

George Worthington Kridner IV

Proved to me on the basis of satisfactory evidence
To be the person who appeared before me.)

IVAN JACOME
Notary Public - California
Orange County
Commission # 2388892
My Comm. Expires Dec 31, 2025

Signature _____
[Signature of Notary Public]

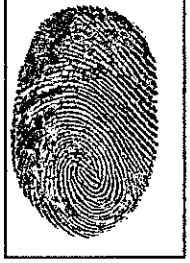
Further Description of Any Attached Documents

Title Or Type of Document: Affidavit for Pharmacy License

Document Date: April 8, 2022 Number of pages:1

Signer(s) other than named above: None

RIGHT THUMBPRINT OF SIGNER #1
Top of thumb here



3419 E. Chapman Ave, Orange, CA 92869 Tel: (714) 799 4800 Fax: (714) 516 9512
Email:Store6961@theupsstore.com

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• Personal History Record Application found at http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. For Non-publicly traded - The top 4 shareholder/stockholders. b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest. c. For Sole Owner - The owner.		✓	✓	✓
• Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
• License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g)	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)	✓	✓	✓	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

George Worthington Kridner IV

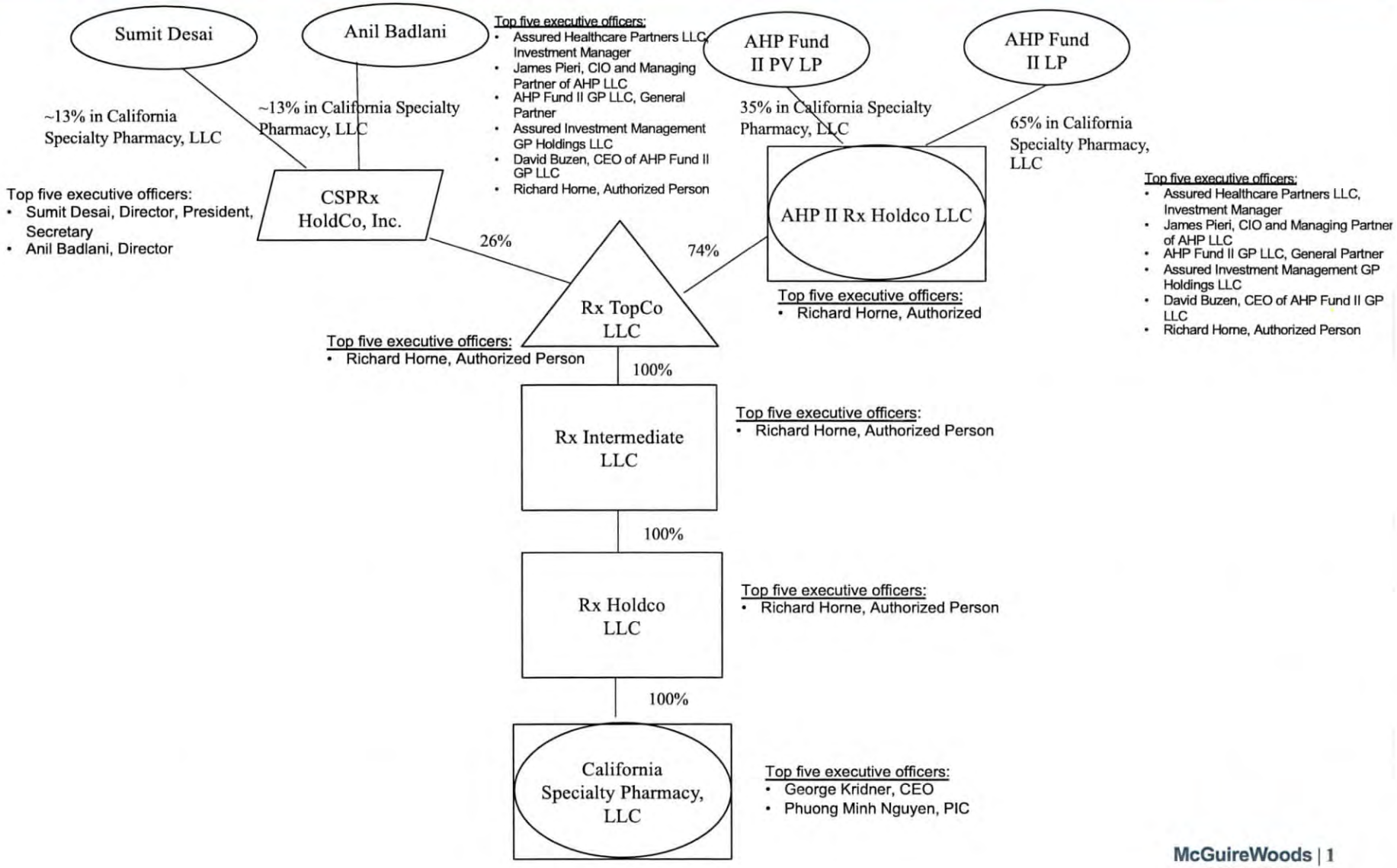
Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

Date 4/8/22

Board Use Only	Date Received: _____	Amount: 500	CHECK # 4891 ✓

Post-Closing Organization



Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	CALIFORNIA SPECIALTY PHARMACY, INC.
File Number:	C3261995
Registration Date:	11/03/2009
Entity Type:	DOMESTIC STOCK CORPORATION
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of February 2, 2022 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 4, 2022.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: YDW3JQR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at *bebizfile.sos.ca.gov/certification/index*.

Nevada Non-Resident Pharmacy Application – California Specialty Pharmacy

List of all Officers and Directors

1. George Worthington Kridner IV, Director, Officer (Chief Executive Officer)

Nevada Non-Resident Pharmacy Application

List of Top Four Stockholders and Their Percentage Ownership

1. Rx Holdco, LLC – 100%

Nevada Non-Resident Pharmacy Application

List all Stockholders Who Hold 10% or More of the Shares

1. Rx Holdco, LLC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: California Specialty Pharmacy

Physical Address: 13027 Hadley St

City: Whittier State: CA Zip: 92601

Mailing Address (if different from physical address): 13027 Hadley St

City: Whittier State: CA Zip: 92601

Telephone: 877-602-7779 Website: www.csprx.com

Licensing Company Email: compliance@csprx.com

Section 2: Personal Information

First: George Middle: Worthington Last: Kridner IV

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] E Blue Bird Ave

City: Orange State: CA Zip: 92869

Telephone: [redacted] Email: george.kridner@csprx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: GWK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.).

School Name		From - To (MM/YY – MM/YY)	
University of the Pacific		08/94-05/97	
Address	**City**	**State**	**Zip**
3601 Pacific Ave	Stockton	CA	95211
Diploma/Degree obtained, if any			
PharmD			
School Name		**From - To (MM/YY – MM/YY)**	
Vanguard University		08/92-06/94	
Address	**City**	**State**	**Zip**
55 Fair Drive	Costa Mesa	CA	92626
Diploma/Degree obtained, if any			
BA, Biology			
School Name		**From - To (MM/YY – MM/YY)**	
Fullerton College		8/88-6/92	
Address	**City**	**State**	**Zip**
321 East Chapman Ave	Fullerton	CA	92832
Diploma/Degree obtained, if any			
Associate of Arts			
School Name		**From - To (MM/YY – MM/YY)**	
Katella High School		09/84-06/88	
Address	**City**	**State**	**Zip**
2200 E. Wagner Ave	Anaheim	CA	92806
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/05-Present	[redacted] E Blue Bird Ave	Anaheim	CA	92869
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials Gwk

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
California Specialty Pharmacy			02/15-Present
Business Address	**City**	**State**	**Zip**
13027 Hadley St	Whittier	CA	90601
Phone	**Title**		**Number of Employed Hours**
877-602-7779	Chief Executive Officer		14,560
Description of Duties			
Responsible for all aspects of the pharmacy operation.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date 4/8/22

Applicant's initials

I, _____, **certify that as the designated representative for**

_____,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

GEORGE KEYSOR

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/8/25

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DEREK KATONA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/8/22

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

_____ _____

Original Signature **Date**

Subscribed and Sworn to before me this _____ day of _____.

California Notarial Loose Certificate attached

_____

Notary Public Signature

(Seal)

Applicant's initials

CALIFORNIA JURAT WITH AFFIANT STATEMENT

See Attached Document (notary to cross out lines 1-6 below)
See Statement Below (lines 1-5 to be completed only by document signer[s], not Notary

Signature of document Signer No. 1

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me on this Friday, April 08, 2022, by

George Worthington Kridner IV

Proved to me on the basis of satisfactory evidence
To be the person who appeared before me.)

IVAN JACOME
Notary Public - California
Orange County
Commission # 2388892
My Comm. Expires Dec 31, 2025

Signature _____
[Signature of Notary Public]

Further Description of Any Attached Documents

Title Or Type of Document: Designated Representative Application

Document Date: April 8, 2022 Number of pages:1

Signer(s) other than named above: None

RIGHT THUMBPRINT OF SIGNER #1
Top of thumb here

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Retail Pharmacy Permit

7/13/2
7/13/2

LICENSE NO. PHY 54320

ISSUE DATE JUNE 02, 2016

CALIFORNIA SPECIALTY PHARMACY INC

13027 HADLEY STREET SUITE B
WHITTIER CA 90601

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
PHUONG NGUYEN

PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

LICENSE NO. PHY 54320
RECEIPT NO. 00172487

VALID UNTIL JUNE 01, 2022

CALIFORNIA SPECIALTY PHARMACY INC
13027 HADLEY STREET SUITE B
WHITTIER CA 90601

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

20/21
20/21 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Pharmacy e-Profile ID:	822125		**Inspection Information**
Legal Business Name:	California Specialty Pharmacy Inc.	**Conference Call Date:**	6/11/2021
Doing Business As (DBA):	California Specialty Pharmacy	**Start Time: 24-hour format (13:00)**	14:30
Address:	13027 Hadley St Suite B	**End Time: 24-hour format (13:00)**	17:00
City:	Whittier	**Onsite Inspection Date:**	6/14/2021
State:	CA	**Start Time: 24-hour format (13:00)**	9:10
Zip Code:	90601	**End Time: 24-hour format (13:00)**	13:30
Telephone number:	562-698-6305	**Inspector Name:**	Beth Miesen, PharmD, CPPS
Toll free number:	877-602-7779	**Inspection Performed by (NABP, State, etc):**	NABP
Fax number:	866-853-6555	**Observer Name/Affiliation (if applicable):**	n/a
Website:	www.csprx.com	**Observer Name/Affiliation (if applicable):**	n/a

Pharmacy Hours of Operation	**Check if 24/7** ☐		
	Open		**Closed**
	Start Time: (24-hour format)	**End Time: (24-hour format)**	**(X)**
Sunday	X	X	X
Monday	9:00	17:00	
Tuesday	9:00	17:00	
Wednesday	9:00	17:00	
Thursday	9:00	17:00	
Friday	9:00	17:00	
Saturday	X	X	X

Key Pharmacy Personnel	**Name**	**Contact (e-mail)**	**e-Profile ID**
Pharmacist in Charge	Marianna Sargsyan	marianna.sargsyan@csprx.com	908744
Nonsterile Compounding Supervisor	Zainab Nazary	zainab.nazary@csprx.com	519464
Sterile Compounding Supervisor	n/a	n/a	n/a
Hazardous Compounding Supervisor	Zainab Nazary	zainab.nazary@csprx.com	519464

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Marianna Sargsyan	PIC	Y
2	Phuong Nguyen	RPH	Y
3	Zainab Nazary	Compounding Supervisor	Y
4	Huda Jawasd	Pharmaicst	Y
5	Peter Phavorachit	Pharmacy Technician	Y
6	Erica Godinez	Pharmacy Technician	Y
7	Marian Ordonez	Pharmacy Technician	Y
8	Roger Rivera	Pharmacy Technician	Y
9	George Kridner	Pharmacist	Y
10	Alfonso Hyra	Pharmacy Technician	Y

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present. 5 other technicians onsite that work admission process but not involved in dispensing,

Business Licensure Information for State of Residence and Federal
(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
Pharmacy/California Board of Pharmacy	California Specialty Pharmacy	Pharmacy/PHY54320	6/1/2022
DEA/Department of Justice	California Specialty Pharmacy	Pharmacy Controlled Substance/FC2132392	8/31/2022

Inspector Notes: List states in which Non-Resident licenses are held: Active: Hawaii (PMP-666 12/31/2021), Nevada (PH03623 10/31/2022) Oregon (RP-0003640 3/31/2022), Florida (PH24882 2/28/2023), New York (038520 11/30/2023), Arizona (Y008485 10/31/2021), OH (022863550 7/1/2021), Washington license (60683494) onsite expired

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Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description
Doc01_Gen10_CSP_Whittier_CA	White bagging Label Examples
Doc02_NS21.01_CSP_Whittier_CA	COA 1 per manufacturer
Photos01_NSAreas_CSP_Whittier_CA	Miscellaneous photos of NS area/items

Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply	
Traditional retail		Telepharmacy	
Open to the Public	X	Central Fill/Processing/Shared Services	
Closed Door		Specialty Pharmacy	X
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	X
HMO/PBM only		Nonsterile Hazardous Drug Compounding	X
Internet Pharmacy (New Rx)		Sterile Compounding	
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	3000	Total Pharmacists:	9 (2 work remotely)
Nonsterile Compounding Room size:	200	Number of Compounding Pharmacists	2
Nonsterile Compounding powder hoods number:	1	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	50	Total Student Interns:	1
Nonsterile HD Compounding BSC/CACI hoods number:	1	Total Technicians:	5
Sterile Compounding Ante Room size:	150	Number of Compounding Technicians	3
Sterile Compounding Clean/Buffer Room size:	0	Of technicians, how many are certified?	5
Sterile Compounding Number LAFW hoods/areas:	0	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:	0	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	0	Total Other Unlicensed Personnel:	44
Negative Pressure Sterile HD Room size:	0	Ratio #tech:#RPh present at time of inspection:	5:4
Sterile HD Compounding Number of BSC hoods:	0	Total Pharmacist Hours Per Week:	360
Sterile HD Compounding Number of CACI hoods:	0	Total Technician Hours Per Week:	200
Volume Dispensed		**Volume Distributed**	
Total Prescriptions Dispensed/day:	350	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	13%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	20%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	15%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK			
AL			
AR			
AZ	28	0	month
CA	3085	0	month
CO			
CT			
DC			
DE			
FL	1	0	month
GA			
HI	25	0	month
IA			
ID			
IL			
IN			
KS			
KY			
LA			
MA			
MD			
ME			
MI			
MN			
MO			
MS			
MT			

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC			
ND			
NE			
NH			
NJ			
NM			
NV	15	0	month
NY	7	0	month
OH			
OK			
OR	1	0	month
PA			
RI			
SC			
SD			
TN			
TX			
UT			
VA			
VT			
WA			
WI			
WV			
WY			
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: California Specialty Pharmacy Inc. dba California Specialty Pharmacy
e-Profile ID: 822125
Inspection Date: 06/11/2021 & 06/14/2021

		Finding	Notes
General Pharmacy			
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40/wk
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	Suite A of address Dr office and infusion Suite, B is pharmacy
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	VIPPS application pending currently via NABP
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	only complete surveys
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	
8.00	Are photographs allowed during the inspection (no PHI)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Zainab Nazary, compounding supervisor Phuong Nguyen-will be new PIC, George Krider-CEO, Erica Godinez-Tech
Types of Practice Additional Questions	**If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	40%, dispense intact vials to prescribers, occasionally provide diluent, see label attachment, Deliveries to prescriber office and infusion centers, all prescriptions dispensed patient specific
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	

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13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	No	AZ and NV not posted, OH and WA licensed posted were expired
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	4/8/2019, submitted in VPP application
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	Yes	all related to sterile compounding which is no longer done
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	

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24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	Yes	May 2019 related to sterile compound which no longer done
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	ACHC valid until 2023 and URAC pending re-accreditation due to Covid
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	Keep onsite 3 yrs
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	electronic kept indefinitely
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	electronic
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	electronic
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	system does not allow deletion
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	Yes	Contract for Lighthouse Whittier Storage, but to date no records have been transferred from pharmacy to offsite storage
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	policies reviewed

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Personnel	**If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	yes, documented on PRS Compliance website
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Verify licensure at hire and annually via PRS Compliance website
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no potient services that require additional troining/certification. If yes, list certifications and if current?*	Yes	COVID Vaccination Clinic onsite for 2 months, no longer active
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident stote. Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	7:05
Facility and Security	**If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	No	All staff have access to building that has alarm, pharmacy within suite requires key, only RPH has key no separate alarm specific for pharmacy area
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	No CII in inventory
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured ond handled.*	Yes	alarm would alert PIC, PIC would remain onsite and medications reviewed if needed to ensure integrity
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	No	dirt on floor in compounding area, residue in hazardous compounding hood
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	No destruction onsite
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	RxReverse, return Q3 months, expired drugs is stored separately in cabinet labeled expired, CS logged but not non CS expired drugs

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37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	TSI pick up every 3 months
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	conference room if needed
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	range 68-77F monitored VFC data logger monitors 24/7, current 77F
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Electronic process
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Range 36-46F, VFC data loggers sent out for maintenance every 6-12 months, data archived by vendor and RPH can login and review if needed
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	4 Fridges 41.9, 39.4, 40.1, 37.9F
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	minus 13 to 14F, VFC data logger
42.01	Is the temperature in the freezer within the USP range (between –25° to –10°C or –13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	Yes	9F
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	have back up generator
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	have back up generator

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		Finding	Notes
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	PIC receives alert of out of ranges
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers ond types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Review transaction of each product received
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	only 1-2% directly from manufacturer, the rest from wholesalers
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, ond circumstonces leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	McKesson, Health Coalition
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	verbiage in contracts, review transaction history
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	PIC or assigned technician will review all transactions for products received
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	Yes	verbiage in contracts
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	quarantine contact and return to wholesaler

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47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	same time reviewed when received
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	policy
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	N/A	
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	N/A	
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	N/A	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	orders are received via fax or electronic, and voice mailbox for verbal
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	Yes	PCCA, Letco, Medisca
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Monthly inventory manually and document
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	No	
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	

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56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two yeors).*	Yes	no CII inventory, CII-CV done monthly last 6/4
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	Monthly inventory includes all medications
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	check monthly, Outdated Rx reverse distributor returned every 3 months stored in CS cabinet until returned
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		monthly
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	No	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	N/A	

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Prescription Processing	**If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	intake enters, processor adds prescription info and RPH reviews, reviewed with each refill and updated as needed
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familior with detecting fraud in hord copy, faxed, verbal, and electronic prescriptions.*	Yes	CA CURES reviewed with each CS dispense, pharmacy does not typically receive hard copies, receive verbals or electronic, faxed not allowed in CA for CS
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	review CA CURES, call prescriber to verify
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	require chart notes from prescriber prior to processing prescription
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	both
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	RPH reviews prior to printing dispensing documents
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	initial dispense and refill

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67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	lab, prescriber notes, ht, wt
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	Lexicomp
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	electronic process completed daily, CPR+
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	CS patients reviewed prior to each dispense
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	all DUR alerts are reviewed and documented
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	CPR+
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	N/A	
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	document work order, RPH signs off
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	RPH verifies during final product verification

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General Pharmacy Inspection

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Facility Name: California Specialty Pharmacy Inc. dba California Specialty Pharmacy
e-Profile ID: 822125
Inspection Date: 06/11/2021 & 06/14/2021

		Finding	Notes
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	CPR+,
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	URAC standards
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	2 RPH work off site but are not involved in prescription processing
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	

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		Finding	Notes
Patient Counseling and Communication	If any part of a question is no, enter "No" and explain the observation.		
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	prescriptions rarely picked up, RPh Counsels on all new prescriptions
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	No	
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	technician or RPH
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	Yes	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	all new patients counseled and offers for refills, drug info provided with each dispense
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	all new patients counseled and offers for refills, drug info provided with each dispense
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Printed with label and dispensing documents, provided with each dispense
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	Printed with label and dispensing documents, provided with each dispense
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	Yes	Tysabri
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	prescription processing system added as a progress note
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	RPh on call after hours
85.00	Are processes in place to handle a drug recall?	Yes	

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		Finding	Notes
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	Compounding Supervisor
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	electronic
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	meet quarterly
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	electronic, completed as soon as notified of event

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		Finding	Notes
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	Compounding Supervisor oversees, other departments report at minimum quarterly
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	quarterly
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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		Finding	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	No	
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	MedWatch
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	Yes	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	can do online, sent initially to patients
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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		Finding	Notes
General Operations and Information			
1.00	Does the pharmacy **dispense** nonsterile compounded preparations pursuant to a prescription?	No	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	Yes	
1.02	Do the compounded prescriptions produce a significant difference from a commercially available drug that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner?	Yes	
1.03	Are nonsterile compounded prescriptions picked up at the pharmacy?	Yes	rarely
1.04	Are nonsterile compounded prescriptions delivered to patients in their homes or residential facilities?	Yes	
1.05	Are nonsterile compounded prescriptions mailed to patients in their homes or residential facilities?	Yes	
1.06	Are nonsterile compounded prescriptions delivered to the practitioner for administration to the patient in the office, clinic, or facility?	No	
1.07	Are nonsterile compounded prescriptions mailed to the practitioner for administration to the patient in the office, clinic, or facility?	No	
2.00	Does the pharmacy **distribute** nonsterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	No	
2.01	Does the pharmacy distribute nonsterile compounded preparations to practitioners for office use?	N/A	
2.02	Does the pharmacy distribute nonsterile compounded preparations to hospitals, clinics, or surgery centers?	N/A	
2.03	Does the pharmacy have a sales force that promotes compounded preparations? *List compounds promoted.*	No	
2.04	Does the pharmacy distribute non-patient specific compounded preparations for promotional purposes? *List compounds provided.*	No	
2.05	If yes, does the sales force hand-deliver these compounds? *List compounds provided.*	N/A	
2.06	If yes, are any of these controlled substances? *List compounds provided.*	N/A	

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		Finding	Notes
3.00	Does the pharmacy provide nonsterile compounded preparations to other pharmacies for dispensing?	No	
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations? *Provide List.*	N/A	
4.00	Does the pharmacy compound oral preparations (tablets, capsules, liquids, lozenges, etc.)? *Provide List.*	Yes	capsules, troches, sublingual tablets
5.00	Does the pharmacy compound topicals (gels, creams, ointments, inserts, suppositories, patches, sprays including nasal sprays, etc.)? *Provide List.*	Yes	creams, suppositories, ointments, liquids
6.00	Does the pharmacy compound vitamin or nutritional supplements? *Provide List.*	No	
7.00	Does the pharmacy sell any compounds over-the-counter? *Provide list.*	No	
8.00	Does the pharmacy compound investigational drugs? *Provide List.*	No	
9.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate volume or percent compounded currently.*	Yes	hydroxychloroquine oral capsules during pandemic for a couple patients
9.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	Yes	
9.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	Yes	
10.00	Does the pharmacy perform compounding identified as **simple?** *Indicate percentage of simple compounding.* 1. Making a preparation that has a USP compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate beyond-use dates (BUD)s. 2. Reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer. *Examples include Captopril Oral Solution, Indomethacin Topical precoutions. Gel, and Potassium Bromide Oral Solution (Veterinary).*	Yes	33%

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		Finding	Notes
11.00	Does the pharmacy perform compounding identified as **moderate?** *Indicate percentage of moderate compounding.* 1. Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units. 2. Making a preparation for which stability data for that specific formula is not available. *Examples include Morphine Sulfate Suppositories, diphenhydromine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known.*	Yes	33%
12.00	Does the pharmacy perform compounding identified as **complex**? *Indicate percentage of complex compounding.* Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. *Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.*	Yes	33%
13.00	Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of compounding with hazardous drugs.* NIOSH list of hazardous drugs including chemotherapy, hormones, etc.	Yes	25%
13.01	Is the pharmacy aware of the more stringent requirements of the proposed USP Chapter <800>?	Yes	
14.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	supplier website to obtain
15.00	Does the pharmacy compound using any **controlled substances**? *Indicate percentage of controlled substance nonsterile compounding.*	Yes	40%
16.00	**APIs:** Does the pharmacy make any nonsterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *Indicate the source of APIs.*	No	
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified.*	N/A	
16.03	Does the pharmacy use active ingredients that are not from an FDA-registered facility? *If so, indicate sources.*	N/A	

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		Finding	Notes
16.04	Does the computer track on-hand quantities of APIs used for compounding? *If not, explain.*	Yes	
17.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	No	
18.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed.*	Yes	Eagle Analytics, Microqualtiy Lab, potency and stability, choose one product quarterly based of volume of dispenses
19.00	Does the pharmacy use scales/balances for nonsterile compounding?	Yes	
19.01	If so, what type of scale/balanced is used? *List manufacturer and model number*		Ohaus NV 4000, Ohaus EX1103N, Sartorius GP5202
19.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency*	Yes	completed daily, documented in PK software
19.03	Describe the pharmacist checks for the measurement of each ingredient		Yes
20.00	**Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include nonsterile compounding measures? **Note: If the facility indicates "yes", please ask each question below to verify.**	Yes	
20.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
20.02	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
20.03	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
20.04	Does the pharmacy continuous quality improvement program include end product testing (such as: pH, weight, potency, particulates, consistency, etc.)?	Yes	
20.05	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding nonsterile compounded products?	Yes	
20.06	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	

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		Finding	Notes
20.07	Does the recall system include communication with both the patient and the physician/prescriber regarding the affected nonsterile compounded preparation?	Yes	
20.08	Are QREs involving nonsterile compounded preparations or are recalled by the pharmacy reported to the Board of Pharmacy?	Yes	
	Component Selection and Use		
	Total Non-Compliant (Includes Unknowns)	**0**	
21.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
21.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before using to compound.	Compliant	keep file and scan into PK software, see attachment
21.02	USP- or NF-grade substances used, if available	Compliant	
21.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	Compliant	
21.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels.*	N/A	
21.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding	N/A	
21.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	

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		Finding	Notes
21.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned does not exceed three (3) years for ingredients used for non-sterile compounding and does not exceed one (1) year for ingredients used for sterile compounding. *Note: purity and quality testing may be performed to extend.*	Compliant	
21.08	All APIs and components received without an expiration date are labeled with the date they were received.	Compliant	labeled from date manufactured
21.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	N/A	
21.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	
22.00	Where water is an ingredient, purified or distilled water is used.	Compliant	purified
23.00	Ingredients used for dietary or nutritional supplements meet USP, Food Chemicals Codex (FCC), or NF standards, or the pharmacy has alternate means to determine if the ingredients meet food-grade quality.	N/A	
24.00	Pharmacy confirms that there are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Compliant	
25.00	When manufactured products are used for compounding, all the other excipients in the product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	N/A	
26.00	For **animal compounding:** The compounding meets the same standards as compounding for human patients.	N/A	
26.01	The pharmacist is knowledgeable or has references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	N/A	

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Nonsterile Compounding Inspection

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		Finding	Notes
26.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	
26.03	The pharmacist familiar with, or has a reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	
26.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	
26.05	The pharmacist is familiar with, or has a reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	
Beyond Use Dating (BUD)			
	Total Non-Compliant (Includes Unknowns)	**0**	
27.00	BUDs are assigned from the day of preparation.	Compliant	
28.00	BUDs are assigned based on dispensing in tight, light-resistant containers/overpacks.	Compliant	
29.00	Extended BUDs are supported by testing data. *View documentation used, preparation must exactly match formulation upon which data was obtained.*	Compliant	Do not use extended BUD
29.01	Extended BUDs are assigned and the facility has performed its own stability testing. *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc.*	N/A	
30.00	BUDs for nonaqueous formulations are not later than the remaining time until the earliest expiration date of any API and not later than six (6) months.	Compliant	
31.00	BUDs for water-containing oral formulations are not later than 14 days when stored at controlled cold temperatures (refrigerated).	Compliant	
32.00	BUDs for water-containing topical/dermal and mucosal liquid and semisolid formulations not later than 30 days.	Compliant	

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		Finding	Notes
Environment			
	Total Non-Compliant (Includes Unknowns)	**1**	
33.00	The non-sterile compounding area is a controlled environment and separate from the general pharmacy.	Compliant	
34.00	There sufficient space available for the type and amount of compounding performed and the space is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations.	Compliant	
35.00	Only one preparation compounded at a time.	Compliant	
36.00	Procedures are implemented to prevent cross-contamination, especially when compounding with drugs such as hazardous drugs and known allergens like penicillin that require special precautions.	Compliant	clean area after every use
37.00	The compounding area is well lit.	Compliant	
38.00	The pharmacy performs **hazardous** non-sterile compounding in a ventilated cabinet such as a BSC, CAI, or CACI. *Note: CAI may not be used for hazardous drugs that may volatilize.(NIOSH requirement referenced in USP<795>. Note that proposed USP Chapter <800> will change hazardous drug compounding requirements.)*	Compliant	
38.01	Ventilated cabinets (BSC, CAI, CACI) used for hazardous compounding are certified or tested periodically.	Compliant	
38.02	If the hoods or isolators are not located in a closed, controlled room environment, there is documentation from the manufacturer and site testing to verify proper functioning of equipment under dynamic conditions for the safety of personnel.	N/A	
39.00	Appropriate protective attire (gowns, gloves, masks, etc.) is available.	Compliant	
39.01	If hazardous drugs are used, appropriate protective attire is available (gowns, gloves, hair and shoe covers, eye and face protection, etc.).	Compliant	
40.00	There is a sink in the compounding area with hot and cold potable water, soap or detergent, and air-driers or single-use towels.	Compliant	
41.00	There is adequate space to wash equipment and utensils including access to water for rinsing. *(Purified water is **recommended** - not required)*	Compliant	

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		Finding	Notes
42.00	The temperature of the compounding area is controlled by a thermostat and an air conditioning system is in place.	Compliant	
43.00	**Temperature** in the compounding area is maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	
43.01	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	
43.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
43.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas) and maintained within 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	
43.04	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	
43.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.00	**Humidity** in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally **recommended** range is 35-60%.	Compliant	41%
44.01	Humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
44.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.03	Humidity monitoring is also performed in **drug storage areas** (if separate from the compounding areas) to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%.	Compliant	
44.04	Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
44.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	

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		Finding	Notes
45.00	The bulk component storage area is adequately arranged and maintained in a clean and sanitary condition.	Non-Compliant	dirt on floor in compounding area, residue in hazardous compounding hood
46.00	All components, equipment, and containers are stored off the floor, and handled and stored to prevent contamination.	Compliant	
47.00	All components and packaging containers and closures are properly rotated to use oldest first.	Compliant	
48.00	Hazardous drugs are appropriately identified and marked, received, handled and stored by appropriately trained personnel. (OSHA regulations and NIOSH Alerts)	Compliant	
49.00	Trash is disposed of in a safe, sanitary, and timely manner.	Compliant	
49.01	Hazardous waste is disposed of in a safe, sanitary, and timely manner.	Compliant	
Training *-Verify records of all compounding personnel (up to 10).*			
	Total Non-Compliant (Includes Unknowns)	**0**	
50.00	Have all personnel of reproductive capability who handle or compound hazardous drugs or chemicals confirmed in writing that they understand the risks of handling hazardous drugs? Teratogenicity, carcinogenicity, reproductive issues.	Compliant	
51.00	There is documentation that all personnel that perform compounding are appropriately trained including policies and procedures, documentation, hazardous drug handling, and compounding technique and not allowed to compound or supervise compounding until training is successfully completed.	Compliant	
52.00	There is documentation that the training process for the preparation of compounds includes demonstration of the compounding procedure first, followed by the trainee performing the procedure under supervision successfully before being allowed to perform compounding.	Compliant	
53.00	There is documentation that training includes the operation of any equipment that may be used when preparing compounded products. *Documentation includes operation and troubleshooting.*	Compliant	
54.00	There is documentation available showing employees performing non-sterile compounding are evaluated at least annually.	Compliant	

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		Finding	Notes
54.01	If performing hazardous nonsterile compounding, there is documentation available showing employees are evaluated at least annually.	Compliant	
55.00	If the pharmacy uses relief personnel from outside agencies to perform non-sterile compounding there is documentation that training is verified.	N/A	
Compounding Equipment			
	Total Non-Compliant (Includes Unknowns)	**0**	
56.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (including capsule machines, autocloves, ovens, etc.) are periodically inspected and colibrated.*	Compliant	
57.00	Scales, balances, or other types of equipment used for measurement shall be routinely inspected, calibrated as necessary (per manufacturer instructions), and checked to ensure proper performance. *Describe procedure used.*	Compliant	both scales in use were located in hazardous room...nonhazardous products being measured in hazardous room, 3rd scale in storage area at time of onsite
58.00	Powder hoods used for nonsterile compounding are certified or tested periodically to ensure proper function.	Compliant	every 6 months
58.01	Hood filters are checked regularly and replaced when necessary.	Compliant	changed minimum of every 3 months
59.00	All equipment is cleaned promptly after each use. *Equipment and utensils washed using potable water with a soap or detergent, and rinsed. Recommended rinsed with purified water.*	Compliant	
60.00	The pharmacy uses separate equipment and utensils to compound allergenic, cytotoxic, or hazardous products, or has detailed procedures for meticulous cleaning of equipment and utensils immediately after use to prevent cross-contamination or exposure.	Compliant	
Documentation			
	Total Non-Compliant (Includes Unknowns)	**0**	
61.00	The pharmacy creates a master formulation record the first time before compounding a new preparation	Compliant	
61.01	Every formulation is evaluated for incompatibilities and the potential for being ineffective or toxic.	Compliant	all formulas based on PCCA data
61.02	The master formulation record includes:		

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		Finding	Notes
61.03	Official or assigned name, strength, and dosage form	Compliant	
61.04	All necessary calculations	Compliant	
61.05	Description of all ingredients and their quantities	Compliant	
61.06	Compatibility and stability information including references (when available)	Compliant	use only PCCA data
61.07	Equipment used for the preparation	Compliant	
61.08	Mixing instructions (order of mixing, temperatures, duration of mixing, and other pertinent factors)	Compliant	
61.09	Container used and packaging requirements	Compliant	
61.10	Assigned BUD information	Compliant	
61.11	Labeling information including the name of and quantity or concentration of each active ingredient	Compliant	
61.12	Description of the finished preparation	Compliant	
61.13	Storage requirements	Compliant	
61.14	Quality control procedures and expected results (e.g. dose measurement of capsule in the dose calibrator).	Compliant	
62.00	The pharmacy creates a compounding record for each compound prepared	Compliant	
62.01	The **compounding record** includes:		
62.02	Official or assigned name, strength and dosage of the preparation	Compliant	
62.03	Master Formulation Record reference	Compliant	
62.04	Sources, lot numbers, and expiration dates of all components	Compliant	
62.05	Total quantity or number of dosage units compounded	Compliant	
62.06	Person compounding the preparation	Compliant	
62.07	Person performing the quality control procedures	Compliant	

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		Finding 2	Notes
62.08	Person who approved the preparation	Compliant	
62.09	Date of compounding	Compliant	
62.10	Assigned internal identification number or prescription number	Compliant	
62.11	Description of the final preparation	Compliant	
62.12	Assigned BUD	Compliant	
62.13	Duplicate label	Compliant	
62.14	Results of quality control procedures (weight range of filled capsules, pH of aqueous liquids, etc.)?	Compliant	
62.15	Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver including investigation and recall, if appropriate	Compliant	

Compounding Procedures

		Total Non-Compliant (Includes Unknowns)	1	
63.00	The Master Formulation Record and the Compounding Record has been reviewed by the compounder to ensure it is error free.		Compliant	
64.00	Compounding personnel ascertain that ingredients for compounded preparations are of the correct identity and appropriate quality including a unit-by-unit inspection of the components.		Compliant	
65.00	The containers and closures selected meet USP standards (from container supplier).		Compliant	Dispensed in PCCA recommended containers for product
66.00	Container selection determined by physical and chemical properties of the preparation.		Compliant	
67.00	Compounding personnel maintain good hand hygiene and wear clean and appropriate clothing for the compounding being performed.		Compliant	
68.00	Personnel don appropriate protective garb when performing compounding.		Compliant	
68.01	If hazardous compounding, personnel don appropriate protective garb when compounding.		Compliant	
69.00	Routine compounding procedures for batch preparation completed and verified according to written procedures. Including: *Calculations correct, weighing and measuring performed correctly, order of mixing correct, compounding techniques performed correctly*		Compliant	

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		Finding	Notes
70.00	Procedures for in-process checks followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verificotian of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is performed to ensure proper measurement, reconstitution and component usage.* ***Recommended:*** *compounding occurocy checked by a person other thon the compounder.*	Compliant	RPH verifies
71.00	There are no deviations from the master formulation record, unless they are approved and deemed appropriate by a pharmacist and a new master formulation record is created.	N/A	
72.00	There is a procedure for cleaning which is followed. *After each preparation, daily tasks, monthly tasks, etc.*	Non-Compliant	documented in PK, but does not specifically state what was cleaned, just states cleaning vs specifically what is completed daily and monthly
73.00	Personnel are appropriately garbed for protection when cleaning.	Compliant	
74.00	Compounding employees are using appropriate techniques. *Inspector to observe compounding procedures, documentation, appropriate garb, cleanliness of compounding oreo and equipment.* ***Compounding MUST be observed****, if compounding is not being performed at the time of survey, mark as "Non-Compliant".*	Compliant	issues with air conditioning unit on morning of visit, repaired at time of visit, however drugs were moved to pharmacy area, only observed naltrexone capsule compounding
74.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "**Denial of Authorization**" form. List individual who signs the Denial of Authorization*		NA
	Finished Preparation Release Checks and Tests		
	Total Non-Compliant (Includes Unknowns)	**0**	
75.00	The finished preparation is observed to appear as expected in the master formulation record and documented.	Compliant	
76.00	As appropriate, the final completed preparation assessed for quality control and is documented, such as weight, mixing, clarity, odor, color, consistency, pH, and strength.	Compliant	
77.00	There are established written processes that describe test or examinations conducted on the compounded preparation (degree of weight variation in capsules, for example) to ensure uniformity and integrity.	N/A	Do not use extended BUD, only use PCCA

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		Finding	Notes
78.00	Preparations with extended BUDs that are not supported by testing data are sampled and tested for physical, chemical, and microbiological characteristics.	N/A	Do not use extended BUD
78.01	If any failed tests or discrepancies are observed, there is an investigation and appropriate corrective actions taken before dispensing to patient	N/A	
78.02	If products being tested are dispensed or distributed before the test results are obtained, there is a recall procedure if the test results indicate an issue.	N/A	
79.00	There are appropriate quality control procedures to monitor the output and to verify the performance of compounding processes and equipment that may be responsible for causing variability in the final compounded preparations. *Review validation of equipment and personnel performance documentation.*	Compliant	
80.00	Labels on immediate patient-specific containers include identifiers for the persons preparing the compound and performing the final verification, BUD, an indication that this is a compounded preparation, special requirements for storage, and appropriate packaging and labeling of hazardous materials.	Compliant	
80.01	Labeling contains generic name and quantity or concentration of each active ingredient.	Compliant	
80.02	Labeling contains assigned BUD.	Compliant	
80.03	Labeling contains storage and handling information.	Compliant	
80.04	If hazardous, labeling contains storage and handling information.	Compliant	
80.05	Labeling contains prescription or control number, whichever is applicable.	Compliant	
81.00	Batch preparations (in anticipation of prescriptions) are of an appropriate volume and batch products in stock are all within their BUD (not outdated).	Compliant	
82.00	Labels on batch preparations include the name and quantity of all contents, date and time of preparation (or internal code/lot number indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Compliant	

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		Finding	Notes
83.00	Preparations are stored and secured properly prior to dispensing based upon conditions upon which BUD was assigned.	Compliant	
84.00	Preparations are examined immediately after preparation AND again immediately prior to dispensing for any signs of instability.	Compliant	
Patient Counseling and Communication			
	Total Non-Compliant (Includes Unknowns)	**0**	
85.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of products such as fentanyl, hormones and chemotherapy medications?	Compliant	
86.00	Are the required printed drug information materials (drug information sheets, Patient Package Inserts, MedGuides, etc.) provided for the compounded products?	Compliant	include with each dispense
87.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	counsel at start of care, initial dispense
88.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated compounded product are notified of the potential risk.	Compliant	

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Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review

EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement

QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS – Material Safery Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

(PO please contact The Sourcing Group at 800-849-1795

FEED THIS DIRECTION

California Specialty Pharmacy
1027 Hadley St. Suite B Whittier, CA 90601-4206 / 877-602-7779
NDC: 89130-4444-01 06/16/2021

[redacted]

partz FX IA Solution...
g: BIOVENTUS

ject 25mg (2.5mL) intra-articularly
to the left knee once a week for 3
eeks. To be administered by MD

Prescriber Office

· 3 Refills: 0 before 06/10/2021 Use before 06/16/2022

[redacted]

ATTN:

California Specialty Pharmacy
13027 Hadley St. Suite B Whittier, CA 90601-4206 / 877-602-7779

Rx# [redacted] 06/11/21

[redacted]

Gammaked Inj Sol 5 GM/50 ML Vials

Infuse 400mL (40gm) via peripheral IV daily for 2 days every 3 weeks.
Titrate rate as tolerated by patient.

@ Infusion Center

Mfg: KEDRION BIOPHARMA
colorless,
Qty: 16 Refills: 3 before 04/08/22 NDC: 76125-0900-5[redacted] Use before: 06/11/2[redacted]

[redacted]

RP [redacted]

Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed

REM-SPRXPO please contact The Sourcing Group at 800-849-1795

FEED THIS DIRECTION

California Specialty Pharmacy
13027 Hadley St. Suite B Whittier, CA 90601-4206 / 877-602-7779
NDC: 74676-5904-01 06/14/2021

[redacted]

Trelstar Mixject IM Susp 11.25mg
Mfg: VERITY PHARMACEUTICALS

Inject 11.25mg intramuscularly every 3 months

Prescriber Office

milky white,
Qty: 1 Refills: 2 before 12/28/2021 Use before: 06/14/2022
[redacted] PH. [redacted] RPh: [redacted]

ATTN

Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed

Letco Medical, LLC.

DATE CREATED	REVISION	PAGE
6/19/2020	00	1 of 2

CERTIFICATE OF ANALYSIS

Letco Item	690598	690599	690600	690601	690602	690603	
Letco Lot	2008070001	2008070002	2008070003	2008070004	2008070005	2008070006	

DESCRIPTION	SOURCE LOT	DATE OF MANUFACTURE	EXPIRATION DATE
Ketoprofen Micronized USP	KTF-1807143	July 2018	June 2023

TEST	SPECIFICATION	RESULT
Description	A white or almost white, crystalline powder.	White Crystalline Powder
Solubility	Practically insoluble in water, freely soluble in acetone, in ethanol (96%) and in methylene chloride.	Practically insoluble in water, freely soluble in acetone, in ethanol (96%) and in methylene chloride.
Identification A) Infrared Absorption B) Ultraviolet Absorption	A) The IR absorption spectrum of a substance compared with that obtained concomitantly for the corresponding USP reference standard. B) Absorptivities at the wavelength 258nm do not differ by more than 3.0%, calculated on dried basis.	A) The IR absorption spectrum of a substance compared with that obtained concomitantly for the corresponding USP working standard. B) 0.39%
Melting Range	Between 92.0°C and 97.0°C	95.5°C to 95.6°C
Loss on Drying	Not more than 0.5% w/w	0.19%
Specific Rotation	Between +1° and -1°	+0.28°
Residue on Ignition	Not more than 0.2% w/w	0.03%
Organic Impurities by HPLC ▪ Individual Impurity ▪ Total Impurities	 ▪ Not more than 0.2% w/w ▪ Not more than 1.0% w/w	 0.10% 0.31%
Assay of $C_{16}H_{14}O_3$ (on dried basis)	NLT 98.5 & NMT 101.0% w/w	99.8%
Additional Tests		
Residual Solvent	Benzene NMT 2.0 ppm Toluene NMT 890.0 ppm	Not Detected 38 ppm
Particle Size by Malvern	100% < 20 µm	16.3 µm

ADDITIONAL INFORMATION

Letco Medical performed identification testing of this material using a validated method.

NMT – Not more than; NLT – Not less than
Per the manufacture, the product complies as per specification USP/In-House

This product is manufactured by BEC Chemicals Limited, Plot No. 24, MIDC, Dhatav, Roha, Raigad, Maharashtra 402116, India (IND)

Letco Medical certifies that this is a true duplication of the manufacturer's original certificate of analysis

Letco MED

Letco Medical, LLC.

DATE CREATED	REVISION	PAGE
6/19/2020	00	2 of 2

CERTIFICATE OF ANALYSIS

Letco Item	690598	690599	690600	690601	690602	690603	
Letco Lot	2008070001	2008070002	2008070003	2008070004	2008070005	2008070006	

LETCO QA REVIEW: Keith Roberts

Digitally signed by Keith Roberts
DN: cn=Keith Roberts, o=Letco Medical, LLC, ou=Quality Assurance, email=kroberts@letcomedical.com, c=US
Date: 2020.10.14 09:54:19 -05'00'

Letco Medical certifies that this is a true duplication of the manufacturer's original certificate of analysis

PCCA

PCCA USA
9901 South Wilcrest Drive
Houston, TX 77099
Tel:281.933.6948
Fax: 281.933.6627

PCCA Canada
744 Baransway Drive
London, ON N5V 5J2
Tel: 800.668.9453
Fax: 519.455.0690

PCCA Australia
Unit 1, 73 Beauchamp Road
Matraville, NSW 2036
Tel: 02.9316.1500
Fax: 02.9316.7422

CERTIFICATE OF ANALYSIS

PRODUCT: BENZOYL PEROXIDE 70% USP
ITEM NUMBER: 50-3085
LOT NUMBER: C196736
MFG DATE: 03/04/2020
EXPIRATION: 09/03/2022

CAS: 94-36-0
MW: 242.2300000000
FORMULA: C14H10O4

TEST	SPECIFICATIONS	RESULTS
Assay.	63.0-77.0 %	74.1 %
Description	WHITE GRANULAR POWDER, HAVING A CHARACTERISTIC ODOR.	pass
Identification	Identification A and B per USP	pass
Purity (Ind. Impurities)	<= 1.5 %	0.2 %
Purity- Total Impurities	<= 2.0 %	0.2 %
Residual Solvents	pass	Complies with USP General Chapter <467>
Solubility.	Sparingly soluble in water and in alcohol; soluble in acetone.	pass
	End of Report	

Tested By: *Blanca Stuhr*

Reviewed By: *Rachel Buckner*

QC APPROVED: 2020.09.14
PRINT DATE: 2021.05.07

The above test results have been obtained by our supplier or in our quality control laboratory.
This analysis is not to be construed as a warranty, expressed or implied.

MEDISCA®
YOUR TRUSTED PARTNER IN COMPOUNDING

CERTIFICATE OF ANALYSIS

KOJIC ACID

Batch/Lot Number : 175804
Manufacturing Date : 08/20/2020
Expiration Date : 07/31/2025
Retest Date : NOT APPLICABLE
CAS: 501-30-4

† All dates in this document are in format mm/dd/yyyy unless otherwise specified

TESTS	SPECIFICATIONS	RESULTS
ASSAY	≥ 99 %	99.9 %
DESCRIPTION	White to yellowish-white, odorless powder.	CONFORMS
MELTING POINT*	152° - 156°C	153° - 155°C
LOSS ON DRYING*	≤ 1 %	0.2 %
HEAVY METALS	≤ 10 ppm	≤ 10 ppm
ARSENIC	≤ 4 ppm	≤ 4 ppm
SOLUBILITY	Easily soluble in water, alcohol and acetone. Slightly soluble in ether, ethyl acetate, chloroform and pyridine.	
PACKAGING AND STORAGE	Preserve in tight containers.	

*TESTED ON 12/23/2020

Lot number has been changed from 962A7635 to 175804.

The above mentioned product conforms to the manufacturer's specifications.

The above test results are a direct transcription of information provided to MEDISCA from the Certificate of Analysis provided by the manufacturer / supplier. Additional testing conducted by MEDISCA is represented by an asterisk.

Dated: 12/23/2020

JARCHEM INDUSTRIES, INC.
An ISO 9001:2015 Company
414 Wilson Avenue
Newark, NJ 07105

Tel: (973) 344-0600
E-Mail: info@jarchem.com
Website: www.jarchem.com

CERTIFICATE OF ANALYSIS

Jarchem Kojic Acid

Kojic Acid

Kojic Acid

CAS NUMBER 501-30-4

Customer PO **122343 R#1** Material Code **1768-BLK**

Lot Number: 962A7635 **Date of Manuf.:** 8/20/2020 **Retest Date:** 8/19/2025

SPECIFICATION	LIMITS	RESULTS
Assay (%)	99 min.	99.9
Melting Point (°C)	152 - 156	154
Loss on Drying (%)	1 Max.	0.1
Heavy Metals (ppm)	10 Max.	Passes
Arsenic (ppm)	4 Max.	Passes

This Certificate of Analysis is computer generated and is valid without a signature

EXCEPT AS SPECIFICALLY SET FORTH IN THE TERMS AND CONDITIONS AVAILABLE AS SET FORTH BELOW, JARCHEM INDUSTRIES MAKES NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE FOR THE CHEMICALS IT SELLS. Notwithstanding any different or additional terms that may be embodied in your forms, letters and papers, any order received by Jarchem Industries will be accepted only on the condition that you expressly assent to the terms and conditions attached to Jarchem Industries' Sales Order Acknowledgment or available online at www.jarchem.com/terms_and_conditions.php

The information contained herein is to our best knowledge true and accurate. Recommendations and suggestions are made without guarantee of favorable results since conditions of use are beyond our control. These data shall not be construed as a recommendation to use any product in conflict with existing patents covering any material or use.

CED Analytical Labs

CERTIFICATE OF ANALYSIS

CED Sample ID	Report Date	Certificate No.
20-3325	12/23/2020	20-3325.00

Customer Information	Sample Information	Customer Reference/ PO No.
Medisca, Inc. 661 Route 3, Unit C, Plattsburgh, NY 12901 (800) 932-1039	**Kojic Acid** **NDC No. 1768-BLK** **Lot No. 175804** **Mfg. Lot No. 962A7635**	**123239** Sample Received Date 12/15/2020

The result(s) issued on this report only reflect the analysis of the sample submitted.

TEST	METHOD	SPECIFICATION/LIMITS	RESULT
Description	Medisca Safety Data Sheet	White to yellowish-white powder.	Conforms
Melting Point	Manufacturer's Method	152° - 156°C	153° - 155°C
Loss on Drying	Manufacturer's Method	NMT 1%	0.2%
Comments			

BWojcik 12·23·2020

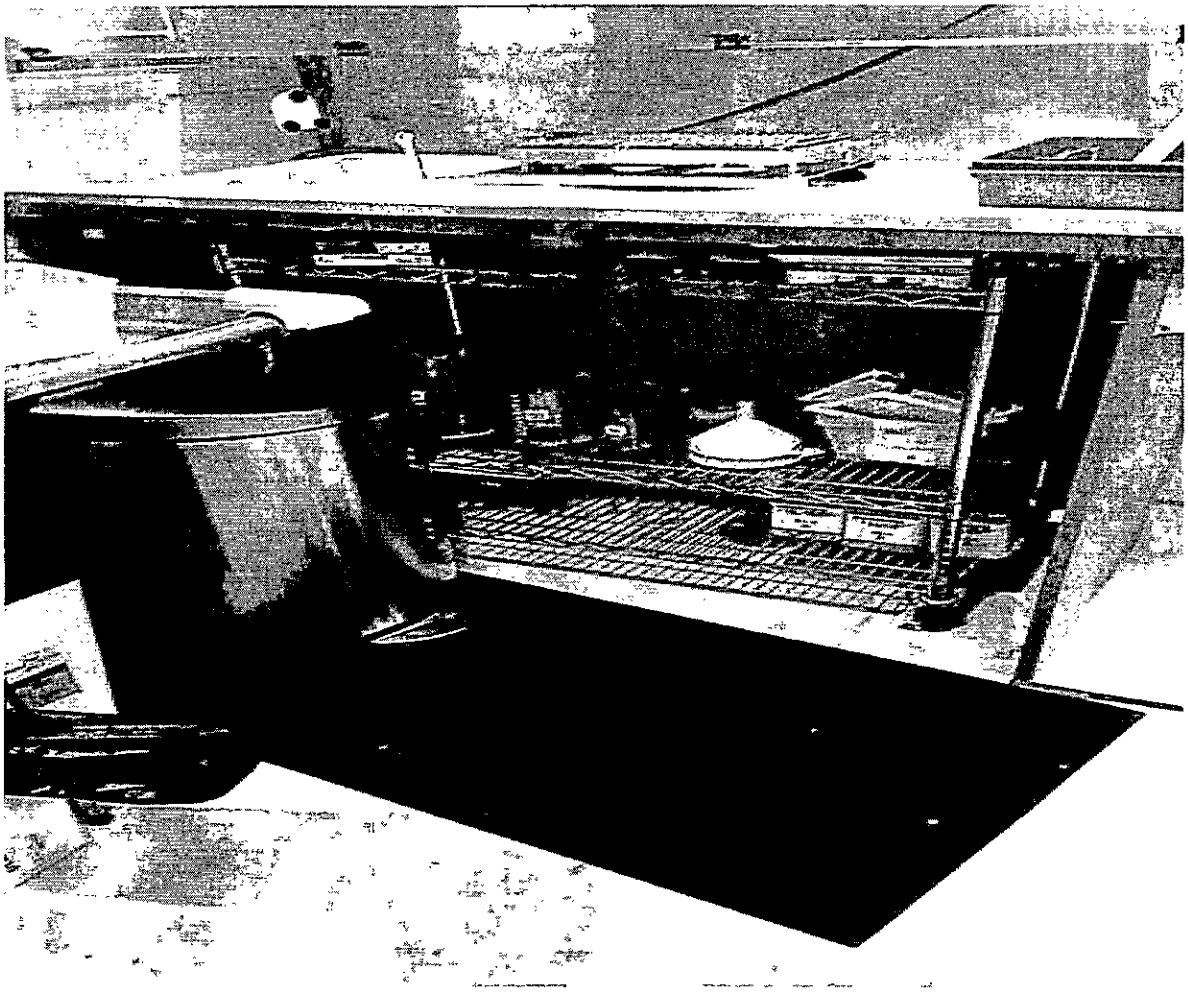
Reviewed By *Brittaney Wojcik, Quality Manager* *Date*

KPatel 12·23·2020

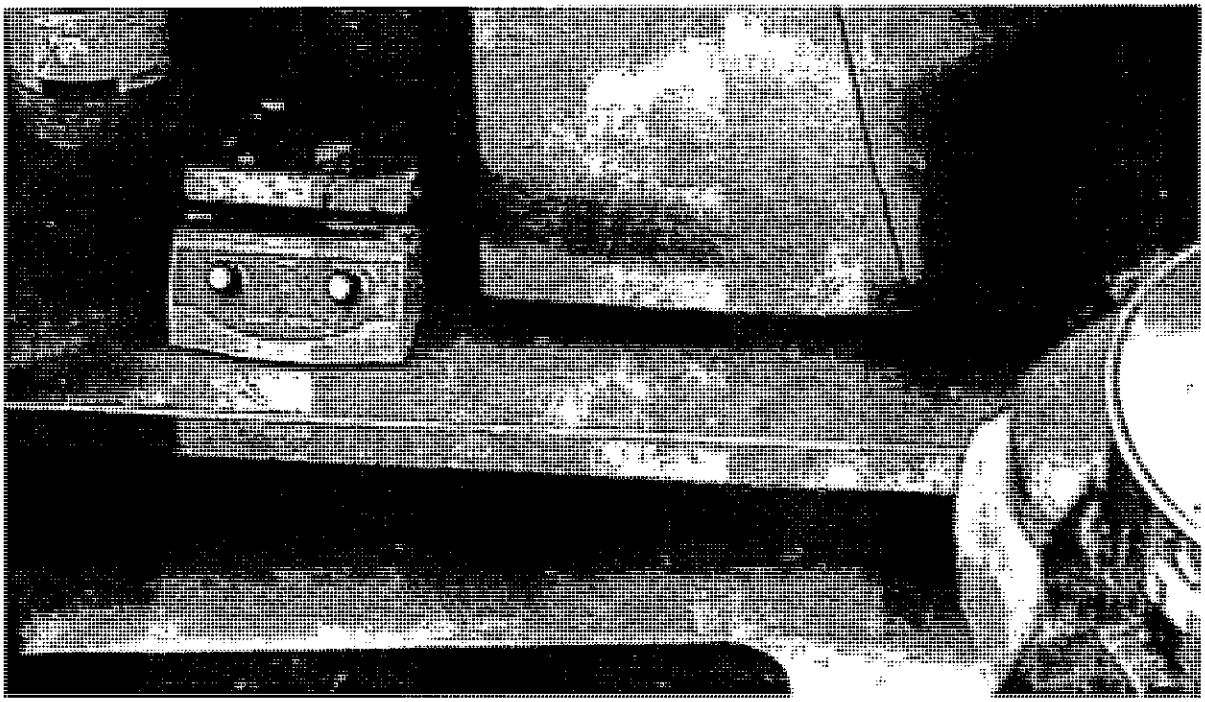
Released By *Kinal Patel, Quality Control Specialist* *Date*

6641 N. Belt Line Road, Suite 130, Irving TX 75063 ☎ (972)753-6140 ℻(972)753-6149

Printed on December 23, 2020



Nonsterile room hood, floor dirty



Shelf that holds Hood in hazardous room contained dirt/residue (hood above this shelf)



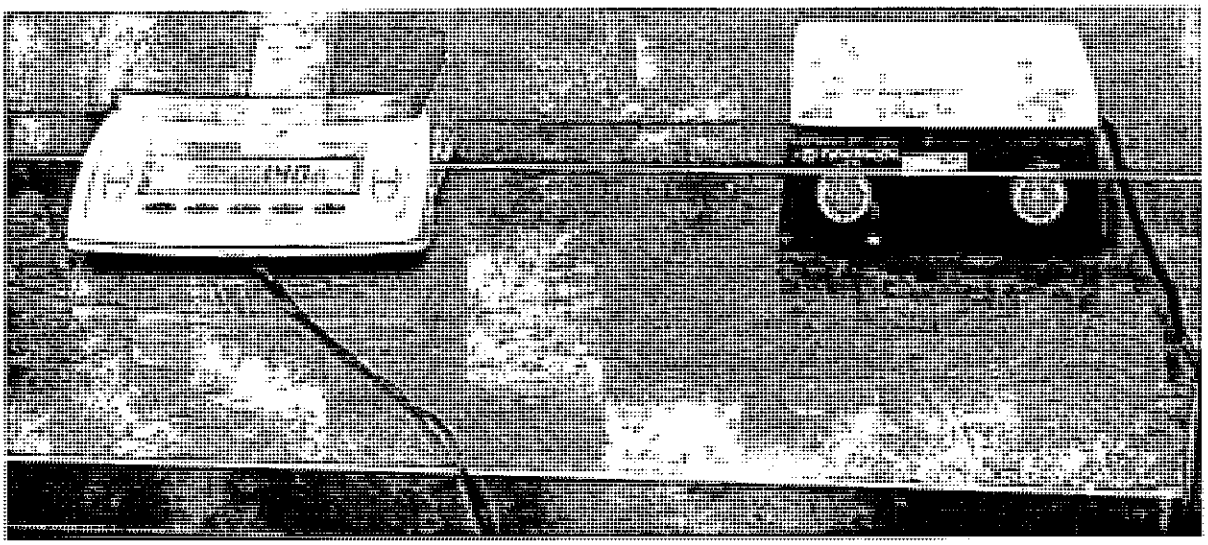
Floor in nonsterile near NPR entrance dirt



Floor near entrance to NPR dirt



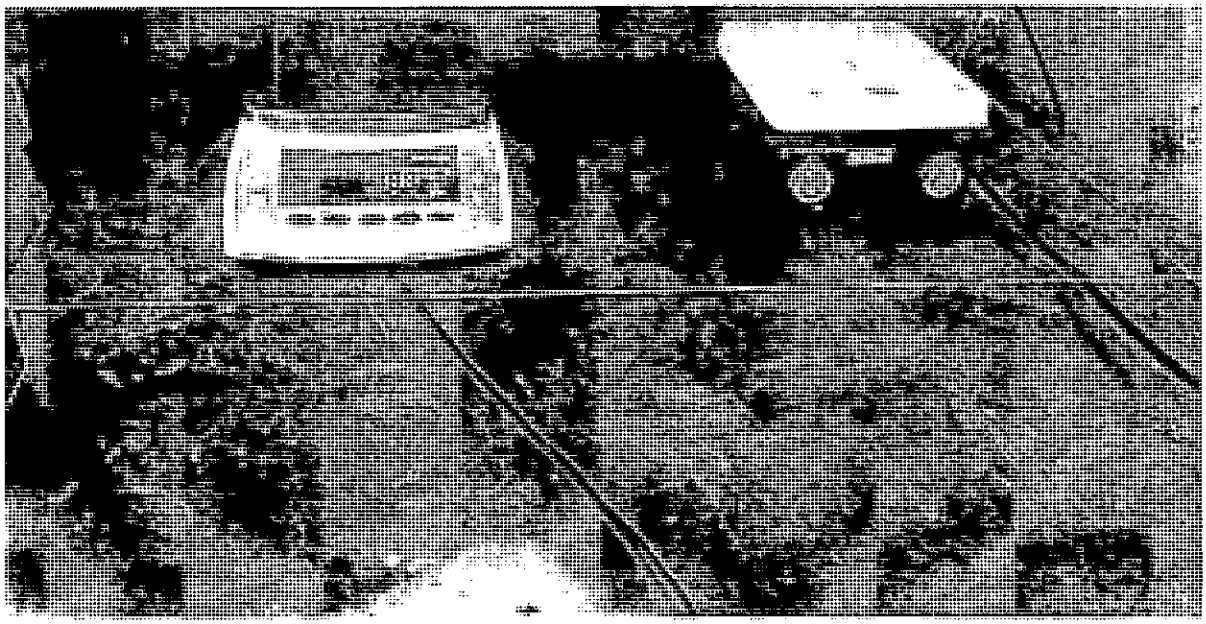
Entrance to NPR, dirt/particles on floor. Technician weighed nonsterile products in NPR and then brought them out to nonhazardous area to compound. Also door remained open for extended periods of time



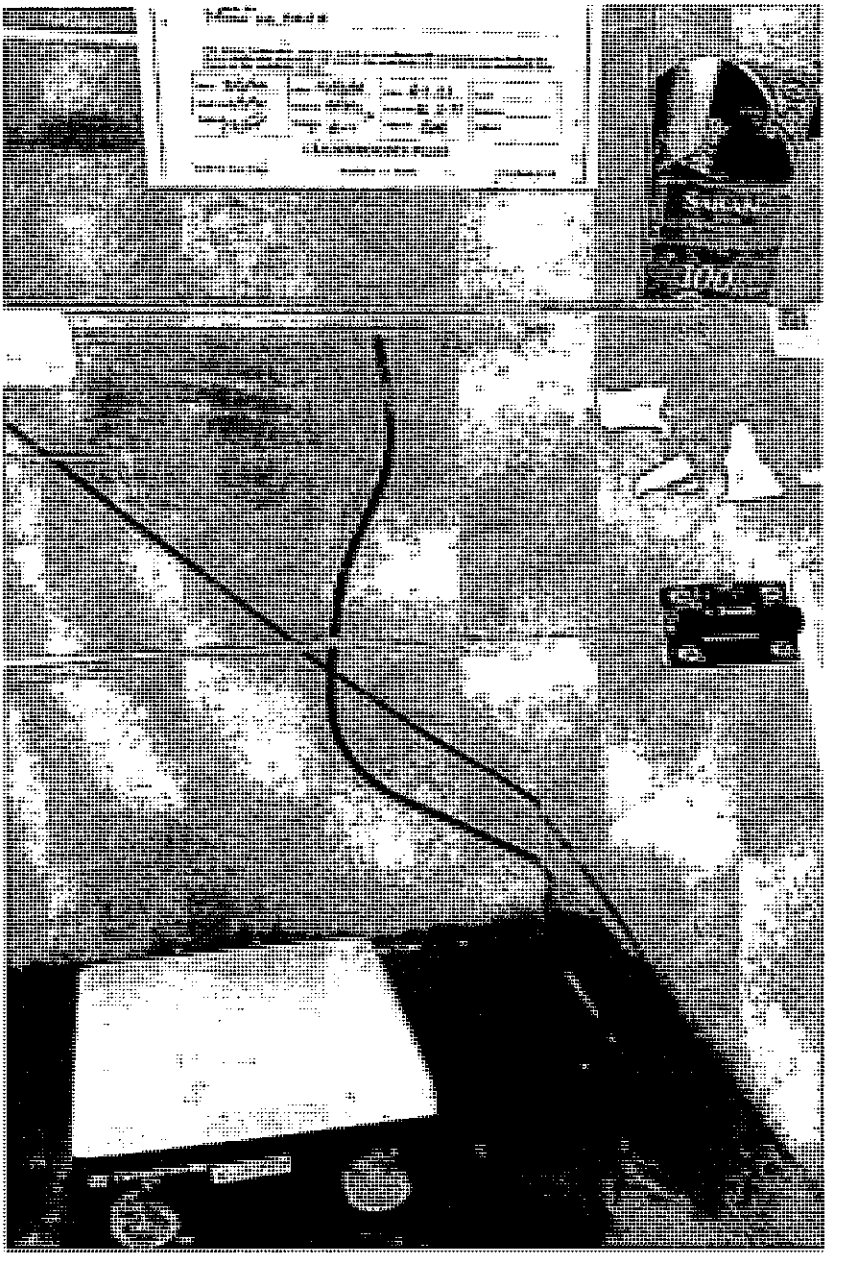
Hood in NPR-residue, dirt



Entrance to NPR residue/dirt on floor



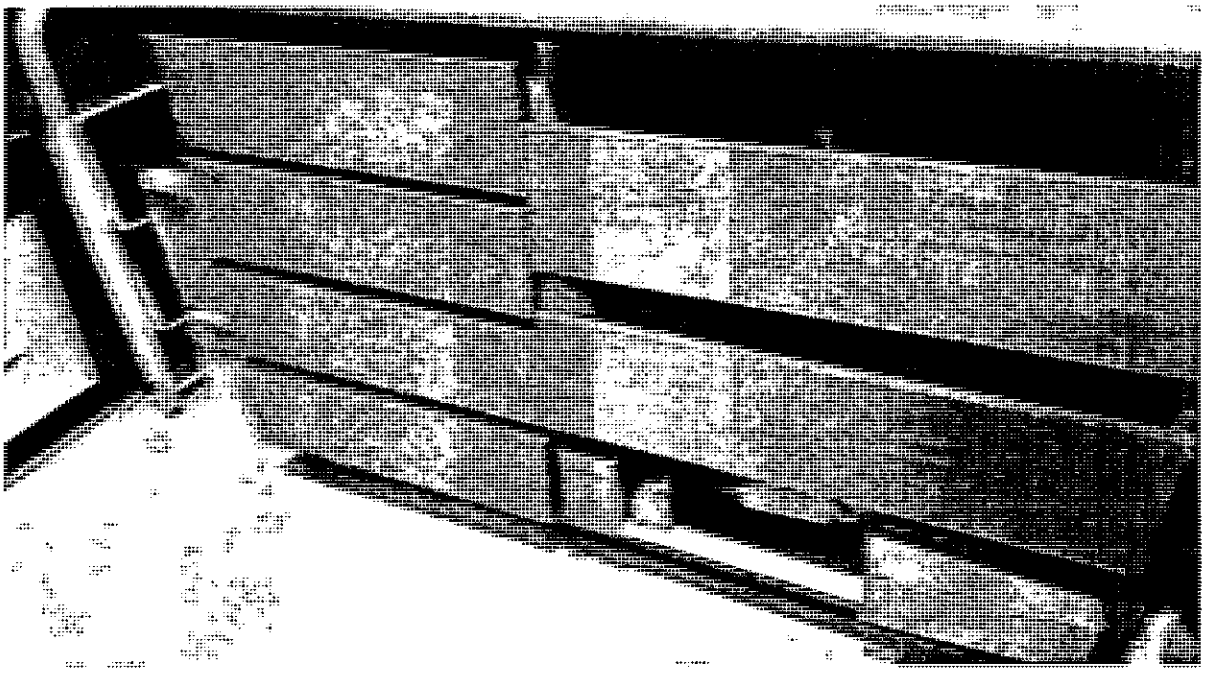
Hood in NPR residue, dirt



Hood in NRP, close up



Picture of the wall in nonsterile room – cracks shown



Picture of shelves and drawers in nonsterile room

Pharmacy Name: California Specialty Pharmacy

Pharmacy Address: 13027 Hadley St, Suite B, Whittier, CA 90601

NABP Facility e-Profile ID: 822125

VPP Inspection Date: 6/14/2021

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Updates/New SOPs or P&Ps	7	4.01	Yes--Pharmacy holds a .pharmacy verification.	6/14/21	Y	Attachment 1a, Attachment 1b
Updates/New SOPs or P&Ps	8	15.00	Yes--please see attached all updated licenses for AZ, NV, OH, WA--all now posted on pharmacy wall	7/30/21	Y	Attachment 2a, Attachment 2b, Attachment 2c, Attachment 2d
Clarification or Further Explanation	10	34.00	Pharmacy is located in a building where only RPH has code to unarm the alarm. Furthermore, pharmacy within suite requires a key which only RPH has key	6/14/21	N	
Clarification or Further Explanation	10	37.00	Pharmacy staff re-educated on current policies and procedures and cleaning technique. Process was validated. Please see photos	7/30/21	Y	Photo 1
Clarification or Further Explanation	13	54.01	Yes--incidents including theft, diversion would be reported to board of pharmacy, DEA	6/14/21	N	
Clarification or Further Explanation	13	53.00	No--pharmacy does not purchase any compounded products. only ingredients utilized for compounding are purchased.	6/14/21	N	
Clarification or Further Explanation	14	63.00	Yes--pharmacy returns to stock precription drugs that were filled, but never picked up. Prescriptions were in the custody of the pharmacy at all times.	6/14/21	N	
Clarification or Further Explanation	21	91.00	Yes--incidents of QRE that are serious or life-threatening are reported to MedWatch and Board of Pharmacy	6/14/21	N	
Clarification or Further Explanation	22	1.00	Yes--pharmacy dispenses nonsterile compounded preparations pursuant to a prescription	6/14/21	N	
Updates/New SOPs or P&Ps	31	45.00	Pharmacy staff re-educated on current policies and procedures and cleaning technique. Process was validated.	7/30/21	Y	Photo 2, Photo 2a, Photo 2b
Updates/New SOPs or P&Ps	35	72.00	New policy and procedure updated for proper documention of cleaning specific surfaces and the frequency of cleaning	7/30/21	Y	Attachment 4

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP Inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

Pharmacy Name: California Specialty Pharmacy

Pharmacy Address: 13027 Hadley St. Suite B, Whittier, CA 90601

NABP Facility e-Profile ID: 822125

VPP Inspection Date: 6/14/2021

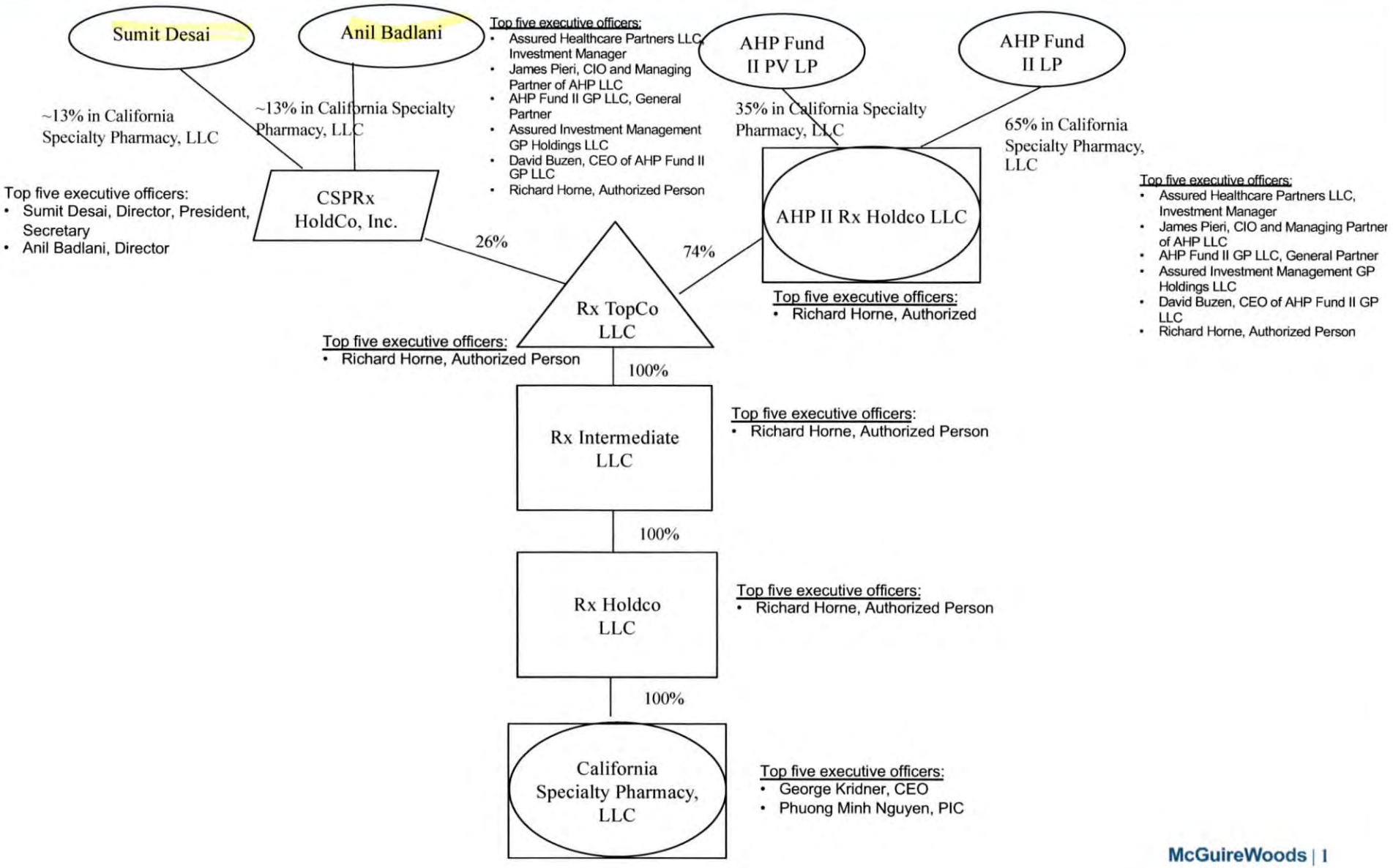
Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

3756

Post-Closing Organization



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: california Specialty Pharmacy

Physical Address: 13027 Hadley Street, Suite B

City: Whittier State: CA Zip: 90601

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 562-698-6305 Website: www.csprx.com

Licensing Company Email: compliance@csprx.com

Section 2: Personal Information

First: Anil Middle: Last: Badlani

Alias(es, nicknames, name changes, etc.): Neil

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Liddington st

City: cerritos State: CA Zip: 90703

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: to:

Military Occupation/Specialty

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: ab

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University Of Southern California		2008-2010	
Address	**City**	**State**	**Zip**
1 S C Ste U	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
MBA			
School Name		**From - To (MM/YY – MM/YY)**	
Bombay School of Pharmacy		1984-1988	
Address	**City**	**State**	**Zip**
Kalina, Santacruz (E),Mumbai 400 098. India	Mumbai		400098
Diploma/Degree obtained, if any			
B-Pharm			
School Name		**From - To (MM/YY – MM/YY)**	
Jaihind College		1982-1984	
Address	**City**	**State**	**Zip**
A Road, Churchgate, Mumbai, Maharashtra 400020	Mumbai		400020
Diploma/Degree obtained, if any			
Junior College - HSC			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997-present	[redacted] Liddington st	cerritos	CA	90703
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Healthspecialty			10/08-12/21	
Business Address		**City**	**State**	**Zip**
8339 Allport Ave		Santa Fe Springs	CA	90670
Phone	**Title**			
562-273-0348	CEO			
Description of Duties				
contract Manufacturing of skin and Hair Care				

Business Name			From - To (MM/YY – MM/YY)	
California Specialty Pharmacy			06/2010-Present	
Business Address		**City**	**State**	**Zip**
13027 Hadley St # Suite B		Whittier	CA	90601
Phone	**Title**			
562-698-6305	Secretary			
Description of Duties				
Board of Directors				

Business Name			From - To (MM/YY – MM/YY)	
ABS Properties LLC			12/15-Present	
Business Address		**City**	**State**	**Zip**
18745 Turfway Park		Yorba Linda	CA	92886
Phone	**Title**			
714-234-9827	Managing Member			
Description of Duties				
Real Estate				

Business Name			From - To (MM/YY – MM/YY)	
ABS Health LLC			1/13-12/20	
Business Address		**City**	**State**	**Zip**
13027 Hadley Street, Suite A		Whittier	CA	90601
Phone	**Title**			
562-309-4541	Member			
Description of Duties				
Board of Directors				

Business Name			From - To (MM/YY – MM/YY)	
Hawaii Specialty Pharmacy			6/18-Present	
Business Address		**City**	**State**	**Zip**
1150 S King Street, Suite 1105		Honolulu	HI	96814
Phone	**Title**			
833-767-5663	Board Member			
Description of Duties				
Board of Director				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
BSA Pharma			12/18-8/20	
Business Address		**City**	**State**	**Zip**
16700 Bellflower Blvs, Suite B,		Bellflower	CA	90706
Phone	**Title**			
n/a	General Partner			
Description of Duties				
Board Member				

Business Name			From - To (MM/YY – MM/YY)	
? BSA Wholesale LLC –			3/19-8/20	
Business Address		**City**	**State**	**Zip**
16700 Bellflower Blvd, Bellflower, CA 90706		Bellflower	CA	90706
Phone	**Title**			
n/a	General Partner			
Description of Duties				
Board Member				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials ab

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Anil Badlani

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/25/2022

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

See attach CA Certificate for Notary

(Seal)

Applicant's initials _____

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 25 (Date) day of April (Month), 20 22 (Year), by

(1) Anil Badlani

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

BERT YOSHITO MATSUZAKI
Notary Public - California
Los Angeles County
Commission # 2301273
My Comm. Expires Aug 13, 2023

Signature _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Personal History Application

Document Date: April 25, 2022 Number of Pages: 7

Signer(s) Other Than Named Above: None

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: California Specialty Pharmacy

Physical Address: 13027 Hadley Street, Suite B

City: Whittier State: CA Zip: 90601

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 562-698-6305 Website: www.csprx.com

Licensing Company Email: compliance@csprx.com

Section 2: Personal Information

First: Sumit Middle: C Last: Desai

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Turfway Park

City: Yorba Linda State: CA Zip: 92886

Telephone: [redacted] Email: sumit.desai@csprx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Western University of Health Sciences		08/1998 to 06/2002	
Address	**City**	**State**	**Zip**
309 E 2nd Street	Pomona	CA	91766
Diploma/Degree obtained, if any			
Pharm.D.			

School Name		From - To (MM/YY – MM/YY)	
University of California, Irvine		09/1993 to 06/1998	
Address	**City**	**State**	**Zip**
	Irvine	CA	92697
Diploma/Degree obtained, if any			
BS in Biology			

School Name		From - To (MM/YY – MM/YY)	
Cerritos High School		09/1989 to 06/1993	
Address	**City**	**State**	**Zip**
12500 East 183rd St	Cerritos	CA	90703
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2010 to Current	[redacted]urfway Park	Yorba Linda	CA	92886
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's Initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
California Specialty Pharmacy			06/2010 to Present	
Business Address		**City**	**State**	**Zip**
13027 Hadley Street, Suite B		Whittier	CA	90601
Phone	**Title**			
562-698-6305	Vice President			
Description of Duties				
Board of Directors				

Business Name			From - To (MM/YY – MM/YY)	
Guardian Pharmacy			08/2006 to 09/2018	
Business Address		**City**	**State**	**Zip**
1823 Commercenter W Suite A		San Bernardino	CA	92408
Phone	**Title**			
909-570-2339	President			
Description of Duties				
Pharmacist, Officer, Operations, HR,				

Business Name			From - To (MM/YY – MM/YY)	
ABS Properties LLC			12/2015 to Present	
Business Address		**City**	**State**	**Zip**
18745 Turfway Park		Yorba Linda	CA	92886
Phone	**Title**			
714-234-9827	Managing Member			
Description of Duties				
Real Estate				

Business Name			From - To (MM/YY – MM/YY)	
SASA Development LLC			05/2015 to Present	
Business Address		**City**	**State**	**Zip**
18745 Turfway Park		Yorba Linda	CA	92886
Phone	**Title**			
714-234-9827	Managing Member			
Description of Duties				
Real Esate				

Business Name			From - To (MM/YY – MM/YY)	
ABS Health LLC			01/2013 to 12/2020	
Business Address		**City**	**State**	**Zip**
13027 Hadley Street, Suite A		Whittier	CA	90601
Phone	**Title**			
562-309-4541	Vice President			
Description of Duties				
Operations, HR, Payroll				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Hawaii Specialty Pharmacy			06/2018 to Present
Business Address	**City**	**State**	**Zip**
1150 S. King Street, Suite 1105	Honolulu	HI	96814
Phone	**Title**		
833-767-5663	Vice President		
Description of Duties			
Board of Directors			

Business Name			From - To (MM/YY – MM/YY)
AAAA Health LLC			01/2013 to 09/2018
Business Address	**City**	**State**	**Zip**
1823 Commercenter W	San Bernardino	CA	92408
Phone	**Title**		
714-234-9827	Managing Member		
Description of Duties			
Real Estate			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/13/2017	12/13/2017	CA	San Bernardino	
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
5973		California Board of Pharmacy		
Reason/Charge				
Fraud Investigation on incorrect diagnosis code provided for drug authorization / drug sales to other pharmacy				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Desai Drugs, Inc. dba Guardian Pharmacy and Bhavesh Desai			Board citation and public reprimand	
Name of Business/Industry/Entity				
Desai Drugs, Inc. dba Guardian Pharmacy				

Provide explanation below:

I was a co-owner of Guardian Pharmacy with Bhavesh Desai. The California Board of Pharmacy conducted an investigation on a prescription for a patient in which medication got approved for a diagnosis that the patient did not have. It was determined that a pharmacy technician inaccurately gave a diagnosis for the patient to the insurance company. This was against the pharmacy's procedures, and the PIC, Bhavesh, was not aware that this had occurred. The Board of Pharmacy also investigated the pharmacy for selling stock of medications to another pharmacy, not under common ownership. Bhavesh Desai, as the PIC of record for the pharmacy, was subject to public reprimand as well as other disciplinary action by the California Board of Pharmacy, including completing an ethics courses and fines, and the pharmacy was subject to fines.

Original Signature (electronic, copies or stamps not accepted)

4/25/2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sumit Desai

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/25/2022

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

See attach CA Certificate for Notary

(Seal)

Applicant's initials _____

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on

this 25 (Date) day of April (Month), 20 22 (Year), by

(1) Sumit Desai

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

BERT YOSHITO MATSUZAKI
Notary Public - California
Los Angeles County
Commission # 2301273
My Comm. Expires Aug 13, 2023

Signature _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Personal History Application

Document Date: April 25, 2022 Number of Pages: 7

Signer(s) Other Than Named Above: None

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **DESAI DRUGS, INC. DBA:** **GUARDIAN PHARMACY,** **BHAVESH JAYATI DESAI** **1823 Commercenter West** **San Bernardino, CA 92408** **Pharmacy Permit No. PHY 48241** **BHAVESH JAYATI DESAI** **1823 Commercenter West** **San Bernardino, CA 92408** **Pharmacist License No. RPH 53625** Respondents.	Case No. 5973 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER FOR PUBLIC REPROVAL** **[Bus. & Prof. Code § 495]**

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order for Public Reproval is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on January 12, 2018.

It is so ORDERED on December 13, 2017.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By _____
Amy Gutierrez, Pharm.D.
Board President

XAVIER BECERRA
Attorney General of California
ARMANDO ZAMBRANO
Supervising Deputy Attorney General
SHERONDA L. EDWARDS
Deputy Attorney General
State Bar No. 225404
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6296
Facsimile: (213) 897-2804
E-mail: Sheronda.Edwards@doj.ca.gov
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **DESAI DRUGS, INC., DBA: GUARDIAN PHARMACY,** **BHAVESH JAYATI DESAI** **1823 Commercenter West** **San Bernardino, CA 92408** **Pharmacy Permit No. PHY 48241** **BHAVESH JAYATI DESAI** **1823 Commercenter West** **San Bernardino, CA 92408** **Pharmacist-in-Charge No. RPH 53625** Respondents.	Case No. 5973 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER FOR PUBLIC REPROVAL** [Bus. & Prof. Code § 495]

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

///

PARTIES

1. Virginia Herold (Complainant) is the Executive Officer of the Board of Pharmacy (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Sheronda L. Edwards, Deputy Attorney General.

2. Respondents Desai Drugs Inc dba Guardian Pharmacy, Bhavesh Jayati Desai, Sumit C. Desai ("Respondent Guardian") and Respondent Bhavesh Jayati Desai ("Respondent Bhavesh Desai"), individually, are represented in this proceeding by attorney Ivan Petrzelka, Esq., whose address is:

Law Offices of Tony J. Park, Inc.
49 Discovery, Suite 240
Irvine, CA 92618-6713

JURISDICTION

3. On or about October 30, 2006, the Board issued Pharmacy Permit Number PHY 48241 to Desai Drugs Inc dba Guardian Pharmacy, Bhavesh Jayati Desai, Sumit C. Desai ("Respondent Guardian"). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought in Accusation No. 5973 and will expire on October 1, 2018, unless renewed.

4. On or about August 21, 2002, the Board issued License Number RPH 53625 to Bhavesh Jayati Desai ("Respondent Bhavesh Desai"). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on January 1, 2018, unless renewed. Respondent Bhavesh Desai was Pharmacist-in-Charge ("PIC") for Respondent Guardian from March 27, 2014 to September 5, 2016.

5. Accusation No. 5973 was filed before the Board of Pharmacy (Board), Department of Consumer Affairs and is currently pending against Respondents. The Accusation and all other statutorily required documents were properly served on Respondents on April 18, 2017. Respondents timely filed its Notice of Defense contesting the Accusation. A copy of Accusation No. 5973 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondents have carefully read, fully discussed with counsel, and understand the charges and allegations in Accusation No. 5973. Respondents have also carefully read, fully discussed with counsel, and understand the effects of this Stipulated Settlement and Disciplinary Order for Public Reproval.

7. Respondents are fully aware of its legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at its own expense; the right to confront and cross-examine the witnesses against them; the right to present evidence and to testify on its own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondents voluntarily, knowingly, and intelligently waive and give up each and every right set forth above.

CULPABILITY

9. Respondents understand and agree that the charges and allegations in Accusation No. 5973, if proven at a hearing, constitute cause for imposing discipline upon Pharmacy Permit Number PHY 48241 and Pharmacist License Number RPH 53625. Respondents agree that its Pharmacy Permit and Pharmacist License are subject to discipline and they agree to be bound by the Disciplinary Order below.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondents agree that, at a hearing, Complainant could establish a *prima facie* factual basis for the charges in Accusation No. 5973, and that Respondents hereby give up their right to contest those charges.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondents understand and agree that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to

or participation by Respondents or its counsel. By signing the stipulation, Respondents understand and agree that they may not withdraw its agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order for Public Reproval shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order for Public Reproval, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order for Public Reproval is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order for Public Reproval may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacy Permit Number PHY 48241 issued to Respondent Desai Drugs Inc dba Guardian Pharmacy, Bhavesh Jayati Desai, Sumit C. Desai ("Respondent Guardian") and License Number RPH 53625 issued to Bhavesh Jayati Desai ("Respondent Bhavesh Desai") shall be publicly reproved by the Board of Pharmacy under Business and Professions Code section 495 in resolution of Accusation No. 5973, attached as exhibit A.

Ethics Course. Within sixty (60) calendar days of the effective date of this decision, Respondent Bhavesh Desai shall enroll in a course in Ethics at Respondent's expense, approved in advance by the Board of Pharmacy or its designee. Failure to submit proof of course completion to the Board within two years shall constitute a violation of this stipulated agreement.

Cost Recovery. Respondents, jointly and severally, shall pay $10,000 to the Board for its costs associated with the investigation and enforcement of this matter, within thirty (30) days of the effective date of the decision. Respondents shall be permitted to pay these costs in a payment plan approved by the Board. If Respondents fail to pay the Board costs as ordered, Respondents shall not be allowed to renew their Pharmacy Permit and Pharmacy License.

Administrative Penalty. Respondents, jointly and severally, shall pay $28,000.00 in five (5) annual payments of $5,600.00 as a charitable contribution to non-profit organization(s) of the Board's choice that provide services for reducing abuse and diversion of prescription drugs. If Respondents fail to pay the penalty as ordered, Respondents shall not be allowed to renew their Pharmacy Permit and Pharmacy License.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Ivan Petrzelka, Esq. I understand the stipulation and the effect it will have on my Pharmaey Permit and Pharmacy License. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 10/17/2017

DESAI DRUGS INC DBA GUARDIAN PHARMACY, BHAVESH JAYATI DESAI, SUMIT C. DESAI
Respondent

DATED: 10/17/2017

BHAVESH JAYATI DESAI
Respondent

I have read and fully discussed with Respondent Desai Drugs Inc dba Guardian Pharmacy, Bhavesh Jayati Desai, Sumit C. Desai and Respondent Bhavesh Jayati Desai, the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: October 17, 2017

IVAN PETRZELKA, ESQ.
Attorney for Respondents

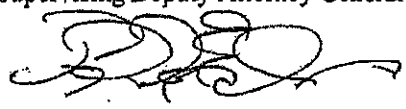
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reproval is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

Dated: 10/17/17

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ARMANDO ZAMBRANO
Supervising Deputy Attorney General



SHERONDA L. EDWARDS
Deputy Attorney General
Attorneys for Complainant

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E-mail: Sheronda.Edwards@doj.ca.gov
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **DESAI DRUGS, INC., DBA: GUARDIAN PHARMACY,** **BHAVESH JAYATI DESAI** **1823 Commercenter West** **San Bernardino, CA 92408** **Pharmacy Permit No. PHY 48241** **BHAVESH JAYATI DESAI** **1823 Commercenter West** **San Bernardino, CA 92408** **Pharmacist-in-Charge No. RPH 53625** Respondents.	Case No. 5973 **ACCUSATION**

Complainant alleges:

PARTIES

1. Virginia Herold ("Complainant") brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy ("Board"), Department of Consumer Affairs.

2. On or about October 30, 2006, the Board issued Pharmacy Permit Number PHY 48241 to Desai Drugs Inc dba Guardian Pharmacy, Bhavesh Jayati Desai, Sumit C. Desai

("Respondent Guardian"). The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on October 1, 2017, unless renewed.

3. On or about August 21, 2002, the Board issued License Number RPH 53625 to Bhavesh Jayati Desai ("Respondent Bhavesh Desai"). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2017, unless renewed. Respondent Bhavesh Desai was Pharmacist-in-Charge ("PIC") for Respondent Guardian from March 27, 2014 to September 5, 2016.

JURISDICTION

4. This Accusation is brought before the Board, Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code ("Code") unless otherwise indicated.

5. Code section 4011 provides that the Board shall administer and enforce both the Pharmacy Law [Bus. & Prof. Code, § 4000 *et seq.*] and the Uniform Controlled Substances Act [Health & Safety Code, § 11000 *et seq.*]

6. Code section 4300(a) provides that "[e]very license issued may be suspended or revoked."

7. Code section 4300.1 provides:

> The expiration, cancellation, forfeiture, or suspension of a Board-issued license, the place of a license on a retired status, or the voluntary surrender of a license by a licensee, shall not deprive the Board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

8. Code section 118 provides:

> (b) The suspension, expiration, or forfeiture by operation of law of a license issued by a Board in the Department, or its suspension, forfeiture, or cancellation by order of the Board or by order of a court of law, or its surrender without the written consent of the Board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the Board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

///

(c) As used in this section, Board includes an individual who is authorized by any provision of this code to issue, suspend, or revoke a license, and license includes certificate, registration, and permit.

STATUTORY PROVISIONS

9. Code section 4036.5 provides:

Pharmacist-in-charge means a pharmacist proposed by a pharmacy and approved by the Board as the supervisor or manager responsible for ensuring the pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

10. Code section 4119.5 provides:

(a) A pharmacy can transfer a reasonable supply of dangerous drugs to another pharmacy.

(b) A pharmacy may repackage and furnish to a prescriber a reasonable quantity of dangerous drugs and dangerous devices for prescriber office use.

11. Code section 4126.5 provides:

(a) A pharmacy may furnish dangerous drugs only to the following:

(1) A wholesaler owned or under common control by the wholesaler from whom the dangerous drug was acquired.

(2) The pharmaceutical manufacturer from whom the dangerous drug was acquired.

(3) A licensed wholesaler acting as a reverse distributor.

(4) Another pharmacy or wholesaler to alleviate a temporary shortage of a dangerous drug that could result in the denial of health care. A pharmacy furnishing dangerous drugs pursuant to this paragraph may only furnish a quantity sufficient to alleviate the temporary shortage.

(5) A patient or to another pharmacy pursuant to a prescription or as otherwise authorized by law.

(6) A health care provider that is not a pharmacy but that is authorized to purchase dangerous drugs.

(7) To another pharmacy under common control.

(b) Notwithstanding any other provision of law, a violation of this section may subject the person or persons who committed the violation to a fine not to

exceed the amount specified in Section 125.9 for each occurrence pursuant to a citation issued by the board.

(c) Amounts due from any person under this section on or after January 1, 2005, shall be offset as provided under Section 12419.5 of the Government Code. Amounts received by the board under this section shall be deposited into the Pharmacy Board Contingent Fund.

(d) For purposes of this section, "common control" means the power to direct or cause the direction of the management and policies of another person whether by ownership, by voting rights, by contract, or by other means."

12. Code section 4301 provides, in pertinent part:

The Board shall take action against any holder of a license who is guilty of unprofessional conduct .... Unprofessional conduct shall include, but is not limited to, any of the following:

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

...

(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

13. Code section 4307, subdivision (a), provides:

Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under suspension, or who has been a manager, administrator, owner, member, officer, director, associate, or partner of any partnership, corporation, firm, or association whose application for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manager, administrator, owner, member, officer, director, associate, or partner had knowledge of or knowingly participated in any conduct for which the license was denied, revoked, suspended, or placed on probation, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee as follows:

(1) Where a probationary license is issued or where an existing license is placed on probation, this prohibition shall remain in effect for a period not to exceed five years.

(2) Where the license is denied or revoked, the prohibition shall continue until the license is issued or reinstated.

///

14. Health and Safety Code section 11173, subdivision (a), provides that "[n]o person shall obtain or attempt to obtain controlled substances, (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact."

CONTROLLED SUBSTANCE / DANGEROUS DRUGS

15. Code section 4021 provides:

Controlled substance' means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

16. Code section 4022 provides, in pertinent part:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self use, except veterinary drugs that are labeled as such, and includes the following:

(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "RX only," or words of similar import.

...

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

COST RECOVERY PROVISION

17. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

FRAUD INVESTIGATION

18. On April 27, 2015, the Board received a referral from an investigator of SCAN Health Plan's Special Investigations Unit alleging that Guardian Pharmacy telephonically provided false patient diagnosis to SCAN Health Plan. The investigator indicated that the false information resulted in the payment of an expensive drug, Fentora, an opioid pain reliever used to manage breakthrough cancer pain in adults with cancer.

19. On June 23, 2015, based on the referral, Board Inspector Randall commenced an investigation at Guardian Pharmacy. Inspector Randall's investigation confirmed that on September 26, 2014, a staff member at Guardian Pharmacy placed a phone call to Express

Scripts' Prior Authorization Department and provided a false diagnosis of osteosarcoma for patient MJ.

20. The prescription was electronically prescribed on September 26, 2014. The prescription was written for "Fentora 400 mcg buccal tablets," quantity 120 for a 30 day supply. Guardian Pharmacy dispensed 112 tablets for a 28 day supply. The prescription document did not list a diagnosis.

21. Inspector Randall's contact with patient MJ's physician's office confirmed that it had no record of any prior authorization of a prescription of Fentora to Express Scripts for patient MJ. The physician's office confirmed that patient MJ did not have cancer.

22. Inspector Randall subpoenaed Respondents' phone records which revealed phone calls made from Guardian Pharmacy's phone number on September 26, 2014 to Express Scripts' "physician prior authorization approval line."

23. Guardian Pharmacy's prescription label affixed to the prescription indicated that Guardian Pharmacy was paid $7,097.37 for this prescription on September 24, 2014.

24. The patient history indicates that MJ subsequently received six additional prescriptions for Fentora covered by SCAN Health Plan.

25. Respondents fraudulently obtained a benefit to which the pharmacy otherwise would not have been entitled. This was a violation of Pharmacy Law.

INSPECTION LEADING TO AUDIT

26. On August 28, 2015, during an inspection at Alliance Pharmacy (PHY 51160), Board Inspector Randall identified invoices showing sales of dangerous drugs from Respondent Guardian Pharmacy to Alliance Pharmacy. The majority of the sales were for promethazine with codeine.

27. On September 17, 2015, Board Inspector Randall conducted an inspection at Respondent Guardian Pharmacy located at 1823 Commercenter West, San Bernardino, CA 92408. Respondent Bhavesh Desai was the Pharmacist-in-Charge.

28. During this inspection, Pharmacist Sumit Desai (RPH 53579) confirmed that sales were made to Alliance Pharmacy. RPH Sumit Desai and Pharmacy Manager Bautista provided

invoices documenting these sales. RPH Sumit Desai said that the promethazine with codeine may have been unavailable from Alliance Pharmacy's primary wholesalers when the sales were made. He further stated that he and Respondent Bhavesh Desai were friends with Joseph Cherian (RPH 51944), the owner and Pharmacist-in-Charge of Alliance Pharmacy. RPH Sumit Desai said he believed Alliance Pharmacy was unable to obtain a sufficient quantity of the promethazine with codeine to fulfill its prescription orders.

AUDIT OF SALES

29. Based on Inspector Randall's audit of Respondent Guardian's invoices for the period between January 9, 2015 and July 2, 2015, Respondent Guardian sold the following dangerous drugs to Alliance Pharmacy:

Date	Promethazine/Codeine 4/3 mL	Relyvrs Patches (15 per box)	Cyclobenzaprine 7.5mg tablets
01/09/2015	20 bottles		
01/26/2015	25 bottles	10 bottles	
02/06/2015	20 bottles		
02/16/2015		10 bottles	
02/23/2015	20 bottles		
03/09/2015	20 bottles		
03/13/2015	20 bottles		
04/07/2015	20 bottles	10 bottles	
04/21/2015	20 bottles		
05/07/2015	20 bottles		300 tablets
05/14/2015		20 bottles	
05/21/2015	20 bottles		
06/18/2015	20 bottles		
07/02/2015		120 bottles	
Total	**225 bottles / 106,425 mL**	**170 boxes / 2,550 patches**	**300 tablets**

30. Respondent Guardian and Alliance Pharmacy were not under common control and the sales in question were made pursuant to invoices, not prescriptions. Inspector Randall also determined that the sales were not due to temporary shortages of the medications in question. While the medications may have been unavailable to Alliance Pharmacy through its typical wholesalers, the medications were not unavailable in the market in general.

31. In pharmacy practice, a "shortage" typically means there are not enough units of medication in the market as a whole to meet the demands of patients. When one pharmacy is out of a medication, the drug is typically considered "out of stock" at the pharmacy in question.

Inspector Randall accessed the Food and Drug Administration (FDA)'s website and searched for documented drug shortages. There were no current or resolved market shortages listed on the FDA's database for promethazine/codeine syrup, Relyyks patches, or cyclobenzaprine 7.5 mg tablets.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Act of Dishonesty, Fraud, Deceit)

32. Respondent Guardian and Respondent Bhavesh Desai are subject to disciplinary action for unprofessional conduct pursuant to Code section 4301(f), and/or Health and Safety Code section 11173(a), in that on September 26, 2014, Respondents committed an act involving moral turpitude, dishonesty, fraud, deceit, or corruption when Respondents' staff telephonically transmitted a false authorization for a prescription of Fentora to patient MJ's insurance carrier, as set forth above in paragraphs 17 through 24, which are incorporated by reference.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct -- Furnishing Dangerous Drugs by Pharmacy)

33. Respondent Guardian and Respondent Bhavesh Desai are subject to disciplinary action for unprofessional conduct pursuant to Code sections 4301(j) and 4126.5(a), in that between January 9, 2015 and July 2, 2015, Respondents furnished dangerous drugs, to wit: 106,425 mL of promethazine/codeine syrup, 2,550 Relyyks patches, and 300 cyclobenzaprine 7.5 mg tablets to Alliance Pharmacy, a pharmacy not under common control, in the absence of a documented shortage of any of the medications, as set forth above in paragraphs 25 through 30, which are incorporated by reference.

OTHER MATTERS

34. Pursuant to Code section 4307, subdivision (a), if discipline is imposed on Pharmacy Permit Number PHY 48241 issued to Desai Drugs Inc dba Guardian Pharmacy, Desai Drugs Inc shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 48241 is placed on probation or until Pharmacy Permit Number PHY 48241 is reinstated if it is revoked.

///

35. Pursuant to Code section 4307, subdivision (a), if discipline is imposed on Pharmacy Permit Number PHY 48241 issued to Desai Drugs Inc dba Guardian Pharmacy while Bhavesh Jayati Desai has been an officer and owner and had knowledge of or knowingly participated in any conduct for which the licensee was disciplined, Bhavesh Jayati Desai shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 48241 is placed on probation or until Pharmacy Permit Number PHY 48241 is reinstated if it is revoked.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Permit Number PHY 48241, issued to Desai Drugs Inc dba Guardian Pharmacy;

2. Revoking or suspending Pharmacist-in-Charge Number RPH 53625, issued to Bhavesh Jayati Desai;

3. Prohibiting Desai Drugs Inc from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 48241 is placed on probation or until Pharmacy Permit Number PHY 48241 is reinstated if Pharmacy Permit Number 48241 issued to Desai Drugs Inc dba Guardian Pharmacy is revoked;

4. Prohibiting Bhavesh Jayati Desai from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 48241 is placed on probation or until Pharmacy Permit Number PHY 48241 is reinstated if Pharmacy Permit Number 48241 issued to Desai Drugs Inc dba Guardian Pharmacy is revoked;

5. Ordering Respondents to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

///

6. Taking such other and further action as deemed necessary and proper.

DATED: 4/14/17

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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10B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☑ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☑ New Pharmacy	* If making a change, provide current license number:	☑ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Cardinal Health 414, LLC

Physical Address: 30 Murray Hill Parkway, Suite 400

City: East Rutherford State: NJ Zip: 07073

Mailing Address (if different from physical address): 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 614.757.7570 Toll Free # (NAC 639.708, NRS 639.23286): 800-964-5227

Fax: 614.652.4203 Contact Email: Dawn.Harmon@CardinalHealth.com

Website: www.CardinalHealth.com

Nevada Business License # (if applicable) Not Applicable - New Application

Supervising/Managing Pharmacist Name (NRS 639.220): Daniel Jay Malzone

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19722

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☑ Non-sterile Compounding
☐ Internet	☑ Sterile Compounding
☑ Nuclear	☑ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☑ Saturday ☑ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Daniel Jay Malzone	NV Pharmacist Registration #: 19722
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: Not Applicable	Credentials: Not Applicable	%: Not Applicable
Name: Not Applicable	Credentials: Not Applicable	%: Not Applicable
Name: Not Applicable	Credentials: Not Applicable	%: Not Applicable
Name: Not Applicable	Credentials: Not Applicable	%: Not Applicable
Name: Not Applicable	Credentials: Not Applicable	%: Not Applicable

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Cardinal Health, Inc.

Corporation Name: Cardinal Health 414, LLC

Mailing Address: 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 614.757.7570 Email: www.CardinalHealth.com

Contact Person Name: Dawn Harmon

Date of SEC Registration: 06/30/2007 | SEC Registration Number 2007043108722 | Stock Exchange Symbol: CAH

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☑ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

Not Applicable

Corporation/Organization Name: Parent Company (if any):

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: Not Applicable - This is not a partnership

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Not Applicable- this is not a solely owned company

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Vice President - Operations (title) for Cardinal Health 414. LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Paul Gotti

Print Name of Authorized Person

Paul Gotti

Original signature of Authorized Person (copies or stamps not accepted)

3/10/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

NOT APPLICABLE - PHARMACY CURRENTLY PERFORMS STERILE COMPOUNDING

Affidavit for Pharmacy License

I, _____ hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____

Notary Public

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Not Applicable PHARMACY NOT LOCATED IN NEVADA Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

	Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
	• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
	• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
N/A	• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
N/A	• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
✓	• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
N/A	• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
N/A	• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
✓	• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
✓	• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
✓	• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
N/A	• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
N/A	• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
N/A	• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paul Gotti

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3-10-2022

Date

Board Use Only	Date Received: _____	Amount: 500	Check # 108/7465

Stockholder Information

As of June 6, 2022, the top four stockholders and their percent ownership is listed below.

Stockholder	Stake
The Vanguard Group, Inc	11.76%
SSgA Funds Management, Inc	7.87%
T. Rowe Price Associates, Inc	5.38%
BlackRock Fund Advisors	5.08%

This summary is provided in response to our affirmative answer to the disciplinary history question on our Application. Please note that, based on the broadness of the application question; we are disclosing all discipline that has occurred at other Cardinal Health Nuclear Pharmacy sites for the past five years. None of the below citations involved the Cardinal Health Nuclear Pharmacy located in East Rutherford, NJ, the site to which this application pertains. The safety of the nation's pharmaceutical supply chain is among our highest priorities. We take this responsibility very seriously and work diligently to comply with all applicable laws and regulations governing pharmacy. If you have any questions specific to these matters, please contact Dawn Harmon at (614) 757-7570.

2020-Michigan Department of Licensing and Regulatory Affairs

Actions Taken: Consent Order

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Southfield, MI

Final Disposition: This settlement concerns a divergence of opinion concerning the application of a recently enacted statute to the operation of nuclear pharmacy. While a nuclear pharmacy prepares sterile radiopharmaceuticals, it does not do so by the statutory definition of compounding and therefore not subject to the external certification required by the statutory language for pharmacies that compound. The consent order represents an agreement to disagree on the application of the statute to nuclear pharmacy, but to agree to the external certification of the pharmacy.

Effective date: 06/10/2020

Fine: $500

2019- New York State Department of Environmental Conservation

Actions Taken: Consent Order

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Syracuse, NY

Violation that occurred: pharmacy did not obtain prior approval before relocating the HVAC system on the roof

Final Disposition: signed a consent order. An application to modify the radiation control permit to be submitted regarding the changes in the exhaust system. A Pharmacy Compliance Specialist will be hired. The qualifications, and job responsibilities must be reviewed and approved. In addition, a SOP for all New York licensed pharmacies to follow, that outlines prior approvals for changes must be submitted and approved by the New York State Department of Environmental Conservation.

Effective date: 10/11/2019

Fine: $6000.00

2019-Rhode Island Board of Pharmacy

Actions Taken: Consent Order

Location Involved: Cardinal Health 414, LLC, radiopharmacy in E Providence, RI

Violation that occurred: pharmacy did not require technicians who compound radiopharmaceuticals to become nationally certified.

Final Disposition: signed a consent order. Agreement to have specialized nuclear technicians become nationally certified in addition to their existing specialized examination.

Effective date: 08/15/2019

Fines: no fine

2019-US Department of Transportation

Actions Taken: Statement of Violation and Penalty issued

Location Involved: National Central Pharmacy-Abilene Nuclear LLC

Violation that occurred: Probable violation offered and transported in commerce a DOT specification 7A packaging containing a Class 7 hazardous material without maintaining complete documentation of tests and an engineering evaluation or comparative data

Final Disposition: Ticket for Noncompliance

Effective date: 03/04/2019

Fines: $1,740.00

Summary: During a compliance inspection involving a shipping paper review, it was alleged as a probable violation that the pharmacy transported 7A packaging containing Class 7 hazardous material without maintaining complete documentation.

2018-Virginia Board of Pharmacy

Actions Taken: citation issued

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Richmond, VA.

Violation that occurred: Wall electrical and data plates were not sealed. The flooring where it meets the wall was not sealed and parts of the wall were not smooth and free from cracks

Final Disposition: parties entered into a consent order

Effective Date: 01/08/2018

Fines: $2,000

Summary:
The final signed consent order was received referencing the Cardinal Health nuclear pharmacy located in Richmond, VA. Improperly sealed wall electrical and data plates as well as the space where the floor meets the wall. In addition to ports of the wall were not smooth or free from cracks. These were noticed during a Virginia BOP inspection. The issue has been corrected. The pharmacy paid an administrative fine.

2017-Tennessee Board of Pharmacy

Actions Taken: license reprimanded

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Algood, TN

Violation that occurred: during a routine inspection, inspector alleged that the pharmacy was non-compliant with some aspects of USP <797>

Final Disposition: parties entered into a consent order

Effective Date: 03/13/2017

Fines: $2,674.48

Summary:
On March 13, 2017, a consent order was entered by the board referencing the Cardinal Health nuclear pharmacy located in Algood, TN. During an inspection on April 5, 2016, it was alleged that the pharmacy was non-compliant with USP <797>. The pharmacy was remodeled and was monitored by an independent consultont approved by the Executive Director of the Board of Pharmacy initiolly and agreed to be monitored for one year. The independent consultant will submit quarterly reports to the Executive Director of the Board of Pharmacy for one year. The pharmacy paid o fine.

2017-California Board of Pharmacy

Actions Taken: citation issued against the pharmacy license

Location involved: Cardinal Health 414, LLC, radiopharmacy in Redding, CA

Violation that occurred:

Each individual involved in the preparation of sterile injectable products must successfully complete a validation process on technique before being allowed to prepare sterile injectable products.

Equipment used in the designated area or cleanroom must be made of a material which can be easily cleaned and disinfected/Exterior workbench surfaces and other hard surfaces in the designated area, such as walls, floors, ceilings, shelves, tables and stools, must be disinfected weekly/Operational standards and security; the pharmacy must be maintained in a sanitary condition.

Final Disposition: paid the fine

Effective Date: 03/28/2017

Fines: $5,000

Summary:

In December 2016, the radiopharmacy in Redding, CA received a citation from the California Board of Pharmacy, for process validation technique not being completed when pharmacists from another California licensed Cardinal Health radiopharmacy came to temporarily work at the Redding location as well as for a window in the pharmacy that had particulates. An area under one of the compounding hoods was also not free of particulates.

2017-Virginia Board of Pharmacy

Actions Taken: citation issued

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Charlottesville, VA

Violation that occurred: surfaces of walls and floors in the buffer area and blood mixing room were not smooth, impervious, or free from cracks and crevices.

Final Disposition: parties entered into a consent order

Effective Date: 01/30/2017

Fines: $2,000

Summary:
On January 11, 2017, a consent order was entered by the board referencing the Cardinal Health nuclear pharmacy located in Charlottesville, VA. The surfaces of walls and floors in the buffer area ond blood mixing room were not smooth, impervious, ar free from cracks and crevices. The facility maintenance department was contacted ond the issues carrected. The pharmacy paid an administrative fine.

2017-Nevada Board of Pharmacy

Actions Taken: stipulation issued

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Las Vegas, NV.

Violation that occurred: A pharmacy technician's registration was not timely renewed. The technician was further charged for continuing to work with an expired registration between November 1-8, 2016.

Final Disposition: parties agreed to a stipulation

Effective Date: 01/11/2017

Fines: $500
Summary:
On December 6, 2016, the Nevada Board of Pharmacy notified Cardinal Health of a violation of the Nevada Administrative Code when a pharmacy technician's registration was not timely renewed. The technician was further charged for continuing to work with an expired registration between November 1-8, 2016. The Pharmacist in Charge as well as the Technician Supervisor were also charged for allowing the technician to work with an expired license. Changes to the software system utilized by Cardinal Health will prevent future occurrences. The pharmacy paid a monetary penalty of $500

CardinalHealth

30 Murray Hill Parkway
Suite 400
E. Rutherford, New Jersey 07073

** Each Officer owns less than 1%.

Officer Name	title
Paul Gotti	Vice President-Operations
Michael Francis Pintek	President
Luis E Garcia	VP Operations
David William Pellicciarini	VP Pharmacy Safety,Practice and Technical Operations NPHS

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL HEALTH 414, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2073291 8300

SR# 20220915335

Authentication: 202852969

Date: 03-08-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

ANDREW J. BRUCK
Acting Attorney General

SEAN P. NEAFSEY
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
973-504-6450

November 4, 2021

Dawn Harmon
Advisor, Regulatory Management
Attention: NPHS Q&R Dept.
7000 Cardinal Place
Dublin, OH 43017

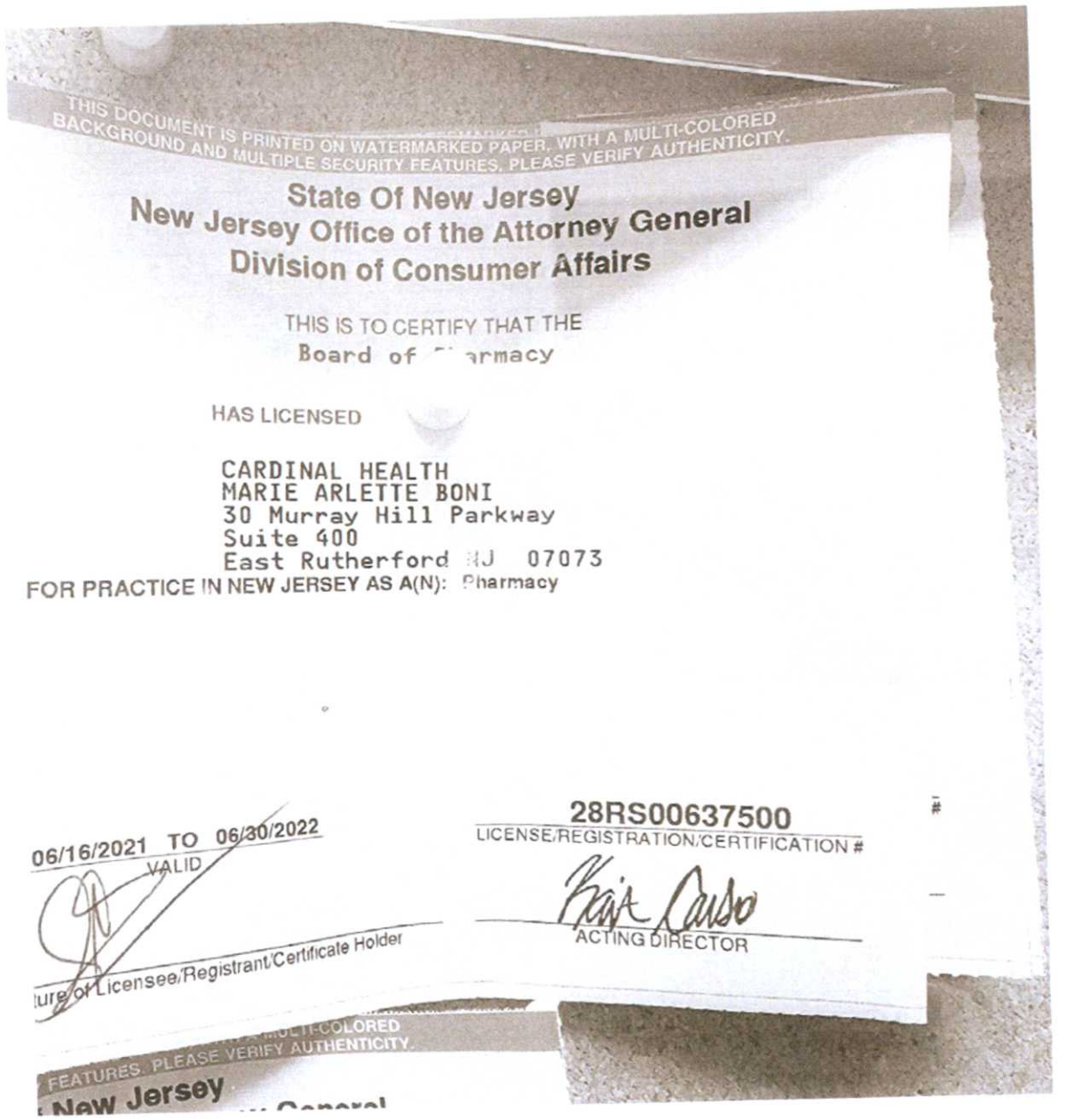
To Whom It May Concern:

The New Jersey Board of Pharmacy has been requested by DANIEL JAY MALZONE to forward a letter of good standing regarding the Pharmacist's registration to practice in the State of New Jersey.

A review of the Board's files indicates that DANIEL JAY MALZONE was issued a New Jersey registration 28RI03642500 on or about 08/08/2014 and is currently Active and in good standing with an expiration date of 04/30/2023 . A review of the Board's files further indicates that no public disciplinary action has been taken against this Pharmacist.

Very truly yours,

Anthony Rubinaccio, RPh
Executive Director
Board of Pharmacy



THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS LICENSED

CARDINAL HEALTH
MARIE ARLETTE BONI
30 Murray Hill Parkway
Suite 400
East Rutherford NJ 07073

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy

06/16/2021 TO 06/30/2022
VALID

28RS00637500
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

ture of Licensee/Registrant/Certificate Holder

FEATURES. PLEASE VERIFY AUTHENTICITY.

New Jersey

Supplementary Statement
(Required Per NRS 639.100(1)(a))

To Whom It May Concern:

To comply with NRS 639.100(1)(a), please be advised of the following:

1. Currently, the Cardinal Health, 414, LLC pharmacy located in East Rutherford, NJ employs one full-time Nevada Licensed Pharmacist namely Daniel Jay Malzone – License # 19722.

2. This Nevada licensed pharmacist will be responsible for all prescriptions shipped into the state of Nevada once our out-of-state application is approved by the Board.

3. All the other employed full-time pharmacists have started the reciprocation process and/or the Temporary Pharmacist Registration Request Application.

Dawn Harmon

Dawn Harmon, Advisor
Regulatory Management

3/10/2022

Date:

3811

Pharmacy Name: Cardinal Health 414 LLC

Pharmacy Address: 30 Murray Hill Parkway, Ste 400, East Rutherford, NJ 07073

NABP Facility e-Profile ID: 1241989

VPP Inspection Date: 13-Dec-21

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Clarification or Further Explanation	12	49	We believe this should have been marked as "Yes". The question reads, "Does the pharmacy continuous quality improvement program include viable environmental testing?" and the inspector's comments were, "There is no in-house viable environmental testing occurring. This pharmacy relies on viable environmental testing performed ever 6-months when the outside 3rd-party company comes to test and recertify the sterile compounding and related work room areas, LAFW, BSCs, Magnehelic gauges, etc." A pharmacy does not need to perform in-house EM testing to have EM testing included as a part of their CQI program.		N	
Clarification or Further Explanation	12	49.01	We would like to correct what we believe to be an inaccurate statement made by the inspector in the "Notes" section. The comments read, "This facility preforms low- and medium-risk sterile compounding. Radiopharmaceutical dosages to be +/- 10% of requested dose activity. Quality control testing results should be 95% or higher in terms of radiochemical purity." Please see the attached SOP, Section 5 Part 05 Radiochemical Purity Testing of Prepared Radiopharmaceuticals, Table 1 which lists the minimal acceptable purity (MAP) release standards for all prepared radiopharmaceuticals. Of note, there are 19 radiopharmaceuticals that are on the market that are prepared, 14 of which have a 90% MAP, 3 have a 95% MAP, one has a 92% MAP and one has an 80% MAP.		Y	Section 5 Part 05 Radiochemical Purity Testing of Prepared Radiopharmaceuticals
Clarification or Further Explanation	13	53	As part of the national CQI program, data is tracked and trended over time. Monthly performance is tracked and statistically analyzed against the previous several months. In addition to this, other quality metrics are tracked over longer intervals such as year over year performance (e.g., order entry).		N	
Clarification or Further Explanation	16	83	USP <795> states, "Specialty areas such as radiopharmaceuticals require special training and are beyond the scope of this chapter." USP <795> does not apply to radiopharmaceuticals. The FDA has approved two kits for the preparation of I-131 NaI capsules. The Draximage and International Isotopes Inc. Kit for the Preparation of Sodium Iodide I 131 Capsules and Solution USP Therapeutic — Oral are both commercially manufactured drug products. Both package inserts contain preparation instructions. They both manufacture an FDA approved kit as stated in their drug's title. Each and every radioactive I-131 NaI capsule is radioassayed in a dose calibrator to determine the activity of the dispensed capsule at calibration time and to confirm that this is within acceptable ranges from the prescribed activity. We believe that we have been and continue to be in compliance with all related regulations and requirements. Our SOP 3.10 , PS-11A, PS-11B, PS-14 are attached.		Y	SOP 3.10 131I NaI mCi Capsule and Solution Manual Preparation Protocol PS-11A NPT Compounding Na 131 Iodine Capsules and Solution Doses PS-11B NPT Statement of Training for Na I 131 Iodine Compounding PS-14 Pharmacist Statement of Training for 123 Iodine & 131 Iodine Capsule and Solution Preparation
Clarification or Further Explanation	18	98	We believe that the question, "Does anyone have access to the pharmacy after hours in the absence of the pharmacist? Explain." was marked "Yes" in error. It should be marked as "No" as no persons have access to the pharmacy after hours when a pharmacist is not present. Note that no explanation was given for the "Yes" notation.		N	

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP Inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

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Pharmacy Name: Cardinal Health 414 LLC

Pharmacy Address: 30 Murray Hill Parkway, Ste 400, East Rutherford, NJ 07073

NABP Facility e-Profile ID: 1241989

VPP Inspection Date: 13-Dec-21

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Clarification or Further Explanation	19	109	Per USP <659> PACKAGING AND STORAGE REQUIREMENTS - "An article for which storage at *Controlled Room Temperature* is directed may, alternatively, be stored and shipped in a cool place or refrigerated, unless otherwise specified in the individual monograph or on the label." We believe we are in compliance with the applicable drug product storage and handling temperature requirements.		Y	USP Chapter 659 Packaging and Storage
Clarification or Further Explanation	20	109.02	Please see the attached PS-6 Temperature Log Sheet, which states, "If the temperature falls outside the appropriate range, verify that the equipment is working. Minimize conditions that may cause temporary temperature fluctuations (refrigerator door open, excessive ice build up, hot block on low) & then recheck the temperature in one hour. If the temperature has not returned to the appropriate range, remove drug products to another unit."		Y	Temperature Log Sheet PS-6
Clarification or Further Explanation	20	110.00	Item 110.00 states, " Humidity monitoring is performed in drug storage areas (if separate from the compounding areas) to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%." All radiopharmaceuticals are either in liquid form in a vial under an elastomeric septa, are a lyophilized drug product in a vial under a elastomeric septa, a capsule in a foil sealed blister pack, or a radionuclide generator system. No radiopharmaceutical specifies humidity ranges or requirements in its FDA-approved drug labeling. We believe we are fully compliant with all applicable humidity requirements for the radiopharmaceuticals we handle. Cardinal Health is unaware of a humidity monitoring requirement in USP <797> .		N	
Clarification or Further Explanation	20	110.02	Please see the response to Item # 110.00 above.		N	

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP Inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nuclear Pharmacy Inspection

Pharmacy e-Profile ID:	1241989		**Inspection Information**
Legal Business Name:	Cardinal Health 414 LLC	**Conference Call Date:**	N/A
Doing Business As (DBA):	Cardinal Health 414 LLC	**Start Time: 24-hour format (13:00)**	N/A
Address:	30 Murray Hill Parkway, Ste 400	**End Time: 24-hour format (13:00)**	N/A
City:	East Rutherford	**Onsite Inspection Date:**	12/13/2021
State:	NJ	**Start Time: 24-hour format (13:00)**	4:45
Zip Code:	07073	**End Time: 24-hour format (13:00)**	13:40
Telephone number:	201.460.1101	**Inspector Name:**	David L. Laven, RPh, CPh, NPh, FASHP, FAPhA, CDR
Toll free number:	800.374.2731	**Inspection Performed by (NABP, State, etc):**	NABP
Fax number:	201.460.1102	**Observer Name/Affiliation (if applicable):**	N/A
Website:	None (www.cardinalhealth.com goes to Corporate HQ)	**Observer Name/Affiliation (if applicable):**	N/A

Pharmacy Hours of Operation	**Check if 24/7**		
	Open		**Closed**
	Start Time: (24-hour format)	**End Time: (24-hour format)**	**(X)**
Sunday	3:00	9:00	
Monday	2:00	16:00	
Tuesday	2:00	16:00	
Wednesday	2:00	16:00	
Thursday	2:00	16:00	
Friday	2:00	16:00	
Saturday	3:00	9:00	

Key Pharmacy Personnel	**Name**	**Contact (e-mail)**	**e-Profile ID**
Pharmacist in Charge	Marie Boni	marie.boni@cardinalhealth.com	145634
Radiation Safety Officer (RSO)	Candice Goodyear	candice.goodyear@cardinalhealth.com	N/A
If RSO is not the PIC, explain relationship	Pharmacy Supervisor over Pharmacy Techs and Drivers, has been the RSO for many years (Not a Pharmacist)	N/A	N/A

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current
1	Dan Malzone	Pharmacist	Y
2	Al Angeles	Pharmacy Tech	Y
3	Chris Burghardt	Pharmacy Tech	Y
4	Essa Abualhuda	Pharmacy Tech	Y
5	Syed Zaidi	Pharmacy Tech	Y
6	Tanisha McGuire	Pharmacy Tech	Y
7	Marie Boni	PIC	Y
8	Candice Goodyear	RSO, Pharmacy Tech & Pharmacy Supervisor	Y
9	Rebecca Hua-Chan	Pharmacist	Y
10	Shannon Milani	Pharmacy Tech	Y

Additional Personnel: 2 Pharmacy Techs (Mehmud Salim, Colleen Millner). There are 25 Delivery Drivers (divided between 2 shifts). There are 3 Pharmacists but none available (Alton Kwong on Sick-Leave; both Mary Stephens and Philip Raghunandan were on PTO Leave).

Business Licensure Information for State of Residence and Federal
(Board of Pharmacy, State Controlled Substance, State Radiation Control Agency, Drug Enforcement Administration (DEA), Food and Drug Administration (FDA), Nuclear Regulatory Commission (NRC))

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
New Jersey Office of the Attorney General - Division of Consumer Affairs - Board of Pharmacy	Cardinal Health 4141 LLC dba Cardinal Health	Pharmacy / 28RS00637500	6/30/2022
New Jersey Dept of Environmental Protection, Bureau of Environmental Radiation, Radioactive Materials Program	Cardinal Health 4141 LLC Nuclear Pharmacy service (NPS)	Radioactive Materials License / 4407335 - RAD210002	1/31/2023
New Jersey Department of Environmental Protection - Division of Compliance Operations and Coordination	Cardinal Health Nuclear Pharmacy Service	Medical Waste Transporter Registration / NJDEP 18550 and NJEMS 239529	6/30/2021

Inspector Notes: List states in which Non-Resident licenses are held: CT, DE, NY, PA. The VPP application for this nuclear pharmacy listed all these other State licenses as "expired", but current/active licenses were posted (See NUC Question 3.00). To date there has been no radiopharmaceutical dispensing to CT, DE, PA, and only limited service to NY, but maybe in the future when this facility brings its soon-to-be new Y-90 Sir-Spheres & Y-90 TheraSpheres, and Ga-68 Dotatate (NetSpot) service online service (in Buffer Room #2), delivery service to CT, DE, PA will commence (as well as to NJ and NY). NABP was informed via email associated with the VPP application that there were two (2) RAM Licenses XN000684 and XN000835, but these licenses do not exist. There used to be a PET Cyclotron operation located in Suite 450 at 30 Murray Hill Parkway, East Rutherford, NJ but this facility has been decommissioned and the cyclotron removed. There is a New Jersey Medical Waste Transporter Registration in the form of a letter that RSO Candice Goodyear stated allowed this facility to bring back radioactive waste from its customers (radioactive waste that only originated from this pharmacy), but she was unaware that this registration letter indicated an expiration date of 6/30/2021 for NJDEP 18550 / NJEMS 239529. RSO Goodyear thought its update/renewal had occurred and not having a current posted registration letter at this pharmacy may be due to the impact of Covid causing a delay in processing by this New Jersey agency, but was not certain of this and she will inquire with Cardinal Health Corporate HQ accordingly as to this documents status. This nuclear pharmacy is located in one building of a three-building business complex, and has other tenants in suites on one side of it, but the adjacent Suite 450 is vacant as this was the location of the former Cardinal Health PET Cyclotron operation.

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Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description
Doc01_Nuc4.00_CardinalHealth_EastRutherford_NJ; Doc05_Nuc6.00_CardinalHealth_EastRutherford_NJ;	Doc02_Nuc5.00_CardinalHealth_EastRutherford_NJ; Doc03_Nuc5.00_CardinalHealth_EastRutherford_NJ; Doc04_Nuc5.00_CardinalHealth_EastRutherford_NJ; Doc06_Nuc6.01_CardinalHealth_EastRutherford_NJ; Doc07_Nuc7.00_CardinalHealth_EastRutherford_NJ; Doc08_Nuc16.00_CardinalHealth_EastRutherford_NJ;
Doc09_Nuc109.00_CardinalHealth_EastRutherford_NJ;	Doc10_Nuc109.00_CardinalHealth_EastRutherford_NJ; Doc11_Nuc109.00,112.01,113.01_CardinalHealth_EastRutherford_NJ; Doc12_Nuc110.00,242.00_CardinalHealth_EastRutherford_NJ; Doc13_Nuc116.00,117.00_CardinalHealth_EastRutherford_NJ;
Doc16_Nuc190.00_CardinalHealth_EastRutherford_NJ; Doc17_Nuc235.04_CardinalHealth_EastRutherford_NJ;	Doc14_Nuc116.00,117.00_CardinalHealth_EastRutherford_NJ; Doc15_Nuc181.00,290.00_CardinalHealth_EastRutherford_NJ;
Doc18_Nuc235.05_CardinalHealth_EastRutherford_NJ;	Doc19_Nuc289.00_CardinalHealth_EastRutherford_NJ; Doc20_Nuc289.00_CardinalHealth_EastRutherford_NJ;
Photo1_Nuc109.00_CardinalHealth_EastRutherford_NJ;	Photo02_Nuc235.01,235.02,235.03_CardinalHealth_EastRutherford_NJ; Photo03_Nuc235.04_CardinalHealth_EastRutherford_NJ; Photo04_Nuc197.00,242.00_CardinalHealth_EastRutherford_NJ.

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Mail/Deliver (in state)	X	Manufacturer	
Mail/Deliver (out-of-state, list below)	X (To NY only at this time)	Wholesale Distributor (WD)	
Central Fill/Processing/Shared Services		Positron Emission Tomography (PET) compounding	
Institutional		Nonsterile Compounding	X
Free Standing	X	Sterile Compounding	X
Telepharmacy		Handles Investigational New Drugs (IND)	
Provide products for 'Office Use'		Handles Blood Products	X
Provide products for 'Physician Use'	X	Handles Volatiles (Xe-133 gas, liquid I-131 NaI)	X
Outsourcing Facility			

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	6768	Total Pharmacists:	6
Nonsterile Preparation area size:	150	Total Technicians:	9
Sterile Compounding Anteroom size:	220	Total Interns or Students:	0
Sterile Compounding Clean/Buffer Room size:	392 (Buffer Room #1 for F-18 FDG and Tc99m dosages); 326 (New Buffer Room #2 for Y-90 dosages & Ga-68 Dotatate (NetSpot)	Total Other Personnel:	25 (Delivery Drivers)
Blood Products Compounding Room size:	180	Total Pharmacist Hours Per Week:	240
Size of the decay storage area:	230	Total Technician Hours Per Week:	360
Sterile Compounding number of PECs:	1 Hot Cell; 6 LAFW	Compounding Pharmacists:	6
Nonsterile number of PECs:	1 Smart-Fill & 1 Glove Box	Compounding Technicians:	9
Blood Products- number of PECs:	3 BSCs	Board Certified Nuclear Pharmacist (BCNP):	1

Volume Dispensed		Volume Distributed	
Total Prescriptions Dispensed/day:	approx. 100	Total Orders Distributed/day:	approx. 700
% Veterinary	0%	% Veterinary	0%
% Controlled Substances	0%	% Controlled Substances	0%
% Nonsterile Compounded	approx. 1.5%	% Nonsterile Compounded	approx. 1.5%
% Sterile Compounded	approx. 98.5%	% Sterile Compounded	approx. 98.5%

Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription.
DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific - is not labeled with the patient name at the pharmacy. HD means drugs on the National Institute for Occupational Safety and Health (NIOSH) list of HD such as hormones, chemotherapy, etc.
There are currently no radiopharmaceuticals which are considered NIOSH HDs.

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month): Note: if not available, request information be sent to VPP and note that information was requested in grid.			
State	**Volume Dispensed**	**Volume DISTRIBUTED**	**/day, week, month**
AK			
AL			
AR			
AZ			
CA			
CO			
CT	0	0	Week (November 14-20, 2021)
DC			
DE	0	0	Week (November 14-20, 2021)
FL			
GA			
HI			
IA			
ID			
IL			
IN			
KS			
KY			
LA			
MA			
MD			
ME			
MI			
MN			
MO			
MS			
MT			

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month): Note: if not available, request information be sent to VPP and note that information was requested in grid.			
State	**Volume Dispensed**	**Volume DISTRIBUTED**	**/day, week, month**
NC			
ND			
NE			
NH			
NJ	325	4585	Week (November 14-20, 2021)
NM			
NV			
NY	15	7	Week (November 14-20, 2021)
OH			
OK			
OR			
PA	0	0	Week (November 14-20, 2021)
RI			
SC			
SD			
TN			
TX			
UT			
VA			
VT			
WA			
WI			
WV			
WY			
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nuclear Pharmacy Inspection

Facility Name: Cardinal Health 414 LLC dba Cardinal Health 414 LLC
e-Profile ID: 1241989
Inspection Date: 12/13/2021

		Finding	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	NABP VPP Inspection visit began working with Dan Malzone, PharmD, then the RSO Goodyear and PIC Boni arrived at about 7:45 am. The rest of the NABP inspection involved both RSO Goodyear and PIC Boni.
2.00	Are photographs allowed during the inspection (no Protected Health Information (PHI))?	Yes	
	General Operations and Licensure		
3.00	Are pharmacy licenses, permits and registrations (state, controlled substance, DEA, etc.) posted?	Yes	CT, DE, NY, PA. VPP Application lists all four of these States with "expired" licenses, but there are current/active licenses posted from each of these States at the pharmacy (Connecticut - PCN.0002462, expires 8/31/2022; Delaware A9-0001836, expires 9/30/2022; New York 031944, expires 3/31/2022; Pennsylvania NP000419, expires 8/31/2023). There is also a New York license as a Limited Reinfusion Service (Radioisoptic Labeling of Red Blood Cells and White Blood Cells) License LRS111, expires 4/21/2024.
4.00	Is the RSO the same as is listed on the radioactive materials (RAM) license?	Yes	A copy of the NJ RAM License 449735 - RAD210002 that also makes reference to RSO Candice Goodyear was obtained [See Doc01_Nuc4.00_CardinalHealth_EastRutherford_NJ].
5.00	Is the PIC an Authorized User (AU) on the RAM license? List all AUs.	Yes	There is a 7-page document dated 11/19/2021 of Authorized Nuclear Pharmacists, all company employed pharmacists at any Cardinal Health facility, that can be called upon if needed. All pharmacists and the PIC for this Cardinal Health, East Rutherford, NJ facility are listed (noted by an added asterisk) [See Doc02_Nuc5.00_CardinalHealth_EastRutherford_NJ]. There is also a 2-page document dated 2/26/2020 for Authorized Users (Non-Pharmacists) which lists only RSO Candice Goodyear's name (none of the other pharmacy techs at this particular Cardinal Health facility) [See Doc03_Nuc5.00_Cardinal Health_EastRutherford_NJ]. A list of the employees and delivery drivers for this particular Cardinal Health facility was provided [See Doc04_Nuc5.00_CardinalHealth_EastRutherford_NJ].
6.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	Dated 10/19/2021. No set repeat inspection timeframe per se. A copy of the last NJ BOP inspection report provided [See Doc05_Nuc6.00_CardinalHealth_EastRutherford_NJ].
6.01	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	Yes	(1) No policy and procedure on temperature excursions; (2) No policy and procedure about actions to be taken if a delay in product shipments to customers or other factors negatively impact any product's integrity prior to use [See Doc05_Nuc6.00_CardinalHealth_EastRutherford_NJ]. Copies of two policies and procedures provided that RSO Goodyear stated address the two deficiencies by the NJ BOP on 10/19/21 [See Doc06_Nuc6.01_CardinalHealth_EastRutherford_NJ]. The effective dates on these two policies and procedures pre-date the last NJ BOP inspection report and the two noted deficiencies for which these pre-dated policies and procedures are intended to address. The stated ambient air temperature range in one of these documents is 15°C to 30°C which is outside of the USP range of 20°C to 25°C for climate controlled conditions, but company's stated range does appear in a few manufacturer package inserts for select radiopharmaceutical reagent cold kits (lyophilized vials) of products that will eventually be radiolabeled with Tc99m sodium pertechnetate.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nuclear Pharmacy Inspection

Facility Name: Cardinal Health 414 LLC dba Cardinal Health 414 LLC
e-Profile ID: 1241989
Inspection Date: 12/13/2021

		Finding	Notes
7.00	Is the most recent NRC (and/or state radiation control agency) inspection report available for review? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	Yes	Inspection by the NJ Department of Environmental Protection, Bureau of Environmental Radiation, Radioactive Materials Program occurred on 11/15/2021 but a final copy of the inspection report not received yet, only an email stating there were no deficiencies found [See Doc07_Nuc7.00_CardinalHealth_EastRutherford_NJ].
7.01	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	No deficiencies were noted
8.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	VPP Application notes that the company is applying for a Texas license, and that this particular Cardinal Health facility was referred by NJ to undergo an inspection by NABP.
9.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	Yes	Exemption for reporting to a PDMP programs by the New Jersey Division of Consumer Affairs - Prescription Drug Monitoring Program, and by the Pennsylvania Department of Public Health - Prescription Drug Monitoring Program.
10.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
11.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	
12.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
13.00	Has the pharmacy been inspected by the Environmental Protection Agency (EPA), Department of Transportation (DOT) or any other outside agency? *If yes, indicate the inspection date and note any deficiencies related to pharmacy practice.*	No	
14.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	No	
15.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
16.00	Were any deficiencies detected on the last internal audit? *List date of last audit and note any deficiencies found and action plan to correct.*	Yes	There are both internal audits [Document A1-A4, Document B1-B2, and Document C] performed by the PIC Boni or RSO Goodyear, and external Corporate HQ audits (Document D1-D3 and Document E1-E4) that focus on two principle areas such as Pharmacy Practice Compliance and Radiation Safety. These audits involve a "point system" taking into account the degree of severity of any noted deficiency or violation. See Doc08_Nuc16.00_CardinalHealth_EastRutherford_NJ for copies of several recent audit documents, including some discussion about corrective action.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nuclear Pharmacy Inspection

Facility Name: Cardinal Health 414 LLC dba Cardinal Health 414 LLC
e-Profile ID: 1241989
Inspection Date: 12/13/2021

		Finding	Notes
17.00	Does this pharmacy handle IND radiopharmaceuticals? *Indicate percentage and which ones.*	No	Not at this time, but that would be a decision made by the Corporate HQ as to when and involving which IND radiopharmaceutical(s).
18.00	Does the pharmacy **distribute** compounded preparations to practitioners for "office use" or "physician use"? *If yes, indicate volume or percentage provided within this state, and volume or percentage provided in other states.*	Yes	For "Physician Use Only" involving unit dose radiopharmaceuticals notably Tc99m-labeled agents, including F-18 FDG on weekdays, and some bulk vials of Tc99m Sodium Pertechnetate, Tc99m MA, Tc99, Sulfur Colloid, and Tc99m Choletec (but most bulk products are distributed on weekends, along with some unit dose F-18 FDG and other radiopharmaceuticals for "Physician Use Only"). Estimated to be about 92% or more. The remaining 6% or so will be patient-specific dispensing.
19.00	Does the pharmacy **distribute** compounded preparations to hospitals, clinics, or surgery centers? *If yes, indicate volume or percentage provided within this state, and volume or percentage provided in other states.*	Yes	Hospitals and cardiac clinics primarily. In-State about 92%; Out-of-State about 1% or less. The remaining 6% or so will be patient-specific dispensing.
20.00	When the pharmacy **delivers** or **distributes** radiopharmaceuticals, does the pharmacy maintain a copy of each customer's current RAM license/registration? *Verify by viewing examples in customer files.*	Yes	Hardcopy and scanned into the company's shared-drive computer option in case access is needed by any other Cardinal Health nuclear pharmacy (also as part of Corporate's Business Continuity Plan).
21.00	Does the pharmacy provide compounded preparations to other pharmacies for dispensing? *If yes, indicate if the pharmacies have common ownership or if the pharmacy has central fill contracts or agreements with these pharmacies for patient-specific preparations.*	Yes	Occasionally this pharmacy provides I-123 Sodium Iodide Diagnostic Capsules (200 uCi) and I-131 Sodium Iodide Therapy Capsules to other Cardinal Health nuclear pharmacies at 2425 Waterbury Ave, Bronx, NY 10462 or at 25 Fairchild Ave, #100, Plainview, NY 11803. On rare occasion this pharmacy has filled orders of I-131 Sodium Iodide Therapy capsules for cats but none in the past 2 years (primarily due to the Covid pandemic).
22.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If yes, describe which products and from where they are purchase (collect name and license of other entity).*	Yes	This pharmacy obtains bulk F-18 FDG that it subdivides to fill its customer order requests from three possible outside sources: Weekdays from NCM-USA LLC, 390 Concord Ave, Bronx, NY 10454; and on Weekends from either Sofie, 110 Clyde Rd, Somerset, NJ 08873 or Sofie, 60th Commerce Way, Totowa, NJ 07512.
23.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *If yes, indicate name and volume/percent compounded currently.*	No	
23.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	N/A	
23.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	N/A	

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National Association of Boards of Pharmacy®
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Nuclear Pharmacy Inspection

Facility Name: Cardinal Health 414 LLC dba Cardinal Health 414 LLC
e-Profile ID: 1241989
Inspection Date: 12/13/2021

		Finding	Notes
24.00	**Nonsterile Compounding:** Does the pharmacy compound oral preparations (capsules, liquids, etc.)? *If yes, indicate which in notes.*	Yes	I-131 Sodium Iodide (NaI) diagnostic or therapeutic capsules; I-131 Sodium Iodide diagnostic or therapeutic liquid (using Jubilant DraxImage HICON I-131 NaI Solution); I-123 Sodium Iodide diagnostic capsules (passed through as these are obtained from a Cardinal Health nuclear pharmacy in Aurora, CO (also available from Curium if necessary).
25.00	**Sterile Compounding:** Does the pharmacy compound parenteral preparations? *Provide List.*	Yes	Wide range of Tc99m-labeled radiopharmaceuticals. Subdivision of bulk quantities of F-18 FDG (See Nuc22.00 above). Soon Y-90 labeled radiopharmaceuticals and Ga-68 Dotatate (NetSpot).
26.00	**Sterile Compounding:** Does the pharmacy compound parenteral suspensions? *Provide List.*	Yes	Tc99m MAA, Tc99m Sulfur Colloid primarily.
27.00	**Sterile Compounding:** Does the pharmacy compound inhalation preparations? *Provide List.*	Yes	Tc99m DTPA (to be used in pulmonary aerosol studies). Passes through commercially available Xe-133 gas.
28.00	Does the pharmacy perform testing in-house (such as purity, radiochemical purity, potency, sterility, endotoxin, environmental monitoring)? *If yes, what testing is performed in house?*	Yes	Radiochemical purity, sterility testing of hetastarch used for radiolabeling blood, visual inspection for unusual particulates using a hemocytometer grid for select radiopharmaceuticals (Tc99m MAA, Tc99m Sulfur Colloid). There is a 2-page policy and procedure 2.6 "Sterile Subdivision of Hetastarch, Dextran 70, HSA, ACD Solution A" issued April 2018, Version 01.
29.00	Does the pharmacy send samples to an outside lab to perform testing? *If yes, provide the name of the lab performing testing for the pharmacy and what testing is performed.*	No	Not at this time (and not for verification of sterility technique by employees performing compounding).
	Policy and Management		
30.00	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Both hardcopy and electronic.
31.00	Do the P&Ps include the prescription processing, compounding, dispensing, delivery, receipt and storage, and the handling of HD, and handling infectious waste or spills?	Yes	
32.00	Are the P&Ps reviewed and updated regularly? *Indicate the review frequency and who performs the reviews.*	Yes	Corporate HQ performs at least an annual review of USP <797> and <825>, and other relevant guidance's/documents that may impact the company's policies and procedures. PIC Boni also conducts at least a yearly review of the policies and procedures. More frequent review occurs as needed at both the Corporate or local levels. The company is having its branch nuclear pharmacies gradually phase in operational activities that comply with USP <825> so that it will be ready when this new USP chapter becomes enforceable at the state level.
33.00	Are systems in place for the ongoing monitoring of state and federal laws/regulations for changes? *Give details of the system and resources, or indicate if it is a corporate process and who is responsible overall as well as at the site.*	Yes	Corporate HQ performs at least an annual review state and federal laws/regulations and other relevant guidance/documents that may impact the company's policies and procedures. PIC Boni also conducts at least a monthly laws and rules review. More frequent review occurs as needed.
34.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

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Facility Name: Cardinal Health 414 LLC dba Cardinal Health 414 LLC
e-Profile ID: 1241989
Inspection Date: 12/13/2021

		Finding	Notes
35.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	PIC Boni performs a "Core Bi-Weekly Record Review" to ensure accuracy and completeness of all types of business and operational records. An example of such a document was provided [see Document B1-B2 in Doc09_Nuc16.00_CardinalHealth_EastRutherford_NJ]. There is also a "Bi-Business Intelligence" process that is both hardcopy (20-30%) and computer-based (70-80%) so there is access to all manner of records for regular review, etc. There is an extensive 32-page Records Retention Schedule document (Appendix 1 to the Records Management Policy, dated November 9, 2015, Version 5.1) that describes the length of time of all many of business and operational records are to be maintained.
36.00	Does the pharmacy have access to appropriate law references including state and federal regulations (including state regulations for all states in which the facility is licensed and NRC)? *Indicate if they are hard copies or are accessed online (demonstrate access) or both.*	Yes	PIC Boni performs a monthly laws and rules review (both state and federal) and will advise Corporate of any developments accordingly.
37.00	Does the pharmacy have access to appropriate dosage and toxicology references? *Indicate if they are hard copies or are accessed online or both.*	Yes	Both hardcopy and electronic/online sources.
38.00	Does the pharmacy have access to appropriate practice specific references? Nuclear, geriatric, pediatric, etc. *List and indicate if hard copy or online or both.*	Yes	Both hardcopy and electronic/online sources.
39.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	Both hardcopy and electronic/online sources.
40.00	Does the pharmacy have a hazardous waste handling and collection system? *Indicate how often waste is collected and the vendor(s) used.*	Yes	Stericycle; pick-up occurs as needed. There is reliance on in-house decay-in-storage first.
	Quality Assurance/Quality Improvement (QA/QI)		
41.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	CQI is not required by the NJ BOP. However, this pharmacy has just started a company-based CQI program and will be conducting at least quarterly review of accumulated data and meetings with this pharmacy's staff pertaining thereto. There is 2-page policy and procedure 8.4 "Continuous Quality Improvement (CQI) Program" issued March 2021.
42.00	Is QA data kept on site? *If not, where?*	Yes	Data acquired manually, and maintained both in hardcopy and electronic formats.
43.00	Are quality self-audits performed? *How often?*	Yes	Monthly.
44.00	Is Quality Related Event (QRE) defined? *May also be referred to as "incidents" or "errors".*	Yes	In accordance with language appearing in USP <825> (Company wide there is continual, incremental implementation of USP <825> so the company and all its nuclear pharmacies will be ready when USP <825> becomes enforceable.
44.01	Is there a form to fill out for a QRE? *Indicate if paper or electronic, or both, and who fills it out.*	Yes	Both hardcopy and electronic. An example of a somewhat recent QRE involved radiation shine while assaying PET dosages that affected the accuracy of dose calibrator readings, and once discovered this issue was fixed.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nuclear Pharmacy Inspection

Facility Name: Cardinal Health 414 LLC dba Cardinal Health 414 LLC
e-Profile ID: 1241989
Inspection Date: 12/13/2021

		Finding	Notes
44.02	**Reporting**: Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	Yes	Corporate utilizes a 3rd-party process called "Sales Force" that can be found on the company's computer shared drive and will accumulate data and conduct some analysis/trending that is interconnected with the Corporate HQ for its own quality review and potential reporting to outside state and federal agencies and organizations/groups accordingly. There is a 3-page policy and procedure 8.5 "Adverse Reaction Reporting" that was issued March 2021.
45.00	Are external errors documented and tracked? *View example documentation.*	Yes	Since instituting barcoding / QRL Code scanning, the likelihood that the wrong doses/cases get dropped off at customers by delivery personnel rarely occurs. Delays in completing deliveries can still occur (i.e., due to traffic), and while all delivery vehicles have GPS tracking associated with them, written documentation about this type of error is not occurring at this time.
46.00	Are internal errors documented and tracked? *View example documentation.*	Yes	An example of a somewhat recent QRE involved radiation shine while assaying PET dosages that affected the accuracy of dose calibrator readings, and once discovered this issue was fixed.
47.00	Are complaints documented, tracked, and investigated as appropriate and the information is used as part of the CQI program?	Yes	Delays in completing deliveries can still occur (i.e., due to traffic), and while all delivery vehicles have GPS tracking associated with them, written documentation about this type of error is not occurring at this time. If, however, there is repetitive customer complaints involving a particular driver, the PIC will discuss the matter with the individual and likely be documented in that employee's personnel file.
48.00	Are reports of contamination or instability of compounded preparations documented, investigated, and tracked, and is there a recall system in place?	Yes	Products not passing quality control testing will not be shipped, but occurrences of QC failure will be documented and reports placed into the "Sales Force" program to be reviewed and analyzed for trending by the Corporate HQ and made available to any company branch nuclear pharmacies via the "Shared Drive" program to alert them and help avoid other similar situations.
49.00	Does the pharmacy continuous quality improvement program include viable environmental testing?	No	There is no in-house viable environmental testing occurring. This pharmacy relies on viable environmental testing performed ever 6-months when the outside 3rd-party company comes to test and recertify the sterile compounding and related work room areas, LAFW, BSCs, Magnehelic gauges, etc.
49.01	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded, including a recall system?	Yes	This facility preforms low- and medium-risk sterile compounding. Radiopharmaceutical dosages to be +/- 10% of requested dose activity. Quality control testing results should be 95% or higher in terms of radiochemical purity.
49.02	Are deficiencies in compounding, labeling, packaging, and quality testing and inspection identified and corrected?	Yes	As an example, this pharmacy makes its own in-house ITLC chromatography test strips used in radiochemical purity testing. These strips could be off slightly in terms of their dimensions which can affect the outcome of testing. Storage is in a container with Drierite to help avoid the effects of humidity that can degrade testing outcomes.
50.00	Are pharmacy information systems and technology performance issues measured and tracked? *Such as computers, etc.*	Yes	There is the pharmacy's Iso-Trac computer program.
51.00	Are any other measurements tracked and analyzed? *Indicate in Notes.*	N/A	Not at this time.

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		Finding	Notes
52.00	QRE data collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc.).*	Yes	Quality control data is reviewed but only if there are testing failures, and then both the PIC and Corporate will look at the data and analyze it for root cause and solutions if simple re-testing doesn't yield a different outcome. Environmental monitoring data will be reviewed and undergo trending analysis. PIC Boni will perform trending of any in-house issues identified during internal audits with findings also be shared with Corporate.
53.00	Is data trended over time (e.g., against previous years' data)?	Unknown	Pharmacist Dan Malzone believes that there is comparative analysis being done by Corporate but was uncertain as to the frequency and what parameters are considered. At least annual or maybe every 6 months but was uncertain nonetheless.
54.00	Quality meetings are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	Meetings are held bi-weekly to monthly, or there can be impromptu"huddles" for more immediate matters. There are Corporate generated Environmental Safety Reports that all facility employees must review and sign-off that they reviewed the report(s) as they are issued.
	Animal Compounding Compliance		
	Total Non-Compliant (Includes Unknowns)	**0**	
57.00	**For animal compounding:** The compounding meets the same standards as compounding for human patients.	Compliant	But it has been a few years since there have been requests for I-131 Sodium Iodide Solution to be administered to cats. There was only one customer accounts who needed this radiopharmaceutical for such a purpose. No other radiopharmaceutical has ever been requested for any other animal.
58.00	The pharmacist is knowledgeable or has references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used. *(Example: xylitol is contraindicated for dogs).*	N/A	Facility's pharmacists do not determine the final dosage when I-131 Sodium Iodide Solution is being ordered for a cat, as they would just fill the order requests as written. Would leave this up to the ordering nuclear medicine physician based on the referral that was received from the animal's veterinarian and determined initially what was needed before sending the order request(s) onto this nuclear pharmacy.
59.00	For therapy doses, the pharmacy obtains appropriate information to assess correct dosage such as animal species, breed or weight?	Compliant	
60.00	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	Compliant	Radiopharmaceuticals only dispensed if intended for a pet, not food producing animals.
61.00	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	Radiopharmaceuticals only dispensed if intended for a pet, not food producing animals.
62.00	The pharmacist is familiar with, or has a reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	Radiopharmaceuticals only dispensed if intended for a pet, not food producing animals.
63.00	The pharmacist is familiar with, or has a reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs).	N/A	Pharmacist Malzone stated there has never been a request for a radiopharmaceutical to be used in performance animals.

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		Finding	Notes
	Personnel Information		
64.00	Is there a process for periodic verification of validity of personnel licenses (registrations)? *Describe the process.*	Yes	Yearly review by PIC Boni.
65.00	Are all personnel wearing name tags that clearly identify if they are a pharmacist or a technician? *What about other positions?*	Yes	Name badges and embroidered name on lab coats.
66.00	If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, the training and certifications are verified. *View documentation.*	N/A	Company does not utilize pharmacists or pharmacy techs from outside staffing agencies, has its own extensive list of personnel that can be pulled from other branches to fill-in as needed. On occasion there is a pharmacy tech from a Cardinal Health nuclear pharmacy in New York that will provide assistance on weekends if needed.
67.00	Does the pharmacy have Visiting Authorized Nuclear Pharmacist(s)?	N/A	There is an extensive list of company pharmacists that are all recognized as Authorized Nuclear Pharmacists (ANP), but this particular facility has never had a need for a visiting ANP according to Pharmacist Malzone. [See Doc02_Nuc5.00_CardinalHealth_EastRutherford_NJ].
67.01	Do the visiting nuclear pharmacist(s) have written authorization on file?	Yes	If there was a need, but none to date per Pharmacist Malzone.
67.02	Are the visiting nuclear pharmacist(s) licenses on file in the pharmacy?	Yes	If there was a need, but none to date per Pharmacist Malzone. Company's shared-drive contains information for all its ANPs.
67.03	Are visiting nuclear pharmacists limited to 60 days per year or less?	Yes	If there was a need, but none to date per Pharmacist Malzone. Company's shared-drive contains information for all its ANPs.
67.04	Are all records associated with the visiting nuclear pharmacist maintained for at least five (5) years after the last visit?	Yes	If there was a need, but none to date per Pharmacist Malzone. Required by Corporate.
68.00	Does the pharmacy have a technician policy that specifies what a technician is allowed and not allowed to do?	Yes	
69.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	Ratio is 2:1 if the pharmacy technicians are not "certified". But if the pharmacy technicians are certified then there is no limit to the ratio.
70.00	Do employees undergo background checks upon hire? *Indicate if performed periodically for existing employees.*	Yes	Only upon initial hiring.
71.00	Do employees undergo drug testing upon hire? *Indicate if performed periodically for existing employees and if it is random, for cause, or both.*	Yes	If a Cardinal Health delivery driver is in an accident or other serious vehicle infraction, then the individual will undergo drug testing as part of the company's internal investigation about the accident or vehicle violation.
72.00	Is new hire training, including orientation, general pharmacy procedures, HIPAA, Radiation Safety/ALARA, Occupational Safety and Health Administration (OSHA) blood borne pathogen, or hazardous materials handling performed and documented? *View the documentation.*	Yes	

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		Finding	Notes
73.00	Is ongoing annual training performed and documented, including topics such as HIPAA, Radiation Safety/ALARA, OSHA blood borne pathogen, or HAZCOM ? *View the documentation.*	Yes	
74.00	Is there a performance review process and is it documented? *If yes, how often?*	Yes	Annual.
75.00	Is a procedure for corrective or disciplinary action in place and documented?	Yes	Computer-based records exist for each employee. Coordination too with the Corporate HQ's Human Resource Department.

Personnel Compliance

	Total Non-Compliant (Includes Unknowns)	**1**	
76.00	Have all personnel of reproductive capability who handle or compound radiopharmaceuticals/radioactive materials confirmed in writing they understand the risks of handling radiopharmaceuticals/radioactive materials?	Compliant	Each employee has all manner of records pertaining to personnel compliance/training etc. maintained in the company's "My Learning" program under each employees name. There are also electronically maintained folders when training involves specific topic areas to which all employees must participate in and be sign-off accordingly for completion.
77.00	Is there documentation of training for other employees (including drivers, warehouse, receiving, administrative, clerks, etc.) who may have contact with radiopharmaceuticals/radioactive materials on handling the spills associated with these?	Compliant	The pharmacy has a program for weekly cleaning by its personnel. An outside 3rd-party cleaning service called Jan-Pro is utilized for cleaning only the administrative, bathrooms and breakroom areas on weekdays when company personnel are present.
78.00	Personnel demonstrate knowledge and can verbalize the principles of the safe use of RAM – time (working quickly/efficiently), distance (not handling RAM directly, using tongs), and shielding (using lead containers and shields in work areas).	Compliant	
79.00	Personnel demonstrate a knowledge of emergency procedures and are able to point out the locations of the eyewash station, emergency spill kit, and can verbalize how to handle contamination including reporting.	Compliant	
80.00	**Nonsterile Compounding:** There is documentation that the training includes cleaning and disinfection, garb, manipulation of ingredients including quality testing, labeling, and RAM handling.	Compliant	Involving the Jubilant Draximage Smart-Fill apparatus for preparing I-131 Sodium Iodide dosages.
81.00	**Nonsterile Compounding:** There is documentation that the training process for the preparation of compounds includes demonstration of the compounding procedure first, followed by the trainee performing the procedure under supervision successfully before trainee is allowed to perform compounding independently.	Compliant	Involving the Jubilant Draximage Smart-Fill apparatus for preparing I-131 Sodium Iodide dosages.
82.00	**Nonsterile Compounding:** There is documentation that training includes the operation of any equipment that may be used when preparing compounded products. *Documentation includes operation and troubleshooting.*	Compliant	Involving the Jubilant Draximage Smart-Fill apparatus for preparing I-131 Sodium Iodide dosages.

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		Finding	Notes
83.00	**Nonsterile Compounding:** There is documentation that employees performing nonsterile compounding are evaluated at least annually on compounding competency, including compounding technique, equipment, and materials handling.	Non-Compliant	Pharmacist Malzone stated there is no documented annual review or re-assessment at the present. Just the initial training and assessment as noted above.
84.00	**Sterile Compounding:** There is documentation that all compounding personnel have passed initial and subsequent annual written exams that include QA procedures for the appropriate compounding risk levels including RAM.	Compliant	Training is primarily online and completion of learning modules, webinars, etc is documented in each employees "MyLearning" file on the company's computer system. Training can be company directed or also involving other 3rd-party entities as directed by the company (including but not limited to Critical Point learning modules by Eric Kostanza). There is a 4-page policy and procedure 6.35 "Didactic Testing, Aseptic Handling Performance Evaluation, and Media Fill Challenge" issued April 2018.
85.00	**Sterile Compounding:** There is documentation that all compounding personnel have passed initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling RAM.	Compliant	Training is primarily online and completion of learning modules, webinars, etc is documented in each employees "MyLearning" file on the company's computer system. Training can be company directed or also involving other 3rd-party entities as directed by the company (including but not to limited Critical Point learning modules by Eric Kostanza). There are two extra validations for those employees who will be working at the Hot Cell and any manual dispensing of PET dosages too.
86.00	**Sterile Compounding:** There is documentation that new compounding personnel have passed initial observed gowning procedure and three gloved fingertip sampling tests. *Personnel must pass the tests upon initial validation before being allowed to compound. Action required if the tests yield any garbing deficiencies, or if the sampling results are >0 colony-forming units (CFU)/plate on the three initial validations.*	Compliant	There is a 7-page policy and procedure 6.30.1 "Gloved Fingertip and Thumb Sampling" issued December 2018, Version 02.
87.00	**Sterile Compounding:** There is documentation that compounding personnel preparing low or medium risk-level products have passed an annual observed gowning procedure and gloved fingertip sampling test. *Action required if the tests yield any garbing deficiencies, or if the fingertip sampling results are >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than annually.*	Compliant	Annually. Species identification will involve sending any positive growth to Charles River for further analysis (a 3rd-party laboratory)
88.00	**Sterile Compounding:** There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days . Indicate frequency, if testing more than annually.*	Compliant	Annually. This facility performs only low- and medium-risk sterile compounding. There is a 4-page policy and procedure 6.35 "Didactic Testing, Aseptic Handling Performance Evaluation, and Media Fill Challenge" issued April 2018. And there is also a 3-page policy and procedure 6.36 "Media Fill challenge" issued July 2021, Version 03.
89.00	**Sterile Compounding:** The media-fill testing procedures include:		
89.01	Media selection (including obtaining COAs or growth promotion certificates from suppliers);	Compliant	

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		Finding	Notes
89.02	Fill Volume;	Compliant	
89.03	Incubation time and temperature (Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.);	Compliant	Incubation occurs at 30°to 35° presently per Pharmacist Malzone, but with the steady implementation of USP <825> there will be a change in incubation occurring at both temperature ranges appearing in this question.
89.04	Inspection of filled units;	Compliant	
89.05	Documentation;	Compliant	
89.06	Interpretation of results; and	Compliant	
89.07	Action levels set with the corrective actions required.	Compliant	
90.00	**High-Risk Sterile Compounding:** There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. *Action required if the tests yield any garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidation. Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than every 6 months.*	N/A	There is no high-risk sterile compounding.
91.00	**High-Risk Sterile Compounding:** There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.*	N/A	There is no high-risk sterile compounding.
92.00	**Sterile and Nonsterile Compounding:** Are all personnel that perform cleaning activities in the compounding areas appropriately trained (including housekeeping or other outside personnel if used for cleaning)?	Compliant	
	Facility and Security		
93.00	Is entry to prescription product storage and processing areas limited to task-critical employees?	Yes	
94.00	Is entry into the compounding areas limited to task-critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel)?	Yes	
95.00	Are drugs secured to prevent unauthorized removal or access?	Yes	
96.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	Stanley Security.

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		Finding	Notes
97.00	Does the pharmacy have cameras? *If yes, record how long images are retained.*	No	There are no surveillance cameras presently, but are supposed to be budgeted for installation during the next fiscal year.
98.00	Does anyone have access to the pharmacy after hours in the absence of the pharmacist? *Explain.*	Yes	
99.00	Do pharmacy staff remain in the pharmacy if the pharmacist is absent on a meal break? ***If so, is there a policy regarding what activities may or may not be allowed during the pharmacist's absence?***	Yes	
100.00	Is the "Notice to Workers" posted? *Includes regulations and P&P (or where to find them), license and amendments, and NRC Notices of Violation involving radiological working conditions.*	Yes	
101.00	Is the "Notice to Employees" posted? *(NRC Form 3)*	Yes	New Jersey is an Agreement State so this document is coded for New Jersey's Department of Environmental Protection, Radiation Protection and Release, Form RP-14-Revision 11/10.
102.00	If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct.	Yes	
103.00	Is the blood compounding area separate and distinct from the general compounding area?	Yes	
103.01	Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)?	Yes	
104.00	Are chemicals stored in the appropriate manner (e.g. per SDS)? *Indicate how/where stored.*	Yes	Flammable Cabinet. There is a folder for hardcopy SDS sheets and they are also available online.
105.00	Are all volatile products (e.g. Xe-133 gas, liquid I-131 NaI) stored and manipulated in a negative pressure environment? *Indicate storage and manipulation room and PEC description.*	Yes	There is a negative pressure room. Posted signature for Xenon-133 clearance time. I-131 Sodium Iodide dosages (capsules or solution) are prepared using the Jubilant DraxImage Smart-Fill apparatus and Jubilant's HICON I-131 Sodium Iodide Solution as a starting material.
105.01	If the pharmacy handles radioactive gases, are the clearance time and safety procedures posted?	Yes	
106.00	Are there housekeeping standards to ensure the environment is professional, safe, neat, and clean?	Yes	Administrative office areas, bathrooms, and employee breakroom are cleaned by an outside 3rd-party service called Jan-Pro on weekdays when pharmacy personnel are present. Otherwise, this pharmacy's personnel are responsible for keeping all other operational and storage areas clean.
107.00	Is the pharmacy clean and is there appropriate space for the prescription volume?	Yes	
108.00	Is there a heating and air conditioning system? *Indicate which or both, and if they are operational.*	Yes	Both A/C and Heating systems, setup on multiple zones areas throughout the pharmacy.

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		Finding	Notes
109.00	Temperature monitoring is performed in **drug storage areas** (if separate from the compounding areas) and maintained within 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	No	Manually recorded temperature readings are being replaced by the use of an datalogger/sensor system that relays readings electronically via Iso-Trac to the Corporate HQ with weekly to bi-weekly analysis for unwanted excursions. Several documents were provided that indicate the ambient temperature range is maintained at 15° C to 30° C with no explanation as to why this range is set outside of USP or offering any guidance for want actions will be taken when there are unwanted readings of a more sustained nature (not brief / occasional). One document is a 2-page policy and procedure 6.12 "Quality Assurance Procedures Manual Storage Conditions Monitoring" issued April 2016, Version 01 [see Document A1-A2 in Doc06_Nuc6.01_CardinalHealth_EastRutherford_NJ]. another document is a 4-page policy and procedure 2.5 "Pharmacy Radiopharmaceutical Storage Requirements" issued April 2019, Version 03 [see Doc09_Nuc109.00_CardinalHealth_EastRutherford_NJ]. An example of a manual Temperature Log Sheet PS-6 (updated March 2021) that lists no recorded data, but the header for Ambient Drug Storage for two separate areas is listed at 15° C to 30° C which is outside of USP [See Doc10_Nuc109.00_CardinalHealth_EastRutherford_NJ]. PIC Boni provided a printout of current temperature readings for many different areas of the pharmacy that are being monitored 24/7 such as sterile and nonsterile compounding rooms, anteroom, ambient storage area, refrigerators, freezer, incubator, hot box and many of the work rooms and storage areas were outside of the USP range of 20° C to 25° C [See Doc11_Nuc109.00, 112.01, 113.01_Cardinal Health_EastRutherford_NJ]. There is an electronic view panel in the pharmacy area that displays pressure, temperature, and humidity readings for select room where nonsterile and sterile compounding occurs, and displayed temperature readings were all below the USP recommended range for Fahrenheit readings [See Photo01_Nuc109.00,196.00,241.00_CardinalHealth_EastRutherford_NJ]. This electronic view panel does not display readings for any drug storage area involving radiopharmaceutical reagent cold kits to be radiolabeled with Tc99m sodium pertechnetate and other non-radioactive drugs that are on-site and sometimes shipped/sold to requesting customers such as Sincalide (or Kinevac) - one example stated by Pharmacist Malzone. The stated ambient air temperature range in one of these documents is 15°C to 30°C which is outside of the USP range of 20°C to 25°C for climate controlled conditions, but company's stated range does appear in a few manufacturer package inserts for select radiopharmaceutical reagent cold kits (lyophilized vials) of products that will eventually be radiolabeled with Tc99m sodium pertechnetate.
109.01	Temperature monitoring in the drug storage area is performed at least once daily and documented. *Temperature records are maintained.*	Yes	Readings are acquired at least hourly, and if any unusual excursion is detected, then the current electronic system can acquire readings more frequently in order to ascertain the extent of any detected excursion to see if it is brief or prolonged in nature. Such an adjustment can be made by those at the Corporate HQ also monitoring the data in apparent real-time.

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		Finding	Notes
109.02	Excursion action plan is in place including evaluating excursion effects on drug product integrity.	No	None of the aforenoted documents in Ques Nuc109.00 above offers any descriptive action to be taken for unwanted excursions, nor what action to be taken with respect to any excursion effects on drug product integrity. In response to a deficiency noted by the NJ BOP during its inspection on 10/19/2021 that focused on drug integrity during transport/delivery to any customer(s), a 1-page policy and procedure 2.35 "Prescription Drug Delivery", issued March 2021, Version 01 does not address the effects on drug products due to unwanted temperature (or humidity) excursions at the pharmacy, only while products are in shipment [See Nuc6.01 and Document B in Doc06_Nuc6.01_CardinalHealth_EastRutherford_NJ].
110.00	Humidity monitoring is performed in **drug storage areas** (if separate from the compounding areas) to provide humidity in the ranges warranted by specific drug product storage requirements. *If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%.*	No	There was no data presented that indicated there is humidity monitoring occurring in drug storage areas. PIC Boni provided a printout of current humidity readings for just a few work areas of the pharmacy that are being monitored 24/7 such as Anteroom, Buffer Room [#1], Buffer Room-Y-90 [#2], and WBC (Blood) Room, and the listed readings ranged from 23% RH to 32% RH [See Doc12_Nuc110.00,242.00_Cardinal Health_EastRutherford_NJ].
110.01	Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Humidity records are maintained.*	Yes	
110.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	No	None of the referenced documents appearing in Nuc109.00 or Nuc109.02 contained any discussion about action to be taken should there be unwanted excursions with regards to Humidity.
111.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
112.00	Temperature monitoring in the refrigerator is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used. *Temperature records are maintained.*	Yes	
112.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	PMSA Fridge 5.9° C; Buffer Fridge 7.0° C. PIC Boni provided a printout of current temperature readings for many different areas of the pharmacy that are being monitored 24/7 such as the refrigerators [See Doc11_Nuc109.00, 112.01, 113.01_Cardinal Health_EastRutherford_NJ].
113.00	Temperature monitoring in the freezer is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. *Temperature records are maintained.*	Yes	
113.01	Is the temperature in the freezer within the USP range (between -25° to -10°C or -13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	Yes	Restricted Area Freezer -15° C. PIC Boni provided a printout of current temperature readings for many different areas of the pharmacy that are being monitored 24/7 such as the freezer [See Doc11_Nuc109.00, 112.01, 113.01_Cardinal Health_EastRutherford_NJ].

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		Finding	Notes
114.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	There is a backup generator which undergoes regular testing (at least quarterly) to ensure operation when needed.
115.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe process.*	Yes	Company has a local HVAC company (Air Control, Somerset, NJ) that will be contacted in the event of any AC / Heating outages that is to provide restored service within 24 hours. If the local company cannot perform the work, then the Corporate HQ's Facilities Department will make other arrangements to meet this expectation.
	Environmental Monitoring Compliance		
	Total Non-Compliant (Includes Unknowns)	**3**	
116.00	**Nonsterile Compounding:** All PECs have been certified within the last six months.	Unknown	Negative Pressure Room has the Jubilant DraxImage Smart-Fill apparatus used for preparing I-131 Sodium Iodide diagnostic and/or therapy dosages. The Smart-Fill apparatus is not tested (as its inside is always considered contaminated with I-131 NaI). Commercially-available Xenon-133 gas containers are also stored inside this room. Testing only involved pressure/air flow and the recertifying the Magnehelic gauge. Certification and testing of the Clean/Buffer Rooms, PECs, Magnehelic gauges, HEPA filters, etc., and Microbiological Sampling performed by Energy Plus Scientific (Harrisburg, PA) with air and surface sample collected by Energy Plus certified and sample analysis performed by Chattanooga Environmental Laboratory, LLC (Chattanooga, TN) on 10/8/2021 [See Doc13_Nuc116.00,117.00_CardinalHealth_EastRutherford_NJ]. This latest testing performed as remodeling for the new Clean/Buffer Room Areas for soon-to-be work involving Y-90 and Ga-68 was completed. Previous testing of the facility without the new addition occurred back on 7/23/2021 using the same 3rd-party companies [See Doc14_Nuc116.00,117.00_CadinalHealth_EastRutherford_NJ].
117.00	**Sterile Compounding:** The most recent PEC and room certification report is available. ***Obtain a copy and submit with inspection report.***	Compliant	Certification and testing of the Clean/Buffer Rooms, PECs, Magnehelic gauges, HEPA filters, etc., and Microbiological Sampling performed by Energy Plus Scientific (Harrisburg, PA) with air and surface sample collected by Energy Plus Scientific and analysis performed by Chattanooga Environmental Laboratory, LLC (Chattanooga, TN) on 10/8/2021 [See Doc13_Nuc116.00,117.00_CardinalHealth_EastRutherford_NJ]. This latest testing performed as remodeling for the new Clean/Buffer Room Areas for soon-to-be work involving Y-90 and Ga-68 was completed. Previous testing of the facility without the new addition occurred back on 7/23/2021 using the same 3rd-party companies [See Doc14_Nuc116.00,117.00_CadinalHealth_EastRutherford_NJ]. Included in the report from 7/23/2021 is a request for calibration and repair of several Ludlum survey meters.
117.01	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	

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Verified Pharmacy Program® Inspection Form

Nuclear Pharmacy Inspection

Facility Name: Cardinal Health 414 LLC dba Cardinal Health 414 LLC
e-Profile ID: 1241989
Inspection Date: 12/13/2021

		Finding	Notes
117.02	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	
117.03	Certification is performed at least every six months (view date of previous certification) and whenever a device or room is relocated or altered, or major service to the facility is performed. *If non-compliant, record the date of the previous certification.*	Compliant	
117.04	Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report.	Compliant	
117.05	The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.	Compliant	
118.00	The certification report includes information about the equipment used for performing each test including: identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due).	Compliant	
118.01	The equipment used had not exceeded its calibration date at the time of certification.	Compliant	
119.00	The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms.	Compliant	
119.01	Is the ISO Class 7 sterile compounding room certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources? ***Recirculated air from the PECs may account for up to 15 ACPH.***	Compliant	
119.02	Is the ISO Class 8 anteroom certified as having the recommended minimum of 20 ACPH?	Compliant	
119.03	If a CACI is used in a non-HEPA-filtered room, the room is certified to maintain a minimum of 12 ACPH?	Unknown	Glove-Box (per PIC Boni), but not referenced in the two Certification Reports from Energy Plus Scientific.[See Doc13_Nuc116.00,117.00_CardinalHealth_EastRutherford_NJ]. This latest testing performed as remodeling for the new Clean/Buffer Room Areas for soon-to-be work involving Y-90 and Ga-68 was completed. Previous testing of the facility without the new addition occurred back on 7/23/2021 using the same 3rd-party companies [See Doc14_Nuc116.00,117.00_CadinalHealth_EastRutherford_NJ].
120.00	Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). *The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc.*	Compliant	Testing done under both static and dynamic conditions.

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		Finding	Notes
120.01	Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate unidirectional airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).	Compliant	
120.02	Air pattern analysis was conducted to confirm positive pressure (and negative pressure into required compounding rooms) at all points around all openings, doorways, and pass-throughs.	Compliant	
120.03	Air pattern analysis conducted around particle generating equipment while the equipment was in operation to confirm air flow.	Compliant	
121.00	Differential air pressure between rooms was measured.	Compliant	
121.01	Was the differential pressure measured to be at least 0.02" water column positive from the clean room to the anteroom and between the anteroom and all adjacent spaces with the doors closed? NOTE: Radioactive licensing may prohibit ante room from being positive to unrestricted general area.	Compliant	
121.02	Was the differential pressure measured to be at least 0.01" water column negative from the room containing volatile products to the adjacent room with the doors closed?	Compliant	
122.00	Displacement airflow between rooms or areas was measured. *This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways.*	N/A	
122.01	Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. *Note that it is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.*	N/A	
123.00	Particle counts of particles 0.5um and larger were measured under dynamic conditions.	Compliant	
123.01	ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot).	Compliant	
123.02	ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).	Compliant	
123.03	ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).	Compliant	Anteroom.
124.00	HEPA filter tests were performed.	Compliant	
124.01	All room HEPA filters were leak tested and if leaks found, they were fixed.	Compliant	

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		Finding	Notes
124.02	All PEC HEPA filters were leak tested and if leaks found, they were fixed.	Compliant	Additionally, this pharmacy also checks the HEPA filters on its hoods monthly
125.00	Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. *Document frequency.*	Compliant	Every six (6) months or sooner if there is cause to do so (in this instance, there was scheduled Clean/Buffer rooms, PECs, and Microbiological sampling performed back on 7/23/2021, and is scheduled to be due again in early 2022, but may be pushed back since there was also repeated testing done on 10/8/2021 when the new Clean/Buffer room for soon-to-be work involving Y-90 and Ga-68 was completed. Magnehelic gauges are checked/certified every 6 months by Energy Plus Scientific.
125.01	PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.	N/A	There have been no failed PECor BSCs.
125.02	Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. *Required to use media that supports both bacterial and fungal growth for high risk compounding.*	Compliant	
125.03	Viable air sampling by active impaction using a volumetric air sampling device. *NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.*	Compliant	
125.04	Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom and volume sufficient volume of air (400-1000L) was collected? *Note: 1000L must be collected in ISO Class 5 PECs to be able to detect the action level. Room samples can be 400-1000L.*	Compliant	
125.05	Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.	Non-Compliant	There has been no testing performed on any of the pass-throughs yet to date, but is supposed to take place on future certification testings by Energy Plus Scientific or whichever company is used at the time per PIC Boni.
125.06	Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive). ***Classification Air Sample Surface Sample*** ***ISO Class 5 >1 CFU/m3 >3 CFU/plate*** ***ISO Class 7 >10 CFU/m3 >5 CFU/plate*** ***ISO Class 8 >100 CFU/m3 >100 CFU/plate*** *CFUs are TOTAL of bacterial plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the raw total microbial count must be multiplied by the appropriate factor to determine the number of CFU/cubic meter.*	Compliant	Besides relying on Energy Plus Scientific and Chattanooga Environmental Laboratory LLC to conduct viable air and surface sampling every 6 months, this pharmacy has an incubator (that is monitored 24/7 for temperature) and three policies and procedures focusing on viable microbial sampling: (1) A 2-page policy and procedure 6.52 "Viable Microbial Sampling Colony Forming Units Identification" issued December 2018, Version 02; (2) A 10-page policy and procedure 6.27 "Viable Microbial Surface Sampling of PECs and ISO Classified Rooms (Ante, Buffer and WBC)" issued November 2021, Version 04; and (3) A 1-page policy and procedure 6.28 "Viable Environmental Microbial Surface Sampling PS-4 [Sample]" issued March 2021, Version 03.

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		Finding	Notes
125.07	CFUs detected by any means (viable air or surface sampling, gloved fingertip testing, failed sterility tests, etc.) are identified to the genus level. *All CFUs detected must be identified even if the number of CFUs does not exceed an action level.*	Compliant	
125.08	If any highly pathogenic microbes (e.g. mold, yeast, coagulase positive staphylococcus, or gram negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
126.00	**Materials Tests:** Molybdenum-99 breakthrough tests are performed and records kept for at least five years.	Compliant	
	Product Ordering, Receipt and Inventory		
127.00	Is the pharmacy restricted to buying prescription drugs from certain WDs or manufacturers?	Yes	There will be intracompany shipments coming from other Cardinal Health facilities. Generally, other Vendors include: Bracco Diagnostic; Curium; Jubilant DraxImage; Eckert & Ziegler; GE Healthcare; Sun Radiopharma; Isotex Diagnostics; and Lantheus Medical Imaging. Decisions regarding Vendor sources is made by the Corporate HQ, and inventory data sent by the company's branch nuclear pharmacies to the Corporate HQ is monitored by Boyd Olsen (including the Vendor sources).
127.01	If restricted, does the PIC approve the vendors? *If not, who does approve (corporate)?*	No	All decisions about Vendors made by the Corporate HQ.
128.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	Select commercial couriers bringing inbound shipments to the pharmacy have a key to leave the package(s) in the vestibule area only and have no access to any other part of the facility.
129.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	Yes	This pharmacy obtains bulk F-18 FDG that it subdivides to fill its customer order requests from three possible outside sources: Weekdays from NCM-USA LLC, 390 Concord Ave, Bronx, NY 10454; and on Weekends from either Sofie, 110 Clyde Rd, Somerset, NJ 08873 or Sofie, 60th Commerce Way, Totowa, NJ 07512.
130.00	Does the pharmacy make any sterile or nonsterile compounded preparations using bulk powder or liquid Active Pharmaceutical Ingredients (APIs) such as I-131 for capsules or solutions? *Indicate bulk products and vendors used.*	N/A	
130.01	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified*	N/A	
130.02	Does the pharmacy use active ingredients that are not from an FDA facility? *If so, indicate sources.*	No	
131.00	Does the computer system track on-hand quantities of products? *Who can adjust the on-hand quantities, and are adjustments tracked?*	Yes	

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		Finding	Notes
132.00	Are orders generated and sent by the computer for prescription products, including controlled substances? *Who can alter the orders before they are sent?*	Yes	There is no activity involving controlled drug substances. Pharmacist Malzone and PIC Boni both stated that approximately 70% of customer orders come to this pharmacy via electronic Web-ordering (in advance, as there is rarely any same-day web-ordering occurring), with the remaining 30% of customer requests for radiopharmaceuticals still consisting of phoned-in orders.
133.00	Does the pharmacy maintain required inventories (such as change in PIC, theft/loss, etc.)? *Indicate which.*	Yes	Monthly cycle-counts.
134.00	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	N/A	There have been no incidents of any diversion, but should such an event occur, it would be reported to the Corporate HQ (Human Resource Department) with termination of employment and subsequent reporting to the appropriate authorities for further action.
135.00	Does the pharmacy have a complete physical inventory of products performed at least once yearly? *If cycle counting, indicate the process.*	Yes	Monthly cycle-counts.
136.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe process (for example, inventory or shrink report tools used, perpetual inventory in computer, etc.).*	Yes	At a minimum there are monthly cycle-counts, but the pharmacy's computer system does track on-hand radiopharmaceuticals including same-day prepared products.
137.00	Are all products inspected upon receipt to detect any packaging issues, damage, etc.? *Describe what happens if products are damaged.*	Yes	
138.00	How are outdated, damaged, or recalled products segregated? *Indicate how often the pharmacy checks for out-of-date products.*	Yes	
139.00	Are non-RAM expired or damaged products destroyed on site? *View documentation. If "no", note the name of the reverse distributor.*	No	There is decay-in-storage for RAM materials and the Non-RAM is placed into waste containers. Eventually there is removal from this facility by Stericycle for decayed RAM and expired/damaged Non-RAM.
	Components		
140.00	Certificates of analysis (COAs) are obtained for all bulk APIs (such as I-131 for making capsules and solutions) and for media used for viable testing.	Yes	
141.00	Certificates for each sealed source are kept on file. *It will show the original activity and date of calibration.*	Yes	
142.00	USP- or NF-grade substances used, if available.	Yes	
143.00	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "For Research Purposes Only," or "Not for Drug Use," or "Veterinary Use Only," or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels.*	Yes	

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		Finding	Notes
144.00	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Yes	
145.00	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. *The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. Note: purity and quality testing may be performed to extend.*	Yes	All incoming products will have a Barcode / QRL Scan Code placed on them.
146.00	All APIs are labeled with the date they were received.	Yes	
147.00	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). *Product may be tested to extend the expiration date but may not exceed the original package expiration date.*	Yes	Pharmacy has at least two policies and procedures (SOPs) addressing any repackaging activities: (1) a 2-page SOP 2.6 "Sterile Subdivision of Hetastarch, Dextran 70, HSA, ACD Solution A" issued April 2018, Version 01; and (2) a 3-page policy and procedure 2.7 "Sterile Subdivision of Lyophilized Reagents for Radiolabeling" issued December 2018, Version 02.
148.00	Containers are labeled with appropriate OSHA hazard communication labels and are stored correctly.	Yes	Additionally, an OSHA communication label (symbol) is involved with patient's blood samples that are provided to this pharmacy to undergo radiolabeling and on the final radiolabeled product when returned back to the patient's customer for re-administration.
149.00	**Nonsterile compounding:** Is water an ingredient? If so, what type is used?	Yes	Sterile Water for Injection, USP.
150.00	Does the pharmacy use nonsterile empty vials and vial stoppers, or closures and terminally sterilize them with an on-site autoclave?	N/A	Uses only commercially-available sterile, enclosed vials with stoppers.
	Prescription/Order Processing		
151.00	Are any portions of the prescription processing performed at a different location? *If so, explain. Indicate whether there is a central fill/central processing agreement in place.*	Yes	Select radiopharmaceuticals such as Radium Ra-233 dichloride (Xofigo) from Cardinal Health's facility in Denver, CO or Indianapolis, IN, and I-123 Sodium Iodide diagnostic capsules (200 uCi) from the company's facility in Aurora, CO are received by this East Rutherford, NJ facility and are just passed through with any final labeling added before shipping to the intended customer/patient.
152.00	Does the pharmacy obtain a copy or verify of the RAM license (of the facility to which the radiopharmaceutical will be delivered) issued by the State Radiation Control Agency or the NRC?	Yes	Maintains a hardcopy of the RAM licenses and also scans them into the company's computer Iso-Trac shared-drive for access by any Cardinal Health facility.
153.00	Does the pharmacy verify the state medical license of the physician identified on the facility RAM license?	No	Only the nuclear medicine physician's or prescriber's status as an authorized user on a RAM license, but not his/her state license to practice medicine.
154.00	Is there a procedure to follow a RAM license for the facility or the prescriber cannot be obtained or verified?	Yes	

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155.00	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	There is no involvement with scheduled controlled drug substances. Approximately 70% of incoming requests for radiopharmaceuticals arrive to this facility via web-ordering (electronic), with the remaining 30% still being phoned-in order requests.
156.00	Is the pharmacy computer system provided routine maintenance and is the information backed up? *Indicate the frequency of backup and if the backup data is stored off site.*	Yes	Real-time data backed up to the Corporate HQ where its computer servers are also located.
157.00	Is there a continuity plan should the system become inoperable? *Describe how data will be retrieved.*	Yes	Data is placed on the company's computer Iso-Trac shared-drive for access by any Cardinal Health facility.
	Patient Profiles and Communication		
158.00	Does the patient information gathered include patient contact information, age or date of birth, and gender?	Yes	Primarily patient name, and no other specific information. If additional information is offered when the radiopharmaceutical order() is/are submitted to this pharmacy, that information will be captured. It's rare that this pharmacy has had a request for I-123 MIBG, but patient name will be obtained for this and other radiopharmaceuticals intended for therapeutic use in patients. Patient name for some diagnostic radiopharmaceuticals such as patient's radiolabeled blood.
159.00	For therapy doses, does the pharmacy receive appropriate information to assess correct dosage, such as geriatric or pediatric weight-based doses?	Yes	Rare that this pharmacy gets a pediatric radiopharmaceutical request.
160.00	Does the pharmacist perform an evaluation of the dose, safety, and intended use of the preparation to be compounded?	Yes	
161.00	Does the pharmacy take back prescription drugs from customers? If so, describe	Yes	Only those items from its customers that originally left this pharmacy (i.e. syringe or vial). Otherwise, customers are encouraged to dispose of used or unused radiopharmaceuticals, and any other radioactive contaminated items associated with the product's use in patients into their own radioactive waste. RSO Goodyear is to inquire with Corporate as to the status of this pharmacy's expired New Jersey Medical Waste Transporter Registration for NJDEP 18550 / NJEMS 239529 (expire 6/30/2021) in the form a letter that allows this facility to take back radioactive materials from its customers. RSO Goodyear was unaware this registration had expired. The New Jersey Department of Environmental Protection requests a bi-annual report detailing the volume of radioactive waste that is generated by the recognized entities under its authority.
162.00	Are providers instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Yes	For example, Tc99m MAA and Tc99m Sulfur Colloid dosages are shipped inverted (especially when placed into syringes) to avoid settling and clumping into the hub of the syringe, and customers are instructed on how to re-suspend the dosages prior to patient administration.
163.00	Does the after-hours voicemail message have instructions on whom to contact based on urgency of issue? *For example, "if this is an emergency, please dial 911; leave message if not urgent; alternative number to call for advice after hours such as a nurse line, etc."*	Yes	

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		Finding	Notes
	Patient Confidentiality		
164.00	Is the PIC also the HIPAA Privacy Officer? *If not, indicate privacy officer in Note.*	Yes	There is also a Corporate HIPAA Officer - Paul Knapp (a pharmacist).
165.00	Is there a HIPAA policy in place for employees, vendors, and contractors?	Yes	
166.00	Do employees deemed nonessential to patient care have access to confidential patient information, such as delivery services, etc.?	Yes	Only while there are reviewing select filled radiopharmaceuticals with the patient's name on the shipping containers label, while these dosages are scanned and placed into their proper delivery case. Patient names do not appear on any other accompanying shipping papers that the delivery drives may have with them. All delivery cases have a QRL Code and are scanned when making final delivery to make certain the correct case(s) is/are dropped off at the right customer's facility (hospital or clinic).
167.00	Is access to the pharmacy system limited to appropriate personnel? *Password protected, access limited by job type, access revoked as appropriate such as upon termination, access to patient information in the computer is tracked.*	Yes	All computers are password protected, and each employee has his/her own password which is change every 90 days (or sooner for whatever reason; deleted immediately in case of employment termination).
168.00	Are confidential documents shredded? *Indicate if in-house or by a service and list service in notes if applicable.*	Yes	Shred-It.
169.00	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
170.00	Does the crisis plan includes security of paper and electronic patient information?	Yes	
	Prescription Packing and Transporting		
171.00	Does the pharmacy utilize employee drivers to deliver prescriptions to patients and/or after and facilities?	Yes	On occasion there can be a 3rd-party courier service utilized - Impulse Courier Service, Inc. Otherwise this pharmacy currently has its own drivers (25 in all) for delivering radiopharmaceuticals to and from its customers.
172.00	Does the pharmacy utilize other services/carriers to deliver prescriptions to patients and/or facilities? *Indicate carriers used.*	Yes	On occasion there can be a 3rd-party courier service utilized - Impulse Courier Service, Inc.
173.00	There is a tracking system in place to verify delivery of prescription products. *Indicate if signatures obtained or how tracked.*	Yes	Customer delivery cases are tagged and have a security scan code on them to make certain the correct delivery case(s) is/are being dropped off at the right customer's facility. Hospitals have their own on-site security services which may also have additional steps to be met when this pharmacy's drivers complete a delivery to them.
174.00	Deliveries of RAM are directly to a secure location at a health care facility.	Yes	
175.00	Is only authorized packaging used?	Yes	

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		Finding	Notes
175.01	Are DOT-7A performance test records on file for each type of packaging used by the pharmacy? *View documentation.*	Yes	
175.02	Is the packaging tamper-evident?	Yes	
	Equipment		
	Total Non-Compliant (Includes Unknowns)	**0**	
176.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (including capsule machines, autoclaves, ovens, etc.) are periodically inspected and calibrated yearly or in accordance with the equipment manufacturer guidelines.*	Compliant	Facility uses the Jubilant DraxImage Smart-Fill apparatus for preparing I-131 Sodium Iodide dosages. It will soon be adding the Ga-68 Dotatate (NetSpot) system to its newest Clean/Buffer Room (#2). This pharmacy uses a Mo99/Tc99m Generator. There is no capsule machine in the traditional sterile compounding sense, and no autoclave. Bu there are incubators (and their temperature is monitored).
177.00	Appropriate instruments and meters (Geiger-Mueller survey meters, rate meters, Cutie Pie survey meters, etc.) are available including documentation for use (P&P and operating instructions).	Compliant	
178.00	PEC (hood) prefilters are checked and replaced regularly. *View replacement log or documentation of check and replacement by certification company.*	Compliant	
179.00	Is all equipment thoroughly cleaned promptly after each use to prevent cross contamination?	Compliant	LAFWs before and after radiopharmaceutical and patients doses preparation, including the BSCs before and after radiolabeling blood for patients too.
180.00	Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration.	N/A	
180.01	There is documentation of the ACD tubing being changed or discarded every 24 hours.	N/A	
180.02	The ACD is used when performing media fill testing.	N/A	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nuclear Pharmacy Inspection

Facility Name: Cardinal Health 414 LLC dba Cardinal Health 414 LLC
e-Profile ID: 1241989
Inspection Date: 12/13/2021

		Finding	Notes
Nonsterile Compounding -- Beyond-Use Dating (BUD)			
	Total Non-Compliant (Includes Unknowns)	**1**	
181.00	BUDs are assigned from the day of preparation.	Compliant	Pharmacy places a 7-day expiration date on any in-house prepared I-131 Sodium Iodide capsules or solution dosages (for diagnostic or therapeutic use). I-123 Sodium Iodide diagnostic capsules are given a 24-hour expiration, but this radiopharmaceutical is acquired ready-made from Cardinal Health's facility in Aurora, CA. In the 2-page policy and procedure 6.13 "Beyond Use Dating" issued December 2018, Version 02, there is no specific mentioning of any "beyond use dating" assigned to any prepared radiopharmaceutical whether it is a nonsterile or sterile compounded product). And while the stated procedural process is technically correct and highlights a collaborative assessment process between pharmacists responsible for radiopharmaceutical preparation and Corporate's Quality & Regulatory Group, there was no indication that such a described process involved any personnel at this particular Cardinal Health nuclear pharmacy [See Doc15_Nuc181.00,290.00_CardinalHealth_EastRutherford_NJ].
182.00	BUDs are assigned based on dispensing in tight, light-resistant containers/overpacks.	Compliant	
183.00	Extended BUDs are supported by testing data. *View documentation used, preparation must exactly match formulation upon which data was obtained.*	Compliant	
184.00	Extended BUDs are assigned and the facility has performed its own stability testing. *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc.*	Non-Compliant	Corporate HQ has determined through its own contracted work the extended BUDs on radiopharmaceuticals and this derived data is made available to all of its branch nuclear pharmacies via the company's shared-drive Iso-Trac computer program. But this East Rutherford, NJ facility did not perform any of its own in-house testing to derive extended BUDs for its radiopharmaceutical products.
185.00	BUDs for nonaqueous formulations are not later than the remaining time until the earliest expiration date of any API and not later than six (6) months.	N/A	
186.00	BUDs for water-containing oral formulations are not later than 14 days when stored at controlled cold temperatures (refrigerated).	N/A	
187.00	BUDs for water-containing semisolid formulations are not later than 30 days.	N/A	
Nonsterile Compounding -- Environment			
	Total Non-Compliant (Includes Unknowns)	**4**	
188.00	The non-sterile compounding area is a controlled environment and separate from the general pharmacy.	Compliant	
189.00	The pharmacy performs non-sterile compounding in a ventilated cabinet.	Compliant	

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		Finding	Notes
190.00	Ventilated cabinet(s) used for non-sterile compounding is certified or tested periodically.	Non-Compliant	Facility uses the Jubilant DraxImage Smart-Fill apparatus for preparing I-131 Sodium Iodide dosages, but has not been tested or certified by Energy Plus Scientific (Harrisburg, PA) because the inside of this apparatus is always considered contaminated with I-131. There is also a Glove-Box being used (per PIC Boni), but neither of these devices are referenced in the two Certification Reports from Energy Plus Scientific [See Doc13_Nuc116.00,117.00_CardinalHealth_EastRutherford_NJ] and [See Doc14_Nuc116.00,117.00_CadinalHealth_EastRutherford_NJ]. NOTE: RSO Goodyear provided internal documents indicating that this pharmacy has an Annual Flowmeter Calibration Record dated 3/4/2021 for "Air Flow Calibrator (AFC)" AFC-DIG-15L, Serial Number 28980 that is due for its next calibration on 12/28/21 as part of Cardinal Health's Air Flow Calibration Program but didn't describe its relevance to the Smart-Fill apparatus or any other area/PEC (i.e., Hood for storing Xe-133 gas containers) at this pharmacy not described in either of the certification reports by Energy Plus Scientific [See Doc16_Nuc190.00_CardinalHealth_EastRutherford_NJ].
191.00	There is sufficient space available for the type and amount of compounding performed and the space is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations.	Compliant	
192.00	Only one preparation is compounded at a time.	Compliant	
193.00	The compounding area is well lit.	Compliant	
194.00	Appropriate protective attire (gowns, gloves, masks, etc.) is available.	Compliant	
195.00	There is a sink for the nonsterile compounding area with hot and cold potable water, soap or detergent, and air-driers or single-use towels. *This cannot be the same one for the sterile area.*	N/A	The "Iodine Room" where the Smart-Fill apparatus is located and hood for storing the Xe-133 gas is located under negative pressure.

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		Finding	Notes
196.00	**Temperature** in the compounding area is maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	Note: Package insert storage information for I-131 Sodium Iodide Solution (HICON) denotes a storage temperature range of 2°C to 25°C (36°F to 77°F) and a package insert for Xenon-133 gas denotes storage at 'Room Temperature". Manually recorded temperature readings are being replaced by the use of an datalogger/sensor system that relays readings electronically via Iso-Trac to the Corporate HQ with weekly to bi-weekly analysis for unwanted excursions. Several documents were provided that indicate the ambient temperature range is maintained at 15° C to 30° C with no explanation as to why this range is set outside of USP or offering any guidance for want actions will be taken when there are unwanted readings of a more sustained nature (not brief / occasional). One document is a 2-page policy and procedure 6.12 "Quality Assurance Procedures Manual Storage Conditions Monitoring" issued April 2016, Version 01 [see Document A1-A2 in Doc06_Nuc6.01_CardinalHealth_EastRutherford_NJ]. another document is a 4-page policy and procedure 2.5 "Pharmacy Radiopharmaceutical Storage Requirements" issued April 2019, Version 03 [see Doc09_Nuc109.00_CardinalHealth_EastRutherford_NJ]. An example of a manual Temperature Log Sheet PS-6 (updated March 2021) that lists no recorded data, but the header for Ambient Drug Storage for two separate areas is listed at 15°C to 30°C which is outside of USP [See Doc10_Nuc109.00_CardinalHealth_EastRutherford_NJ]. PIC Boni provided a printout of current temperature readings for many different areas of the pharmacy that are being monitored 24/7 such as sterile and nonsterile compounding rooms, anteroom, ambient storage area, refrigerators, freezer, incubator, hot box and many of the work rooms and storage areas were outside of the USP range of 20° C to 25° C, notably the anteroom 17.7°C, Buffer #1 18.1°C, Drug Storage - Restricted Area 19.4°C, Saline Storage 19°C [See Doc11_Nuc109.00, 112.01, 113.01_CardinalHealth_EastRutherford_NJ]. There is an electronic view panel in the pharmacy area that displays pressure, temperature, and humidity readings for select room where nonsterile and sterile compounding occurs, and displayed temperature readings were all below the USP recommended range for Fahrenheit readings, Buffer #1 63.1° F, Buffer #2 59.3° F, WBC [Blood] 59.1° F [See Photo01_Nuc109.00,196.00,241.00_CardinalHealth_EastRutherford_NJ]. Iodine Room readings per the document provided by PIC Boni was 20.5° C, yet the reading for this room appearing on the electronic monitoring display panel at the start of this NABP survey was 61.1° F.
196.01	If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Temperature records are maintained.*	Compliant	
196.02	Excursion action plan is in place including evaluating excursion effects on drug product integrity.	Non-Compliant	It remains that none of the aforenoted documents in Ques Nuc109.00 above offers any descriptive action to be taken for unwanted excursions, nor what action to be taken with respect to any excursion effects on drug product integrity. Nor is there any statement as to why concerns for temperature excursions may be nullified given the nature of these two radiopharmaceuticals.

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		Finding	Notes
197.00	**Humidity** in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements. *If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally* ***recommended*** *range is 35-60%.*	Non-Compliant	Humidity in the Nonsterile compounding room (Iodine), that includes Xe-133 storage too was noted to be 26% RH during this NABP survey. This reading was taken from the electronic panel in the pharmacy's restricted area for the "Iodine" room [See Photo04_Nuc197.00, 242.00_CardinalHealth_EastRutherford_NJ].
197.01	Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Humidity records are maintained.*	Compliant	
197.02	Excursion action plan is in place including evaluating excursion effects on drug product integrity.	Non-Compliant	It remains that none of the aforenoted documents in Ques Nuc109.00 above offers any descriptive action to be taken for unwanted excursions, nor what action to be taken with respect to any excursion effects on drug product integrity. Nor is there any statement as to why concerns for humidity excursions may be nullified given the nature of these two radiopharmaceuticals.
198.00	All components, equipment, and containers are stored off the floor, and handled and stored to prevent contamination.	Compliant	
199.00	All components and packaging containers and closures are properly rotated to use oldest first.	Compliant	
	Nonsterile Compounding -- Documentation		
	Total Non-Compliant (Includes Unknowns)	**0**	
200.00	The pharmacy creates a Master Formulation record the first time before compounding a new preparation.	Compliant	Pharmacy has policy and procedure 3.10 "I31-I Nal mCi Capsule and Solution Manual - Effective April 2018 Preparation Protocol" for preparing any I-131 Nal dosage as requested using the Smart-Fill apparatus.
201.00	Every formulation is evaluated for incompatibilities and the potential for being ineffective or toxic.	Compliant	
202.00	The **master formulation record** includes:		
202.01	Official or assigned name, strength, and dosage form;	Compliant	
202.02	All necessary calculations;	Compliant	Based on dose calibrator readings relative to the requested dosage activity on the original order for a patient and taking into account the radioactivity concentration of the I-131 Sodium Iodide (NaI) being used on the day dosage preparation.
202.03	Description of all ingredients and their quantities;	Compliant	
202.04	Compatibility and stability information including references (when available);	Compliant	Using Jubilant DraxImage's HICON I-131 Sodium Iodide Solution as the starting material.
202.05	Equipment used for the preparation;	Compliant	Using Jubilant DraxImage's Smart-Fill apparatus.

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		Finding	Notes
202.06	Mixing instructions (order of mixing, temperatures, duration of mixing, and other pertinent factors);	Compliant	
202.07	Container used and packaging requirements;	Compliant	
202.08	Assigned BUD information;	Compliant	PIC Boni stated BUD is 7-days after dosage preparation. In the 2-page policy and procedure 6.13 "Beyond Use Dating" issued December 2018, Version 02, there is no specific mentioning of any "beyond use dating" assigned to any prepared radiopharmaceutical whether it is a nonsterile or sterile compounded product). And while the stated procedural process is technically correct and highlights a collaborative assessment process between pharmacists responsible for radiopharmaceutical preparation and Corporate's Quality & Regulatory Group, there was no indication that such a described process involved any personnel at this particular Cardinal Health nuclear pharmacy [See Doc15_Nuc181.00,290.00_CardinalHealth_EastRutherford_NJ].
202.09	Labeling information including the name of and quantity or concentration of each active ingredient;	Compliant	
202.10	Description of the finished preparation;	Compliant	
202.11	Storage requirements; and	Compliant	
202.12	Quality control procedures and expected results (e.g. dose measurement of capsule in the dose calibrator).	Compliant	
203.00	The pharmacy creates a compounding record for each compound prepared.	Compliant	Record is in the pharmacy's Iso-Trac computer system that can be reprinted along with a copy of the label that is affixed to the prepared dosage and outer container. Pharmacy follows policy and procedure 3.10 "I31-I NaI mCi Capsule and Solution Manual - Effective April 2018 Preparation Protocol" for preparing any I-131 NaI dosage as requested using the Smart-Fill apparatus.
204.00	The **compounding record** includes:		
204.01	Official or assigned name, strength and dosage of the preparation;	Compliant	
204.02	Master Formulation Record reference;	Compliant	
204.03	Sources, lot numbers, and expiration dates of all components;	Compliant	
204.04	Total quantity or number of dosage units compounded;	Compliant	
204.05	Person compounding the preparation;	Compliant	
204.06	Person performing the quality control procedures;	Compliant	All prepared I-131 NaI dosages are double-checked for activity as requested on the order requests using the dose calibrator.

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		Finding	Notes
204.07	Person who approved the preparation;	Compliant	
204.08	Date of compounding;	Compliant	
204.09	Assigned internal identification number or prescription number;	Compliant	
204.10	Description of the final preparation;	Compliant	
204.11	Assigned BUD;	Compliant	
204.12	Duplicate label;	Compliant	
204.13	Results of quality control procedures (weight range of filled capsules, pH of aqueous liquids, etc.); and	Compliant	Only one I-131 NaI dosage is prepared at a time using the Smart-Fill apparatus.
204.14	Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver including investigation and recall, if appropriate.	N/A	Any issues involving the prepared I-131 NaI dosage (intended for patient diagnostic or therapeutic use) would be reported to the hospital that submitted the patient's order request initially.
	Nonsterile Compounding -- Compounding Procedures		
	Total Non-Compliant (Includes Unknowns)	**0**	
205.00	The Master Formulation Record and the Compounding Record has been reviewed by the compounder to ensure it is error free.	Compliant	
206.00	Compounding personnel ascertain that ingredients for compounded preparations are of the correct identity and appropriate quality including a unit-by-unit inspection of the components.	Compliant	
207.00	The containers and closures selected meet USP standards (from container supplier).	Compliant	
208.00	Container selection determined by physical and chemical properties of the preparation.	Compliant	
209.00	Compounding personnel maintain good hand hygiene and wear clean and appropriate clothing for the compounding being performed.	Compliant	
210.00	Personnel don appropriate protective garb when performing compounding.	Compliant	
211.00	Routine compounding procedures for batch preparation completed and verified according to written procedures, including: *calculations correct, weighing and measuring performed correctly, order of mixing correct, compounding techniques performed correctly.*	Compliant	

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		Finding	Notes
212.00	Procedures for in-process checks followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is performed to ensure proper measurement, reconstitution and component usage.* ***Recommended:*** *compounding accuracy checked by a person other than the compounder.*	Compliant	
213.00	There are no deviations from the master formulation record, unless they are approved and deemed appropriate by a pharmacist and a new master formulation record is created.	Compliant	Pharmacy follows policy and procedure 3.10 "I31-I NaI mCi Capsule and Solution Manual - Effective April 2018 Preparation Protocol" for preparing any I-131 NaI dosage as requested using the Smart-Fill apparatus.
215.00	Personnel are appropriately garbed for protection when cleaning.	N/A	If there was going to be cleaning of the inside of the Smart-Fill apparatus, the person doing the cleaning would be properly garbed.
	Nonsterile Compounding -- Release Checks		
	Total Non-Compliant (includes Unknowns)	**0**	
216.00	The finished preparation is observed to appear as expected in the master formulation record and documented.	Compliant	
217.00	As appropriate, the final completed preparation assessed for weight, mixing, clarity, color, consistency, pH, and strength/activity and documented.	Compliant	
217.01	Batch preparations (in anticipation of prescriptions) are of an appropriate volume and batch products in stock are all within their BUD (not outdated).	N/A	Only one I-131 NaI dosage is prepared at a time using the Smart-Fill apparatus. There are no batch preparations per se. Dosages with lower activity requirements would utilized an older lot of the starting material (I-131 Sodium Iodide Solution whose radioactivity concentration on the day of or preparation would be low enough to allow for easier preparation of any requested patient doses).
217.02	Labels on batch preparations include the name and quantity of all contents, date and time of preparation (or internal code/lot number indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	N/A	Only one I-131 NaI dosage is prepared at a time using the Smart-Fill apparatus. There are no batch preparations per se. Dosages with lower activity requirements would utilized an older lot of the stating material (I-131 Sodium Iodide Solution whose radioactivity concentration on the day of or preparation would be low enough to allow for easier preparation of any requested patient doses).
218.00	The immediate container shall be labeled with:		
218.01	The standard radiation symbol;	Compliant	
218.02	The words "Caution — Radioactive Material";	Compliant	
218.03	The name of the pharmacy; and	Compliant	
218.04	The prescription number.	Compliant	

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		Finding	Notes
219.00	Does the labeling on patient-specific containers include:		
219.01	State required prescription label information;	Compliant	
219.01	Identifiers for the persons preparing the compound and performing the final verification;	Compliant	
219.03	BUD;	Compliant	
219.04	An indication that this is a compounded preparation; and	Compliant	
219.05	Any additional special handling requirements.	Compliant	
220.00	The immediate outer container of a radioactive drug to be dispensed shall also be labeled with:		
220.01	The standard radiation symbol;	Compliant	
220.02	The words "Caution — Radioactive Material";	Compliant	
220.03	The name of the radionuclide;	Compliant	
220.04	The chemical form;	Compliant	
220.05	The amount of RAM contained, in millicuries or microcuries;	Compliant	
220.06	If the radioactive drug is a liquid, the volume in milliliters;	Compliant	
220.07	The requested calibration time for the amount of radioactivity contained.	Compliant	

Sterile Compounding -- Environment

	Total Non-Compliant (Includes Unknowns)	**4**	
221.00	The anteroom has a line of demarcation or other separation of the dirty to the clean side. *Note: the line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room.*	Compliant	
221.01	Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation.	Compliant	Cart is labeled.
221.02	Carts used in the clean/buffer room are kept on the clean side of the line of demarcation.	Compliant	Cart is labeled.

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		Finding	Notes
222.00	All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating.	Compliant	
223.00	Walls are constructed of durable material, which is cleanable, such as epoxy-coated or heavy-gauge polymer material. If panels are used, they are locked together and sealed.	Compliant	
224.00	The ceiling surface shall be impervious and hydrophobic. If tiles are used, they shall be locked and the seams between the tiles and where they meet the walls shall be caulked and sealed.	Compliant	
225.00	The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall.	Compliant	
226.00	The clean/buffer room or anteroom does not have dust collecting overhangs.	Compliant	
227.00	The exposed surfaces of:		
227.01	PEC are free of dirt, rust, chips and particulate matter.	Compliant	PEC's are also checked in-house during the monthly audit that is conducted per RSO Goodyear.
227.02	Light fixtures are smooth, mounted flush, and sealed.	Compliant	
228.00	A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s).	Compliant	
229.00	There is no sink or drain in the clean/buffer room.	Compliant	
230.00	All air ducts controlling air flow into the sterile compounding area are equipped with HEPA-filtered air that maintains the clean/buffer room with at least an ISO Class 8 environment.	Compliant	
231.00	Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.	Compliant	
232.00	Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom.	Compliant	
233.00	If compounding occurs using nonsterile ingredients, products, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.	Compliant	
233.01	Pre-sterilization procedures for high risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment.	N/A	There is no high-risk sterile compounding occurring.
234.00	Does the ISO Class 8 clean room or buffer area door lead into an ISO Class 8 anteroom?	N/A	ISO Class 7 Clean/Buffer Room going to a ISO Class 8 Anteroom.

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235.00	Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.	Compliant	
235.01	Anteroom is at least 0.02" wc positive pressure to general pharmacy areas.	Compliant	Anteroom reading during this NABP survey was 0.167" wc. There is an electronic view panel in the pharmacy area that displays pressure, temperature, and humidity readings for select room where nonsterile and sterile compounding occurs, and for the Anteroom to the general pharmacy (Restricted Area) the noted reading for the Anteroom is as noted above 0.167" wc [See Photo01_Nuc235.01,235.02,235.03_CardinalHealth_EastRutherford_NJ].
235.02	Clean/buffer room is at least 0.02" wc positive pressure to general pharmacy areas.	Compliant	There are two separate Clean/Buffer rooms that are being monitored. Buffer #1 is for the preparation of Tc99m-labeled radiopharmaceuticals, F-18 FDG, and other select long-lived radiopharmaceuticals. Buffer Room #2 will be used for the Y-90 labeled radiopharmaceuticals and Ga-68 Dotatate (NetSpot). There is an electronic view panel in the pharmacy area that displays pressure, temperature, and humidity readings for select room where nonsterile and sterile compounding occurs, and displayed pressure reading for Buffer #1 is 0.043"wc and the reading for Buffer #2 is 0.045" wc [See Photo01_Nuc235.01,235.02,235.03_CardinalHealth_EastRutherford_NJ].
235.03	Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom.	Compliant	Iodine room reading during this NABP survey was -0.042" wc. There is an electronic view panel in the pharmacy area that displays pressure, temperature, and humidity readings for select room where nonsterile and sterile compounding occurs, and for the Iodine room the noted is as noted above -0.042" wc [See Photo01_Nuc235.01,235.02,235.03_CardinalHealth_EastRutherford_NJ].
235.04	Pressures are reviewed and documented on a log at least every work shift (minimum of once daily) or monitored by a continuous recording device. *View logs*	Compliant	Aside the noted electronic display panel discussed above that listed data for pressure, temperature, and humidity for select room where sterile and nonsterile compounding takes place [or will soon take place with regards to Buffer #2], there is also a monthly Room Airflow Monitoring Log that records pressure readings from various wall mounted Magnehelic gauges associated with select areas of the pharmacy. Readings recorded for December 13, 2021 were as follows: Y-90 Buffer Room (Buffer #2) 0.047" wc; Anteroom to Restricted Pharmacy Space 0.170" wc; Cell Labeling (WBC) Room to Anteroom 0.105" wc; Buffer Room (Buffer #1) to Anteroom 0.045" wc; Non-Restricted Area to Restricted Pharmacy 0.01" wc [Magnehelic gauge appears pegged out and is not being used per Pharmacist Malzone; Restricted Pharmacy to I-131/Xe-133 Room (Iodine Room) -0.041" wc [See Doc17_Nuc235.04_CardinalHealth_EastRutherford_NJ]. A photo of a small bank of Magnehelic gauges from which the noted manually recorded data is derived from was acquired and these gauges pertained to the Buffer Room (Buffer #1] to Anteroom; Blood Room [WBC] to restricted Pharmacy [See Photo03_Nuc235.04_CadinalHealth_EastRutherford_NJ]. PIC Boni stated that there is an alarm feature associated with the Magnehelic gauges but did not specify if this alarm feature includes all the Magnehelic gauges for the PECs, etc and the 4 principle rooms (Buffer 1, Buffer 2, WBC and Iodine) or just the 4 principle rooms which are delineated on the aforementioned electronic view panel

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		Finding	Notes
235.05	Written plan in place to detect and react to pressure differentials outside of limits.	Non-Compliant	There is a 2-page policy and procedure6.51 "Room Airflow Monitoring" issued April 2018, Version 01 that offers general procedures for acquiring manually recorded room pressure readings, but there is no appreciable discussion contained within for action to be taken when there is sub-optimal or a failure of pressure in any room being monitored presently, except that an employee observing a gauge failure or deviated reading is to alert his/her Manager or the PIC [See Doc18_Nuc235.05_CardinalHealth_EastRutherford_NJ].
236.00	If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes), the air flow is measured across the openings.	N/A	Anteroom, and various sterile compounding rooms (Buffer #1, Buffer #2, WBC Room are all enclosed and are positive pressure areas. Note: the nonsterile Iodine Room (negative pressure) is also enclosed.
236.01	The air flow is at least 40 feet per minute across the entire opening.	N/A	
236.02	Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. *View logs.*	N/A	
236.03	Written plan in place to detect and react to air flow measurements outside of limits.	N/A	
236.04	This area is used only for low- and medium-risk compounding (HD and high-risk not allowed).	N/A	
237.00	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean room are prevented from both being open at the same time. By interlocking, training of personnel, or signage.	Compliant	Doors are not interlocking, but by training employees know not to open doors at both ends of the Anteroom at the same time.
238.00	The inside and outside doors of a pass-through are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	Compliant	Pharmacy has 4 pass-throughs that are not interlocking, but by training employees know not to open doors at both ends of the pass-throughs at the same time.
239.00	**If the PEC is a BSC or LAFW that is NOT located in an ISO Class 7 clean/buffer room**: BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities.	N/A	PECs, Hot Cell, and soon-to-be Isolators, etc for Y-90 and Ga-68 Dotatate generator are all located in Iso Class 7 rooms.
239.01	If low risk, are the compounds located in segregated area are BUD 12 hours or less? *If yes, list percentage.*	N/A	Mostly low-risk and some medium-risk sterile compounding, and some Tc99m labeled radiopharmaceuticals will have a expiration that exceeds 12 hours in accordance to Corporate HQ stability data on file in the Iso-Trac "shared-drive" computer system (some products have a 18-hour expiration on them).

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		Finding	Notes
239.02	All garbing requirements are adhered to.	N/A	
239.03	Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	
239.04	Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas.	N/A	
240.00	**If the CAI/CACI that is *not* located in an ISO Class 7 clean/buffer room:** CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of Compounded Sterile Preparation (CSP).	N/A	There will soon be a CACI per PIC Boni but it is not in use yet, and will be located inside a ISO Class 7 room.
240.01	The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments.	N/A	
240.02	The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	
240.03	The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent).	Compliant	

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		Finding	Notes
241.00	**Temperature** in the compounding area is maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Non-Compliant	Manually recorded temperature readings are being replaced by the use of an datalogger/sensor system that relays readings electronically via Iso-Trac to the Corporate HQ with weekly to bi-weekly analysis for unwanted excursions. Several documents were provided that indicate the ambient temperature range is maintained at 15° C to 30° C with no explanation as to why this range is set outside of USP or offering any guidance for want actions will be taken when there are unwanted readings of a more sustained nature (not brief / occasional). One document is a 2-page policy and procedure 6.12 "Quality Assurance Procedures Manual Storage Conditions Monitoring" issued April 2016, Version 01 [see Document A1-A2 in Doc06_Nuc6.01_CardinalHealth_EastRutherford_NJ]. another document is a 4-page policy and procedure 2.5 "Pharmacy Radiopharmaceutical Storage Requirements" issued April 2019, Version 03 [see Doc09_Nuc109.00_CardinalHealth_EastRutherford_NJ]. An example of a manual Temperature Log Sheet PS-6 (updated March 2021) that lists no recorded data, but the header for Ambient Drug Storage for two separate areas is listed at 15° C to 30° C which is outside of USP [See Doc10_Nuc109.00_CardinalHealth_EastRutherford_NJ]. PIC Boni provided a printout of current temperature readings for many different areas of the pharmacy that are being monitored 24/7 such as sterile and nonsterile compounding rooms, anteroom, ambient storage area, refrigerators, freezer, incubator, hot box and many of the work rooms and storage areas were outside of the USP range of 20° C to 25° C [See Doc11_Nuc109.00, 112.01, 113.01_Cardinal Health_EastRutherford_NJ]. There is an electronic view panel in the pharmacy area that displays pressure, temperature, and humidity readings for select room where nonsterile and sterile compounding occurs, and displayed temperature readings were all below the USP recommended range for Fahrenheit readings [See Photo01_Nuc109.00,196.00,241.00_CardinalHealth_EastRutherford_NJ]. This electronic view panel does not display readings for any drug storage area involving radiopharmaceutical reagent cold kits to be radiolabeled with Tc99m sodium pertechnetate and other non-radioactive drugs that are on-site and sometimes shipped/sold to requesting customers such as Sincalide (or Kinevac) - one example stated by Pharmacist Malzone. The stated ambient air temperature range in one of these documents is 15°C to 30°C which is outside of the USP range of 20°C to 25°C for climate controlled conditions, but company's stated range does appear in a few manufacturer package inserts for select radiopharmaceutical reagent cold kits (lyophilized vials) of products that will eventually be radiolabeled with Tc99m sodium pertechnetate.
241.01	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Temperature records are maintained.*	Compliant	
241.02	Excursion action plan is in place including evaluating excursion effects on drug product integrity.	Non-Compliant	None of the aforenoted documents in Ques Nuc109.00 above offers any descriptive action to be taken for unwanted excursions, nor what action to be taken with respect to any excursion effects on drug product integrity.

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		Finding	Notes
242.00	**Humidity** in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements. *If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally* ***recommended*** *range is 35-60%.*	Compliant	Humidity in select sterile compounding areas and the anteroom was noted to be 21% RH (Buffer #1); 24% RH (Buffer #2); 22% RH (WBC); and 23% RH (Anteroom) during this NABP survey. These reading were taken from the electronic panel in the pharmacy's restricted area for each of these rooms as designated [See Photo04_Nuc197.00, 242.00_CardinalHealth_EastRutherford_NJ]. PIC Boni provided a printout of current humidity readings for just a few work areas of the pharmacy that are being monitored 24/7 such as Anteroom, Buffer Room [#1], Buffer Room-Y-90 [#2], and WBC (Blood) Room, and the listed readings ranged from 23% RH to 32% RH [See Doc12_Nuc110.00,242.00_CardinalHealth_EastRutherford_NJ]. NOTE: There is no humidity monitoring figure being recorded for a drug storage area, even though there may be a recorded temperature reading.
242.01	Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Humidity records are maintained.*	Compliant	
242.02	Excursion action plan is in place including evaluating excursion effects on drug product integrity.	Non-Compliant	None of the reference documents appearing in Nuc109.00 or Nuc109.02 contained any discussion about action to be taken should there be unwanted excursions with regards to Humidity.
243.00	Are the blowers on PECs operated continuously during compounding activity, including during interruptions of less than eight hours?	Compliant	
244.00	When the ISO 5 PEC blower is turned off and before other personnel enter to perform compounding activities, is only one garbed person allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and sanitizing the work surfaces?	Compliant	

Sterile Compounding -- Cleaning and Disinfection

	Total Non-Compliant (Includes Unknowns)	**0**	
245.00	Are all personnel performing cleaning appropriately garbed?	Compliant	
246.00	Is the sterile compounding area equipped with appropriate nonshedding cleaning equipment and supplies? *All cleaning tools, such as wipers, sponges, and mops, must be nonshedding, dedicated to and labeled for use in either the buffer or clean area (no wooden handles are allowed).*	Compliant	
247.00	If cleaning tools are reused, is there a procedure to rinse and sanitize the tools?	Compliant	Labeled cleaning tools with Swifter-type cleaning heads for designated rooms.
248.00	Are reusable tools appropriately labeled to prevent them from being used inappropriately?	Compliant	

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		Finding	Notes
249.00	For cleaning and sanitizing agents that are not "ready-to -use" formulations, Aare there formulas and instructions for mixing or diluting the cleaning and sanitizing agents prior to use and is the preparation of cleaning supplies agents documented?	Compliant	Peridox, PreEmpt, Sterile 70% IPA, Hypochlor (sterile bleach).
250.00	Are cleaning and sanitizing agents appropriately labeled including expiration dates? *Verify no expired agents present.*	Compliant	
251.00	Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores?	Compliant	
252.00	Is the ISO 5 PEC cleaned at the beginning of each shift, between compounding different preparations, at least every 30 minutes while compounding and after spills or suspected surface contamination?	Compliant	
253.00	Does sanitizing of the ISO 5 PEC include sanitizing with sterile 70% IPA using a nonlinting wipe?	Compliant	
253.01	If heavily soiled, cleaning includes the appropriate agent. *List agent(s) used.*	Compliant	Sterile Water for Injection, USP, Sterile 70% IPA.
254.00	Does daily cleaning and sanitizing include counters and easily cleanable work surfaces?	Compliant	
255.00	Does daily cleaning include the floors starting from the clean room and working outwards? *Floor cleaning is not to occur during compounding.*	Compliant	
256.00	If fatigue mats are used in the clean room or anteroom, are they cleaned daily and left to dry on both sides?	Compliant	Both sides of the fatigue mats are cleaned.
257.00	Is a tacky mat used, and if so, is there a procedure in place regarding replacement?	N/A	No tacky mats are being used.

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		Finding	Notes
258.00	Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the PECs thoroughly cleaned monthly? *(This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.) Check inside bins and shelving for dust in clean room if you are garbed.*	Compliant	
259.00	Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents?	Compliant	Dwell time 1-minute or longer depending on the agents being used.
	Sterile Compounding -- Garbing		
	Total Non-Compliant (Includes Unknowns)	**0**	
260.00	Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection.	Compliant	
261.00	Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. *Include observations in the comments.*	Compliant	
262.00	Personnel are required to remove all hand and wrist jewelry, and all visible jewelry or piercings such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room.	Compliant	
263.00	Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.	Compliant	
264.00	Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe).	Compliant	Dedicated Croc-like shoes.
265.00	Garbing includes head and facial hair covers and masks? *Note that facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents as indicated on SDS. There is a method available to assure that all hair is covered.*	Compliant	
266.00	Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with lint-free disposable towels, or an electronic or HEPA filtered hand dryer. *Scrub brushes are NOT recommended as they cause skin irritation and damage.*	Compliant	

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267.00	The gown is nonshedding with sleeves that fit snugly around the wrists and enclosed at the neck.	Compliant	
268.00	All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.).	Compliant	
269.00	Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands allowed to dry. *Note: regular Purell Hand Sanitizer is NOT appropriate. Purell or other brand surgical hand scrub is appropriate - must have residual activity.*	Compliant	Avaguard.
270.00	Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift.	Compliant	
271.00	Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. *Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.*	Compliant	
272.00	Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example).	Compliant	
	Sterile Compounding -- Compounding Procedures		
	Total Non-Compliant (Includes Unknowns)	**3**	
273.00	Gloves are disinfected with adequate frequency with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA).	Compliant	
274.00	Nonessential objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads)?	Compliant	
275.00	Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area.	Compliant	
276.00	Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart.	Compliant	
277.00	Compounding employees are using appropriate aseptic technique. *May require inspector to garb and enter clean/buffer room. Pay attention to first air, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization of gloves, appropriate cleaning and cleanliness of the direct compounding area (DCA).* ***Compounding MUST be observed****, if compounding is not being performed at the time of survey mark item as "Non-Compliant".*	Compliant	Observed patient doses of F-18 FDG being aliquoted, placed into shielded syringe transport container, and then these containers being placed into and taken out of the pass-through for final placement into a shipping cases.

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277.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "**Denial of Authorization**" form. List individual who signs the Denial of Authorization.*		Not applicable.
278.00	Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.	Compliant	
279.00	All rubber stoppers, of vials and bottles and the necks of ampules are disinfected with sterile 70% IPA waiting for at least 10 seconds before they are used to prepare CSPs.	Compliant	
280.00	Are opened or needle punctured single-dose containers (bags, bottles, syringes, or vials) that are opened or punctured in worse than ISO Class 5 air used within one hour and the remaining contents discarded?	Compliant	
281.00	Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. *If exposed to less than ISO Class 5 air, used within 1 hour and discarded.*	Compliant	
282.00	Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded.	Compliant	
283.00	The compounding record is complete. *View several completed compounding records and answer each of the following questions. List records reviewed.*	Compliant	Compounding records and dose labels are maintained electronically and can be reprinted as needed.
283.01	Official or assigned name, strength and dosage of the preparation;	Compliant	
283.02	Names, lot numbers and expiration dates of all components;	Compliant	
283.03	Total quantity or number of units compounded;	Compliant	
283.04	Person compounding the preparation;	Compliant	
283.05	Person performing the quality control procedures;	Compliant	
283.06	Person who approved the preparation;	Compliant	
283.07	Date of compounding;	Compliant	
283.08	Assigned internal identification number or prescription number;	Compliant	

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		Finding	Notes
283.09	Assigned BUD and reference if extended beyond USP guidelines;	Compliant	
283.10	Duplicate label;	Compliant	
283.11	Sterilization method (if applicable); and	N/A	None needed at this time.
283.12	Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable.	Compliant	There is a 7-page policy and procedure 5.5 "Radiochemical Purity Testing of Prepared Radiopharmaceuticals" issued November 2021, Version 04.
284.00	Are procedures for in-process checks followed? *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.*	Compliant	
285.00	Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling.	N/A	There is no batch preparation activity per se that will be carried to another day as all production runs involving F-18 FDG and Tc99m-labeled radiopharmaceuticals will be used in their entirety and unused portions discarded at the end of the day. Yet, there are two policies and procedures that focus on subdivision of starting materials that have been previously referenced but repeated here: (1) A 2-page policy and procedure 2.6 "Sterile Subdivision of Hetastarch, Dextran 70, HSA, ACD Solution A" issued April 2018, Version 01; and (2) A 3-page policy and procedure 2.7 "Sterile Subdivision of Lyophilized Reagents for Radiolabeling" issued December 2018, Version 02.
286.00	The immediate container shall be labeled with:		
286.01	The standard radiation symbol;	Compliant	
286.02	The words "Caution — Radioactive Material";	Compliant	
286.03	The name of the pharmacy; and	Compliant	
286.04	The prescription number.	Compliant	
287.00	Does the labeling on patient-specific containers include:		
287.01	State required prescription label information;	Compliant	
287.02	Identifiers for the persons preparing the compound and performing the final verification;	Compliant	
287.03	BUD;	Compliant	

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287.04	Route of administration and flow rate (if applicable); and	Compliant	
287.05	Any additional special handling requirements?	Compliant	
288.00	The immediate outer container of a radioactive drug to be dispensed shall also be labeled with:		
288.01	The standard radiation symbol;	Compliant	
288.02	The words "Caution — Radioactive Material";	Compliant	
288.03	The name of the radionuclide;	Compliant	
288.04	The chemical form;	Compliant	
288.05	The amount of RAM contained, in millicuries or microcuries;	Compliant	
288.06	If the radioactive drug is a liquid, the volume in milliliters;	Compliant	
288.07	The requested calibration time for the amount of radioactivity contained.	Compliant	
289.00	All manufacturer-supplied products are stored in original manufacturers containers.	Non-Compliant	There are two policies and procedures that focus on subdivision of starting materials that have been previously referenced but repeated here: (1) A 2-page policy and procedure 2.6 "Sterile Subdivision of Hetastarch, Dextran 70, HSA, ACD Solution A" issued April 2018, Version 01 [See Doc19_Nuc289.00_CardinalHealth_EastRutherford_NJ]; and (2) A 3-page policy and procedure 2.7 "Sterile Subdivision of Lyophilized Reagents for Radiolabeling" issued December 2018, Version 02 (only 1 of 3 pages provided; See Doc20_Nuc289.00_CardinalHealth_EastRutherford_NJ].
290.00	BUDs assigned that are greater than 12 hours are documented with justification based on USP guidelines, testing, or literature. *Verify documentation and list at least three products reviewed (where applicable).*	Non-Compliant	In the 2-page policy and procedure 6.13 "Beyond Use Dating" issued December 2018, Version 02, there is no specific mentioning of any "beyond use dating" assigned to any prepared radiopharmaceutical whether it is a nonsterile or sterile compounded product). And while the stated procedural process is technically correct and highlights a collaborative assessment process between pharmacists responsible for radiopharmaceutical preparation and Corporate's Quality & Regulatory Group, there was no indication that such a described process involved any personnel at this particular Cardinal Health nuclear pharmacy [See Doc15_Nuc181.00,290.00_CardinalHealth_EastRutherford_NJ].

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nuclear Pharmacy Inspection

Facility Name: Cardinal Health 414 LLC dba Cardinal Health 414 LLC
e-Profile ID: 1241989
Inspection Date: 12/13/2021

		Finding	Notes
291.00	If BUDs are set according to manufacturers' package insert recommendation(s), the products are prepared **exactly** according to package insert. *Verify documentation and list at least three products reviewed (where applicable).*	Non-Compliant	The company has informed its branch nuclear pharmacies that the expiration time on various prepared Tc99m products can be extended well beyond the manufacturer's package insert, for example, Tc99m MDP given a 12-hour expiration time; Tc99m MAA given an 18-hour expiration time, and Tc99m Sodium Pertechnetate given a 24-hour expiration time. Other products are likewise given extended expiration times over what is stated in the manufacturer's package insert.
292.00	Appropriate sterilization methods are used and documented. *Ensure P&Ps are in place that address determining the appropriate type of sterilization method, equipment to be used, documentation to be kept, and testing to be performed.*	N/A	Presently there are no sterilization methods being used prior to dispensing Tc99m labeled radiopharmaceuticals, F-18 FDG, and others from this pharmacy.
	Sterile Compounding -- Release Checks and Tests		
	Total Non-Compliant (Includes Unknowns)	**0**	
293.00	For suspensions, is the particle size measured (where applicable)?	Compliant	
294.00	Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release?	Compliant	Although there is no light/dark colored background in the PEC's or Hot Cell, but both Pharmacist Malzone and PIC Boni stated that as doses are prepared they undergo a visual check in the short time it takes to remove a syringe or vial from its final dose calibrator assay before placing either into the designated shielded container that will be used during transport/shipping.
295.00	Are there checks for container, closure integrity and any other apparent visual defects?	Compliant	
296.00	Is compounding accuracy documented by verification of steps?	Compliant	
297.00	Is verification of ingredient identity and quantity verified? *Is there a reconciliation of components?*	Compliant	
298.00	Are labels verified as being correct and is a copy of the label included in the record? *Complies to regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.*	Compliant	
299.00	**Sterility testing (USP <71>).** *If testing is performed to a higher standard than the minimums below, describe.*		There is no in-house sterility testing when it comes to prepared radiopharmaceuticals.

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Inspection Date: 12/13/2021

		Finding	Notes
299.01	Sterility testing includes both bacterial and fungal testing.	N/A	
299.02	Sterility testing is performed for all CSPs that have extended BUDS.	N/A	
299.03	Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers.	N/A	
299.04	Sterility testing is performed for CSPs exposed longer than 12 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized.	N/A	
299.05	The appropriate quantities of units are sterility tested. Parenterals, number of units in the batch is: 1. Not more than 100, test 10% or four units, whichever is greater 2. More than 100 but more than 500, test 10 units 3. More than 500, test 2% or 20 units, whichever is less For large volume parenterals: 2% or 10 containers, whichever is less. For non-parenterals (eye drops, inhalation, etc.): 1. Not more than 200 containers, test 5% or 2 containers, whichever is greater 2. More than 200, test 10 containers 3. If the product is packaged in unit doses, use the parenteral testing above.	N/A	
299.06	For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken. *View testing records and note any products with failed results and actions taken.*	N/A	

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Inspection Date: 12/13/2021

		Finding	Notes
299.07	If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk. *View testing records and note any products with failed results and actions taken.*	N/A	
300.00	The appropriate quantity of units is used for sterility testing?	N/A	
301.00	**Endotoxin testing (USP <85>).** *If testing is performed to a higher standard than the minimums below, describe.*		There is no in-house endotoxin testing when it comes to prepared radiopharmaceuticals.
301.01	Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials).	N/A	There is no high-risk sterile compounding of radiopharmaceuticals.
301.02	High-risk CSPs prepared in multiple dose vials for administration to multiple patients.	N/A	There is no high-risk sterile compounding of radiopharmaceuticals.
301.03	High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°F-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized.	N/A	There is no high-risk sterile compounding of radiopharmaceuticals.
301.04	For products failing testing, product is quarantined, and an investigation is performed and action taken. *View testing records and note any products with failed results and actions taken.*	N/A	
302.00	**Purity testing:** CSPs are tested for radiochemical purity.	Compliant	There is a 7-page policy and procedure 5.5 "Radiochemical Purity Testing of Prepared Radiopharmaceuticals" issued November 2021, Version 04.
303.00	View a sampling of testing records. Products that have been dispensed or distributed that failed testing (e.g. sterility, endotoxin, or radiochemical purity) have been appropriately recalled and investigated.	Compliant	

The information and comments obtained in the nonsterile and sterile compounding sections are based on USP Chapters <795> and <797>.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

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Inspection Date: 12/13/2021

	Finding	Notes

Acronym Reference

ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BCNP	Board Certified Nuclear Pharmacist
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
C-PEC	Containment Primary Engineering Control
C-SEC	Containment Secondary Engineering Control
C-SCA	Containment Segregated Compounding Area
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Centers for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DOT	Department of Transportation
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	hazardous materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug

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Facility Name: Cardinal Health 414 LLC dba Cardinal Health 414 LLC

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Inspection Date: 12/13/2021

		Finding	Notes
HEPA	High Efficiency Particulate Air (filter)		
IPA	Isopropyl Alcohol		
IND	Investigational New Drugs		
ISO	International Organization for Standardization		
IV	Intravenous		
LAFW	Laminar Airflow Workbench		
LOD	Line of Demarcation		
NDA	New Drug Application		
NF	National Formulary		
NIOSH	National Institute for Occupational Safety and Health		
NRC	Nuclear Regulatory Commission		
ONS	Oncology Nursing Society		
OSHA	Occupational Safety and Health Administration		
P&Ps	Policies and Procedures		
PEC	Primary Engineering Control		
PET	Positron Emission Tomography		
PIC	Pharmacist in Charge		
PHI	Protected Health Information		
PMP	Prescription Monitoring Program		
PPE	Personnel Protective Equipment		
QA/QI	Quality Assurance/Quality Improvement (QA/QI)		
QRE	Quality Related Event		
RAM	Radioactive material		
RCRA	Resource Conservation and Recovery Act		
RSO	Radiation safety officer		
SEC	Secondary Engineering Controls		
SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)		
SOP	Standard Operating Procedure		
ULPA	Ultra Low Particulate Air (filter)		
USP	United States Pharmacopeia		

10C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?
☐ Nevada
☒ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 03303	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Choice Compounding Pharmacy

Physical Address: 4201 Torrance Blvd, STE 120

City: Torrance State: CA Zip: 90503

Mailing Address (if different from physical address): Same as physical address

City: _____ State: _____ Zip: _____

Telephone: 310-543-1111 Toll Free # (NAC 639.708, NRS 639.23286): 844-262-3676

Fax: 310-543-1114 Contact Email: pharmacist@choicecompoundingpharmacy.com

Website: https://www.choicecompoundingpharmacy.com/

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Anna Yamamoto ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19306 ✓

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Retail/Community	☒ Retail/Community
☐ Hospital (# beds _____)	☒ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Anna Yamamoto	NV Pharmacist Registration #: 19306
Name: Minh Tri Nguyen	NV Pharmacist Registration #: 18348
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): Apotheco, LLC (sole member of Janna Pharmacy, LLC)

Corporation/Organization Name: Janna Pharmacy, LLC

Mailing Address: 788 Morris Turnpike, Floor 3

City: Short Hills State: NJ Zip: 07078

Telephone: 973-869-2820 Email: nikki@apothecopharmacy.com

Contact Person Name: Nikolette Baniewicz

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Janna Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Anush Amin

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

6/10/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Anush Amin hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Janna Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

HURLEY FOX - NOTARY PUBLIC No. 50029122 Comm. Exp. December 28, 2025 NEW JERSEY

SUBSCRIBED AND SWORN TO
Before me, a notary public this 10 day of June, 2022

Notary Public

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓ SEE ATTACHEMENT		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓ SEE ATTACHEMENT		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓ SEE ATTACHEMENT		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded -** The top 4 shareholder/stockholders. **b. For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)				
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)				
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**				
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

TO BE PROVIDED WHEN LLC IS FORMED AS PART OF THE CHANGE OF OWNERSHIP TRANSACTION

NOT APPLICABLE BECAUSE THE APPLICANT (JANNA PHARMACY, LLC) IS 100% DIRECTLY OWNED BY AN LLC, APOTHECO, LLC. SEE ATTACHED ORGANIZATION CHART

CURRENT COPY PROVIDED, BUT IS SUBJECT TO PENDING RESIDENT STATE CHANGE OF OWNERSHIP APPLICATION; UPDATED VERSION WILL BE PROVIDED WHEN ISSUED

LICENSE VERIFICATION WILL BE PROVIDED WHEN NEW/UPDATED RESIDENT LICENSE IS ISSUED PURSUANT TO CHANGE OF OWNERSHIP APPLICATION

CURRENT COPY PROVIDED, BUT IS SUBJECT TO PENDING DEA CHANGE OF OWNERSHIP APPLICATION; UPDATED VERSION WILL BE PROVIDED WHEN ISSUED

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Anush Amin

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

6/10/2022

Date

Board Use Only	Date Received: _____	Amount: 500 check # 768347

APOTHECO
PHARMACY GROUP

In 1992, I was promoted by Walgreens into their store management program and moved out of pharmacy practice to store operations. My responsibilities expanded to include the entire store as general manager. I was prescribed Vicodin from time to time to treat lower back pain and over time became physically and emotionally addicted to the opiate. In the midst of my addiction, I began to divert medication from the pharmacy at the store I managed. I was approached by Walgreens loss prevention and the AZ BOP regarding control substance audit results and admitted to my actions and behavior in January 1993.

The BOP gave me an opportunity to retain my license by entering into a stipulation agreement and the Pharmacists Assisting Pharmacist with Addiction (PAPA) rehabilitation program. The program included 30-day inpatient treatment followed by a 5 year outpatient program that included weekly group meetings and random weekly drug UAs. I completed the program commitment in 1998 and my license was removed from probation and placed in good standing.

During the period in the PAPA program, I practiced pharmacy for a couple of years as a staff pharmacist and PIC before moving into managed care operations with Albertsons in 1997. I continued to advance my career while there into pharmaceutical purchasing as Director of Procurement. In 2003, I joined Rite Aid Corp in Camp Hill, PA as SVP of Purchasing where my responsibilities also included clinical services and government affairs for the chain of over 4,500 locations nationwide. In 2009, I joined Prasco Laboratories, a privately owned generic company, as President and COO. Our business model was to partner with brand pharma after exclusivity and created their authorized generic product lines. While at Prasco, the company expanded their partnerships from 7 brand companies to 38 and grew the product line to over 200 authorized generics. In 2014, I returned to pharmacy services as COO with Genoa Healthcare, a specialized pharmacy provider in the behavioral health space. We were successful in bringing a comprehensive level of care to patients with severe and persistent mental illness and addictions that improved their lives and reduced their overall burden on healthcare costs. Our patients had over a 90% adherence rate to their medication and a 40% reduction in total cost of care as measured in a peer reviewed retrospective study published in JAMA. We grew the business to over 500 pharmacies in 47 states, including CA, over 4 years before being acquired by UnitedHealth Group. I retired in 2019 and shortly after joined the Board of Directors at Apotheco Pharmacy Group. I moved within the board to Executive Chair in 2020, interim CEO and then CEO in 2021.

The overall experience was humbling for me but in hindsight the most important event in my life. The humility of falling so hard and literally starting my career over was not enjoyable but with the love and support of my wife and family, the last 29 years could not have played out been better. I have been blessed with a second chance and have worked hard every day to take advantage of it. Thank you.

Sincerely,



GALE A. NORTON
Attorney General

STEPHEN K. ERKENBRACK
Chief Deputy Attorney General

TIMOTHY M. TYMKOVICH
Solicitor General

STATE OF COLORADO

DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL

STATE SERVICES BUILDING
1525 Sherman Street - 5th Floor
Denver, Colorado 80203
Phone (303) 866-4500
FAX (303) 866-5691

March 23, 1994

David Vucurevich
[redacted] S. River Drive
Tempe, Arizona 85281

RE: The Disciplinary Action Against the License of David Vucurevich

Dear Mr. Vucurevich:

I am the attorney for the State Board of Pharmacy. The Board met on February 18, 1994 and reviewed your case. In lieu of a formal hearing, the Board is willing to offer you the terms described in the attached Stipulation and Order. The Stipulation and Order parallel your Arizona probation. You will be under the Colorado stipulation until April 7, 1998, or until Arizona lifts your probation.

In lieu of a formal hearing, the Board is willing to offer you the terms described in the attached Stipulation and Order. Signing of the Stipulation and Order will take care of all your pending matters before the Board of Pharmacy.

Please review the Stipoulation and Order and respond to me by April 8, 1994. Please be advised that you have the right to have a formal hearing and can, of course, hire an attorney to represent you in this matter.

Sincerely,

FOR THE ATTORNEY GENERAL

EVELYN BACHRACH MAKOVSKY
Assistant Attorney General
Regulatory Law Section
(303) 866-5381

EBM

cc: D.L. Simmons

Enclosure

AG Alpha No. E9419378.28
AG File No. RG PH DAJZG

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Proceeding No. RG DE DAJZG

STIPULATION AND ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A PHARMACIST IN THE STATE OF COLORADO OF DAVID VUCUREVICH, R.PH., LICENSE NO. 11967

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("the Board") and David Vucurevich, R.Ph. (respondent") as follows:

1. The Board has jurisdiction over the person of the respondent and the subject matter of this Stipulation.

2. The respondent has been licensed as a pharmacist in the State of Colorado at all relevant times herein.

3. Respondent admits the following:

a. In October 1993, respondent informed the Board that his dental license in the State of Arizona had been placed on probation due to respondent's substance abuse.

b. Respondent holds Arizona dental license number

8461.

c. On or about April 9, 1993, the Arizona State Board of Pharmacy issued Findings of Fact, Conclusions of Law and Board Order ("Arizona Order") regarding the respondent.

d. The Arizona Order suspended respondent's dental license for 5 years, with the suspension stayed contingent upon terms of probation to continue until April 7, 1998, at a minimum.

4. The statutory authority of the Board is as follows:

> 12-22-125. Licenses or registrations may be denied, suspended, or revoked. (1) The board may deny, suspend, or revoke any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:
>
> . . .
>
> (c) Has violated any of the provisions of this part 1, the lawful rules and regulations of the board, or any state or federal law pertaining to drugs.
>
> (2) (a) The board may deny, suspend, or revoke any license to practice as a pharmacist or pharmacy

intern, after a hearing held in accordance with the provisions of this section, upon proof that the licensee:

. . .

(IV) Has had his license to practice pharmacy in another state revoked or suspended for disciplinary reasons or has committed acts in any other state which would subject him to disciplinary action in this state;

. . .

5. A true and correct copy of the Arizona Order is attached hereto as Attachment A and the terms of the Arizona Order are incorporated herein by reference as if fully set forth.

6. Respondent's license shall hereby be placed on probation, commencing from the effective date of this Stipulation and Order, until April 7, 1998, or until the Arizona Board of Pharmacy lifts respondent's probation in that state.

7. Respondent agrees to notify the Board of any violation of the Arizona Order.

8. Respondent agrees to comply with the terms of the

Arizona Order. Respondent further agrees that at the end of the probation period, respondent will submit proof to the Board that all terms and conditions of the Arizona Order were satisfied and the case has been terminated in the State of Arizona.

9. Respondent shall comply with all the provisions of the Colorado Drugs and Druggists Act and the rules and regulations of the Board.

10. In the event of relocation to another state, respondent shall notify the Board of the change of address within 30 days of such relocation and hereby gives consent to the Board that it may notify the Board of Nursing or the equivalent regulatory agency in any state to which respondent relocates, of the existence and terms of this Stipulation and Order.

11. Respondent is aware of and understands the right to receive a formal notice of hearing and charges and to have a formal disciplinary hearing pursuant to § 12-22-125, C.R.S. (1991) and hereby waives those rights and requests that this Stipulation and Order be accepted by the Board with the same force and effect as an Order entered as a result of a formal disciplinary proceeding.

12. Respondent understands that if, during the pendency of this Stipulation and Order, the Board has reasonable grounds

to believe that respondent has violated this Stipulation or is otherwise in violation of the Colorado Drugs and Druggists Act, the Board may refer the respondent to hearing or may suspend, on a summary and immediate basis, the license of respondent pending a prompt post-suspension formal disciplinary hearing. In the event an alleged violation of this Stipulation and Order is taken to hearing and the facts that constitute the violation are determined to be not proven, no disciplinary action shall be taken by the Board, and this Stipulation and Order shall remain operative and in full force and effect. The pendency of any disciplinary action pursuant to this Stipulation and Order shall not affect the obligation of respondent to comply with the terms of this Stipulation and Order.

13. Should respondent return to Colorado the Board will review respondent's status and compliance with the Arizona Order. The probationary period of respondent shall be subject to further continuance, amendment or revision as the Board determines in its discretion that is necessary to protect the public health, safety and welfare.

14. If, at the end of the State of Arizona probation period, the Board finds that respondent adhered to all the terms of this Stipulation and Order, then this proceeding shall be dismissed.

15. This Stipulation and Order is entered into by respondent voluntarily, after the opportunity to consult with counsel, and with full understanding of the legal consequences of this Stipulation and Order.

16. In the event this Stipulation and Order does not become an Order of the Board, it shall be void and respondent shall not be bound by any provisions hereof or admissions herein.

17. This Stipulation and Order shall become an Order of the Board when accepted by the Board and signed by an authorized Board member.

18. This Stipulation and Order shall be a public record in the custody of the Board at all times.

RESPONDENT

_____
DAVID VUCUREVICH, R.PH.

_____
Address

_____
Address

_____
Phone Number

COLORADO STATE BOARD OF PHARMACY

By: _____
1560 Broadway, Suite 1310
Denver, Colorado 80202

Effective Date: This _____ day of _____ 19__.

GALE A. NORTON
Attorney General

STEPHEN K. ERKENBRACK
Chief Deputy Attorney General

TIMOTHY M. TYMKOVICH
Solicitor General

MERRILL SHIELDS
Deputy Attorney General

LINDA L. SIDERIUS
First Assistant Attorney General

EVELYN B. MAKOVSKY, 19378*
Assistant Attorney General
Regulatory Law Section

Attorneys for State Board
of Pharmacy

1525 Sherman Street, 5th Floor
Denver, Colorado 80203
Telephone: (303) 866-5268
FAX: (303) 866-5395
AG Alpha No. RG PH DAJZG
AG File No. E94RATL.554

AUG 09 1993

94-028

93-04-HO

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of:	FINDINGS OF FACT, CONCLUSIONS OF LAW AND BOARD ORDER
DAVID VUCUREVICH Certificate of Registration Number 8461	NO. 93 - 04 - H

DIRECTED TO: DAVID VUCUREVICH
[redacted] S. River Drive
Tempe, AZ 85281

Pursuant to the foregoing Consent to Entry of Order, the evidence and records compiled and contained in the file for DAVID VUCUREVICH and for good cause appearing, the Board on this 8th day of April, 1993 enters the following Finding of Fact, Conclusions of Law and Board Order in the Matter of 93-04-H.

FINDINGS OF FACT

I

1. DAVID VUCUREVICH is the holder of Certificate of Registration Number 8461 issued by the Arizona State Board of Pharmacy which permits the holder to practice pharmacy in the State of Arizona.

2. That on the 8th day of March, 1993 DAVID VUCUREVICH did enter into a Consent to Entry of Order with the Arizona State Board of Pharmacy admitting that factual allegations contained in the Notice of Hearing Number 93-04-H are true and accurate.

3. That DAVID VUCUREVICH admits to violations of A.R.S. § 36-2525, and 21 C.F.R. § 1306.21 to wit: the removal or cause to be removed of controlled substances without a legitimate medical need and without a valid prescription order and for personal use from

ATTACHMENT A

Walgreen Pharmacies.

4. That DAVID VUCUREVICH is aware of the fact that the conduct contained in the factual allegations constitutes grounds for disciplinary action as provided for in A.R.S. § 32-1927(A)(10) and A.R.S. § 32-1927(B)(2).

CONCLUSIONS OF LAW

II

1. The Board concludes that it has jurisdiction in this Matter pursuant to A.R.S. § 32-1927 (A)(10) and 32-1927(B)(2).

2. The Board concludes that DAVID VUCUREVICH did violate A.R.S. § 36-2525 and 21 C.F.R. § 1306.21 to wit: the removal or cause to be removed of controlled substances without a legitimate medical need and without a valid presciption order and for his own personal use.

3. The Board further concludes that DAVID VUCUREVICH is in violation of A.R.S. § 32-1927(A)(10) and 32-1927(B)(2).

ORDER

III

The certificate of Registration Number 8461 issued to DAVID VUCUREVICH is hereby suspended for a period of five (5) years from the date of this Order. The suspension is hereby stayed and Certificate of Registration 8461 is placed on probation for five years from the date of this Order and shall continue, at a minimum, until the 7th day of April, 1998 pursuant to the following conditions.

1. DAVID VUCUREVICH shall initiate a five (5) year contract with the Pharmacists Assisting Pharmacists of Arizona or any other board approved program and shall comply with each and every requirement of that contract.

2. DAVID VUCUREVICH shall submit to a minimum of four (4) random biological fluid screenings for the presence of drugs or alcohol in the system per month and at times to be determined by the Pharmacists Assisting Pharmacists of Arizona or other board approved program for the period of suspension and the first twenty-four (24) months of the probation period, thereafter as required by the program contract.

3. DAVID VUCUREVICH shall not serve as a preceptor pharmacist nor as a Pharmacist in Charge throughout the term of probation.

4. DAVID VUCUREVICH shall take and successfully complete the Arizona Jurisprudence Examination (AZPLEX) with a score of 90% or better within 120 days of the date of this Order.

5. In lieu of a civil penalty in this Matter, DAVID VUCUREVICH is required to perform 400 hours of community service in a Board approved program during the time of probation and shall further submit evidence of those hours to the Arizona State Board of Pharmacy on or before April 7, 1998.

6. DAVID VUCUREVICH shall furnish the Arizona State Board of Pharmacy with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with

the registration number of said licenses.

7. DAVID VUCUREVICH is required to advise the Arizona State Board of Pharmacy immediately of any change in pharmacy employment status throughout the term of probation.

8. DAVID VUCUREVICH is required to furnish any and all pharmacy employers with a copy of this Board Order throughout the term of probation.

9. DAVID VUCUREVICH shall pay all fees and complete all Continuing Education requirements to maintain certificate of registration number 8461 throughout the term of probation.

10. DAVID VUCUREVICH shall obey all federal and state laws and rules governing the practice of pharmacy.

11. DAVID VUCUREVICH shall bear the responsibility for the release of information forms and reports required by this Order.

12. DAVID VUCUREVICH shall bear all costs for testing, rehabilitation, aftercare programs and reports to be filed.

13. DAVID VUCUREVICH shall "hold harmless" the provider of any required reports to the Board of Pharmacy.

14. DAVID VUCUREVICH shall appear before the Arizona State Board of Pharmacy on or after the 7th day of April, 1998 to show cause why the probation imposed in this matter should be removed.

15. If DAVID VUCUREVICH violates this Order in any way or fails to fullfill the requirements of this Order, the Board, after

giving the Respondent Notice and the opportunity to be heard, may revoke, suspend or take other disciplinary action against the Respondent.

DATED this 9th day of April, 1993

ARIZONA STATE BOARD OF PHARMACY

SEAL

By Llyn A. Lloyd
Llyn A. Lloyd
Executive Director

Copies of the foregoing Finding of Fact, Conclusions of Law and Board Order mailed by certified mail this 9th day of April, 1993 to:

DAVID VUCUREVICH
1802 S. River Drive
Tempe, AZ 85281

and by Courier Mail to:

Montgomery Lee
Assistant Attorney General
1275 W. Washington
Phoenix, AZ 85007
Attorney for the State

and

Paula Bickett
Assistant Attorney General
1275 W. Washington
Phoenix, AZ 85007
Solicitor General's Office

Janna Pharmacy, LLC d/b/a Choice Compounding Pharmacy
Nevada Pharmacy Application – Ownership Change and Name Change
ATTACHMENT

- **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**

Janna Pharmacy, LLC – Officers	
Name	**Officer Title**
David Vucuverich	Chief Executive Officer
Anush Amin	President
James Chris Luthin	Chief Financial Officer
Nikolette "Nikki" Baniewicz	Secretary and Treasurer

Janna Pharmacy, LLC is a member-managed LLC and does not have any directors.

- **List the top four stockholders and their percent ownership. NRS 639.231(3)**

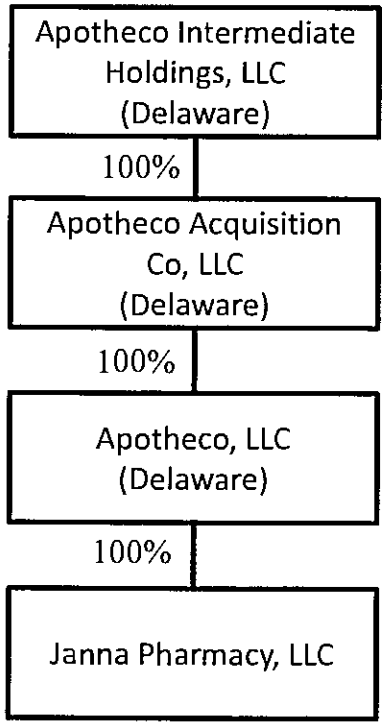
Janna Pharmacy, LLC is directly owned 100% by Apotheco, LLC. Please reference the attached organization chart reflecting the ownership structure.

- **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**

Janna Pharmacy, LLC is directly owned 100% by Apotheco, LLC. Please reference the attached organization chart reflecting the ownership structure. No individual holds more than 10% of the shares of Apotheco, LLC.

Janna Pharmacy, LLC d/b/a Choice Compounding Pharmacy

Post-Closing Ownership Chart



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FJ4187604	12-31-2022	$731.00

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	RETAIL PHARMACY	11-12-2019

JANNA PHARMACY INC
DBA CHOICE COMPOUNDING PHARMACY
4201 TORRANCE BLVD STE 120
TORRANCE, CA 90503

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FJ4187604	12-31-2022	$731.00

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
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JANNA PHARMACY INC
DBA CHOICE COMPOUNDING PHARMACY
4201 TORRANCE BLVD STE 120
TORRANCE, CA 90503

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

RECEIVED
JUN 16 2022
NEVADA STATE BOARD OF PHARMACY

ALSTON & BIRD

One Atlantic Center
1201 West Peachtree Street
Atlanta, GA 30309-3424
404-881-7000 | Fax: 404-881-7777

Robert D. Stone

Direct Dial: **404-881-7270**

Email: **rob.stone@alston.com**

June 15, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Via UPS

Re: Janna Pharmacy, Inc.
Notice of Ownership Change and Name Change
Nevada Pharmacy License PH03303

To Whom It May Concern:

Please accept this letter as proper and timely notice of a transaction involving Janna Pharmacy, Inc. d/b/a Choice Compounding Pharmacy ("Choice"), which owns and operates a non-resident pharmacy located at 4201 Torrance Blvd., STE 120, Torrance, CA 90503 (the "Pharmacy") pursuant to the abovementioned license. Choice is currently 51% owned by Anna Yamamoto, 49% owned by Jonathan Yamamoto (the "Sellers").

On February 11, 2022, the Sellers entered into a non-binding Letter of Intent with Apotheco, LLC, pursuant to which the Sellers anticipate selling all of the equity of Choice to Apotheco, LLC (the "Proposed Transaction"). Additionally, in preparation for the Proposed Transaction, Choice will undergo a corporate restructuring which will convert it from a corporation into a limited liability company. Accordingly, its name will change from Janna Pharmacy Inc. to Janna Pharmacy, LLC. The closing date of the Proposed Transaction is anticipated to be on or about June 30, 2022.

Although there will be changes in the officers, Choice will continue to own and operate the Pharmacy in the same location, and its personnel and most of its day-to-day operations will not change. Additionally, there will be no changes to the tax identification number, NPI, or Medicare provider number associated with Choice.

We understand that the Proposed Transaction constitutes a change of ownership for the purposes of Choice's abovementioned license. Attached please find a copy of this application, which reflects the anticipated name and ownership information, along with the requested additional documents and filing fee.

Please note that, as noted within the application, the Certificate of Good standing from Choice's state of domicile (California) will be provided once Choice is converted to a limited liability company as part of the Proposed Transaction. In addition, current copies of the Pharmacy's resident state (California) license and DEA registration are attached but are subject to pending applications for change of ownership. New or updated copies, along with the requested resident state license verification, will be provided once the new license is issued. Finally, we do not believe that the Personal History Record Application would be applicable in this case because Choice will be directly owned 100% by a limited liability company (Apotheco, LLC) post-closing. We have attached an organization chart illustrating the post-closing ownership structure for your reference.

We are happy to answer any questions you may have regarding the Proposed Transaction. If you require any additional information or would like to discuss this notification further, please feel free to contact me as Apotheco, LLC's legal counsel at rob.stone@alston.com or 404-881-7270. We appreciate your assistance with this matter.

Sincerely,



Rob Stone

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Choice Compounding Pharmacy

Physical Address: 4201 Torrance Blvd, STE 120

City: Torrance State: CA Zip: 90503

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: 310-543-1111 Website: www.choicecompoundingpharmacy.com

Licensing Company Email: pharmacist@choicecompoundingpharmacy.com

Section 2: Personal Information

First: Jonathan Middle: Last: Yamamoto

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Beachside Dr

City: Rancho Palos Verdes State: CA Zip: 90275

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials JY

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Southern California, School of Pharmacy/Marshall School of Business			08/98 - 06/03	
Address	City	State	Zip	
1985 Zonal Ave	Los Angeles	CA	90089	
Diploma/Degree obtained, if any				
Doctor of Pharmacy, Master of Business Administration				

School Name			From - To (MM/YY – MM/YY)	
University of Southern California			08/93 - 06/97	
Address	City	State	Zip	
3551 Trousdale Pkwy	Los Angeles	CA	90089	
Diploma/Degree obtained, if any				
Bachelor of Science, Exercise Science				

School Name			From - To (MM/YY – MM/YY)	
Ocean View High School			08/89 - 06/93	
Address	City	State	Zip	
17071 Gothard St	Huntington Beach	CA	92647	
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address	City	State	Zip	
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	City	State	Zip	
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/21 - Present	[redacted] Beachside Dr	Rancho Palos Verdes	CA	90275
06/17 - 06/21	[redacted] Crest Rd	Rancho Palos Verdes	CA	90275
06/12 - 06/17	[redacted] Fond Du Lac Rd	Rancho Palos Verdes	CA	90275
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JY

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Choice Compounding Pharmacy			09/2013 - Present	
Business Address		**City**	**State**	**Zip**
4201 Torrance Blvd, STE 120		Torrance	CA	90503
Phone	**Title**		**Number of Employed Hours**	
310-543-1111	President, CFO, Director		17,680	
Description of Duties				
Manage and oversee 14 pharmacy staff members and managers, actively involved in all daily operations related to dispensing and distribution and record keeping of prescription medications				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: N/A

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

06/06/2022
Date

Applicant's initials JY

I, Jonathan Yamamoto, **certify that as the designated representative for** Choice Compounding Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

JONATHAN YAMAMOTO

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/09/2022

Date

Applicant's initials JY

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Yamamoto

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/09/2022

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

See attached document

(Seal)

Applicant's initials _____

California All-Purpose Certificate of Acknowledgment

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of LOS ANGELES S.S.

On 06/09/2022 before me, BENJAMIN MATIS, A NOTARY PUBLIC,
Name of Notary Public, Title

personally appeared Jonathan J. Yamamoto
Name of Signer (1)

Name of Signer (2)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

BENJAMIN MATIS
COMM...2368060
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Term Exp. July 27, 2025

Seal

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of _____

containing _____ pages, and dated _____.

The signer(s) capacity or authority is/are as:

- ☐ Individual(s)
- ☐ Attorney-in-fact
- ☐ Corporate Officer(s) _____
  Title(s)
- ☐ Guardian/Conservator
- ☐ Partner - Limited/General
- ☐ Trustee(s)
- ☐ Other: _____

representing: _____
Name(s) of Person(s) or Entity(ies) Signer is Representing

Additional Information

Method of Signer Identification

Proved to me on the basis of satisfactory evidence:

☐ form(s) of identification ☐ credible witness(es)

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

☐ Additional Signer ☐ Signer(s) Thumbprints(s)

☐ _____

You can purchase copies of this form from our web site at www.TheNotarysStore.com

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

2. RPH Nguyen states complete CII-CV inventory will be taken 6/30/2021

Phone 310-710-8396/ email- katherine.sill@dca.ca.gov

Licensee Remarks:

I have reviewed, discussed, understand and received a copy of this form.

Pharmacist (sign) [signature]

Pharmacist (print) Minh Tam Nguyen

Inspector (sign) [signature]

Inspector (print) Katherine Sill

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X | Hospital Pharmacy | Clinic | Exempt Hospital | Wholesaler | Hypodermic

Date: 6/29/2021 Inspector: Katherine Sill

Name: CHOICE COMPOUNDING PHARMACY Phone: (310) 543-1111

Address: 4201 TORRANCE BLVD STE 120 City: TORRANCE Zip: 90503

Ownership: CORPORATION

Permit #: PHY51611 Permit Exp: 9/1/2021 DEA#: FJ4187604 DEA Exp: 12/31/2022

Date of Self Assessment Form: 4/22/2021 Other Permit #: N/A Date of DEA Inventory: 12/26/2019

Hours M-F: 930am-6pm Hours Saturday closed Hours Sunday: closed

EMILY W HSU RPH74454 Administrator

Consultant

RPH Name:	License #:	Staff Name:	License #:
[illegible] YAMAMOTO	RPH55841	ALICE Y HAN	TCH162692
[illegible]NH TRI V NGUYEN	RPH61858	BRITTNEY K SHARROW	TCH146755
[illegible]ATHAN T TANG	RPH73114	KAREN NAKAZATO	TCH178523
[illegible]N N NGUYEN	INT40757	MELISSA GARZA	TCH75592
		RUBY ALVARADO	TCH172653
		SHENNA ROMERO	CLERK
		STEPHANIE RODRIGUEZ-U	CLERK
		TAUNYSHA S PORTER	TCH36030
		TAYLOR JUNG	CLERK

Inspector Remarks:

Independent Retail Pharmacy filling ~ 250 Rx/DAY (2RPH/3 TCH/2clerk) 20%R/80%N

- No compounding/administration of immunizations a this site/ ADD machines
- Courtesy delivery per Deliver -it and mailing per USPS (notice of right to consultation provided)
- Pharmacy School Rotation site (West Coast, Western & USC)

The following were reviewed: Pharmacy sink with HOT water, Consultations Observed, Notice to Consumer Poster, Interpretive Language Signage, Original and Renewal license posted, Expiration date of drug inventory, Self Assessment, Security, Prescription label (12 pt font and identifiers) , Telephone prescriptions and electronic prescriptions, DEA inventory DEA 222 endorsed, CII Quarter Audit (3/31/2021), Refrigerator Temperature recorded 2x/day, CURES, PDMP (RPH Nguyen logged in during time of inspection), Storage of pharmacy records on site, (CII invoices and Rx filed separately),Opioid labeling in place, Shredder. Wholesaler ABC, Keysource and Parmed. Reverse InMar. Software: Digital Rx . Off Site storage permit # 226744.
P&P Reviewed: Job Descriptions, BPC 4104 Theft and Impairment, Interpretive Language, Temporary Absence of a Pharmacist, Controlled Substance Inventory and Audit, QA- & form,

Discussion Items:
1. Self Assessment: 2021 version available on Board website

11

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New OUTSOURCING FACILITY
☒ Ownership Change (Provide current license number if making changes:) OUT PH03021
☒ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☐ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☒ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Innovation Compounding Pharmacy, LLC dba Innovation Compounding

Physical Address: 6095 Pine Mountain Rd NW Ste 108

City: Kennesaw State: GA Zip Code: 30152

Telephone: 1-800-547-1399 Fax: 866-635-2329

Toll Free Number: 1-800-547-1399 (Required per NAC 639.708)

E-mail: rjohnson@innovationcompounding.com Website: innovationcompounding.com

Supervising Pharmacist: Rebecca Emch Nevada License #: 0214002353

SERVICES PROVIDED

Yes/No

☒ ☐ Parenteral
☒ ☐ Sterile Compounding
☒ ☐ Non Sterile Compounding
☒ ☐ Mail Service Sterile Compounding
☐ ☐ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: _____

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY Page 2

FEI Number (From FDA application): N/A 503A Facility

Please provide the name of the facility as registered with the FDA and the registration number:
N/A 503A Facility

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Innovation Compounding

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Rebecca Emch Nevada License Number: 0214002353

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/A

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Truman Mitchell Bell, III, Owner

Print Name of Authorized Person

10/25/21

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY **Page 4**

OWNERSHIP IS A PUBLICY TRADED COMPANY

State of Incorporation: N/A

Parent Company if any: _____

Corporation Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY **Page 5**

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: N/A

Parent Company if any: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

_____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information
-To be supplemented

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY **Page 6**

OWNERSHIP IS A PARTNERSHIP

General _____ Limited _____

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY **Page 7**

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: TRUMAN MITCHELL BELL, III 100 %

Business Name: INNOVATION COMPOUNDING PHARMACY, LCC DBA INNOVATION COMPOUNDING

Current Business Address: 6095 PINE MOUNTAIN RD NW STE 108

City: KENNESAW State: GA Zip Code: 30152

Telephone: 800-547-1399 Fax: 866-635-2329

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Change pending to Innovation Compounding Pharmacy, LLC dba Innovation Compounding - will supplement upon receipt

Licensee Information

Name: Innovation Compounding Inc

Owner:

Address: 6095 Pine Mountain Road NW Ste 108
Kennesaw GA 30152

Primary Source License Information

Profession:	Pharmacy	**License No:**	PHRE009149	**License Status:**	Active
License Type:	Retail Pharmacy	**Obtained By Method:**	Transfer	**License Subtype:**	
Issue Date:	4/25/2007	**Expiration Date:**	6/30/2023	**Last Renewal Date:**	5/21/2021

Discipline Information

- Public Board Orders -

If a public board order exists, it may be listed below.
Public Board Order means that there is a public document concerning the licensee.
The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Associated Licenses

Relationship:	Employment		
Prerequisite Licensee:	Almamlouk, Nadya	**Prerequisite License:**	**PHTC051146**
Association Date:	7/29/2021	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Ball, Zachary Charles	**Prerequisite License:**	**PHTC055928**
Association Date:	4/20/2021	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Brown, Ganea Maria-Rochelle	**Prerequisite License:**	**PHTC036128**
Association Date:	7/14/2020	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Bryant, Denzel Lawrence	**Prerequisite License:**	**PHTC032678**
Association Date:	5/23/2016	**Expiration Date:**	9/7/2017
Relationship:	Employment		
Prerequisite Licensee:	Burgess, Eboni Monique	**Prerequisite License:**	**PHTC043298**
Association	5/7/2018	**Expiration Date:**	

Date:			
Relationship:	Employment		
Prerequisite Licensee:	Burmeister, Laurie Beth	**Prerequisite License:**	**PHTC007343**
Association Date:	12/28/2016	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Busch, Michael Scott	**Prerequisite License:**	**PHTC056757**
Association Date:	10/15/2020	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	carrero, oliver noel	**Prerequisite License:**	**PHTC042812**
Association Date:	9/13/2017	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Choice, Bobby Joe, Jr.	**Prerequisite License:**	**PHTC030442**
Association Date:	6/14/2020	**Expiration Date:**	12/10/2020
Relationship:	Employment		
Prerequisite Licensee:	Cole, Emma Juzaine	**Prerequisite License:**	**PHTC049153**
Association Date:	9/16/2019	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Crane, Adam Douglas	**Prerequisite License:**	**PHTC038403**
Association Date:	1/16/2017	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Crane, Shawn Anthony	**Prerequisite License:**	**PHTC002185**
Association Date:	8/1/2016	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Croom, Ajah Monet	**Prerequisite License:**	**PHTC052101**
Association Date:	10/29/2019	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Dwamena, Randy Afram	**Prerequisite License:**	**PHTC031637**
Association	9/30/2019	**Expiration Date:**	8/6/2020

Date:			
Relationship:	Employment		
Prerequisite Licensee:	Falkner, Susan M	**Prerequisite License:**	**PHTC005542**
Association Date:	3/4/2013	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Hilgemann, Lisa Michelle	**Prerequisite License:**	**PHTC004722**
Association Date:	11/7/2017	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Jordan, Teresa	**Prerequisite License:**	**PHTC000641**
Association Date:	1/18/2016	**Expiration Date:**	8/30/2017
Relationship:	Employment		
Prerequisite Licensee:	Keith, Natasha Lynn	**Prerequisite License:**	**PHTC044849**
Association Date:	5/21/2018	**Expiration Date:**	5/13/2021
Relationship:	Employment		
Prerequisite Licensee:	Lewis, Brandon Nostelde	**Prerequisite License:**	**PHTC007867**
Association Date:	7/5/2021	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Long, Chelsey Letice	**Prerequisite License:**	**PHTC054150**
Association Date:	3/30/2020	**Expiration Date:**	11/2/2020
Relationship:	Employment		
Prerequisite Licensee:	Michel, Sean Stanley	**Prerequisite License:**	**PHTC047661**
Association Date:	8/1/2021	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Morgan, Tiffany Montrose	**Prerequisite License:**	**PHTC000344**
Association Date:	6/10/2019	**Expiration Date:**	4/10/2020
Relationship:	Employment		
Prerequisite Licensee:	Musselwhite, Marsha Brittany	**Prerequisite License:**	**PHTC059168**

Association Date:		**Expiration Date:**	7/2/2021

Relationship:	Employment		
Prerequisite Licensee:	Ostrander, Jonathan M.	**Prerequisite License:**	**PHTC022868**
Association Date:	2/25/2014	**Expiration Date:**	6/8/2019

Relationship:	Employment		
Prerequisite Licensee:	Swiezy, Dianne Patricia	**Prerequisite License:**	**PHTC001684**
Association Date:	7/1/2015	**Expiration Date:**	

Relationship:	Employment		
Prerequisite Licensee:	Wilson, David Victor	**Prerequisite License:**	**PHTC004701**
Association Date:	9/11/2017	**Expiration Date:**	6/25/2020

Relationship:	Employment		
Prerequisite Licensee:	Bell, Heather Michelle	**Prerequisite License:**	**PHTC011112**
Association Date:	8/2/2011	**Expiration Date:**	

Relationship:	Employment		
Prerequisite Licensee:	Altomare, Miranda Mollie	**Prerequisite License:**	**PHTC013335**
Association Date:	1/3/2012	**Expiration Date:**	12/8/2017

Relationship:	Employment		
Prerequisite Licensee:	Barton, Debra Elizabeth	**Prerequisite License:**	**PHTC027971**
Association Date:	2/18/2015	**Expiration Date:**	2/10/2016

Relationship:	Employment		
Prerequisite Licensee:	Bell, Heather Michelle	**Prerequisite License:**	**PHTC027579**
Association Date:	12/12/2014	**Expiration Date:**	

Relationship:	Employment		
Prerequisite Licensee:	Burrell, Fabron Shawn	**Prerequisite License:**	**PHTC041756**
Association Date:	8/28/2017	**Expiration Date:**	9/26/2017

Relationship:	Employment		
Prerequisite Licensee:	Hall, Judith Ann	**Prerequisite License:**	**PHTC010851**

Association Date:	8/9/2011	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Lucas, Cidaneous Dantryll	**Prerequisite License:**	**PHTC042042**
Association Date:	9/18/2017	**Expiration Date:**	4/16/2018
Relationship:	Employment		
Prerequisite Licensee:	Mason, Cory Demarcus	**Prerequisite License:**	**PHTC019401**
Association Date:	2/15/2013	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Owen, Margaret Ann	**Prerequisite License:**	**PHTC015353**
Association Date:	5/27/2016	**Expiration Date:**	11/1/2019
Relationship:	Employment		
Prerequisite Licensee:	Reed, Caitlyn Denise	**Prerequisite License:**	**PHTC058097**
Association Date:	1/20/2021	**Expiration Date:**	6/1/2021
Relationship:	Employment		
Prerequisite Licensee:	Roark, Amy Nicole	**Prerequisite License:**	**PHTC011345**
Association Date:	8/2/2011	**Expiration Date:**	5/31/2017
Relationship:	Employment		
Prerequisite Licensee:	Voyles, Savannah Justine	**Prerequisite License:**	**PHTC024678**
Association Date:	6/25/2014	**Expiration Date:**	3/29/2017
Relationship:	Supervisor		
Prerequisite Licensee:	Hodges, Shawn Edward	**Prerequisite License:**	**RPH023486**
Association Date:	6/21/2010	**Expiration Date:**	

You may close this window to return to your search results

Data current as of: October 20, 2021 16:26:47

This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.

Organizational Chart

PRE-OWNERSHIP

Innovation Compounding, Inc.

Ownership

Name	Title	DOB	Business Address
Shawn E Hodges	Owner, CEO, President	[redacted]	6095 Pine Mountain Rd NW Ste 108, Kennesaw GA 30152

Shawn E Hodges -> 100% ownership -> Innovation Compounding, Inc.

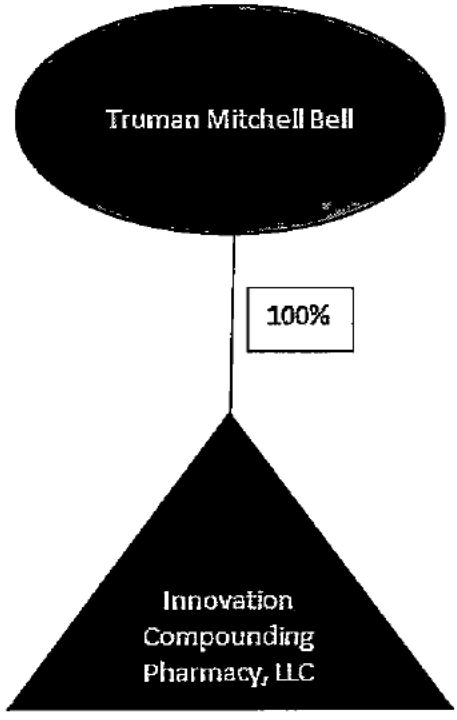
POST-OWNERSHIP

Innovation Compounding Pharmacy, LLC dba Innovation Compounding

Ownership

Name	Title	DOB	Business Address
Truman Mitchell Bell, III	Owner, Sole Member and President	[redacted]	6095 Pine Mountain Rd NW Ste 108, Kennesaw GA 30152

Truman Mitchell Bell, III -> 100% ownership -> Innovation Compounding Pharmacy, LLC dba Innovation Compounding



Registered Pharmacists:

Rebecca Emch – RPH031976 – Exp. 12/31/2022 Permanent EXP 10/31/23

Casey Greene – RPH027169 – Exp. 12/31/2022

Jane Kalichak – RPH015692 – Exp. 12/31/2022

Shawn Hodges – RPH023486 – Exp. 12/31/2022 -NV Temp EXP 7/4/2022

Tara Thompson – RPH026786 – Exp. 12/31/2022

Truman Mitchell Bell, III – RPH027658 – Exp. 12/31/2022

Jeanhie Kim – RPH031559 – Exp. 12/31/2022

Kurt Howe – RPH032617 – Exp. 12/31/2022

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 12/22/2022
Amount:
License #: 22319

Rebecca A. Emch

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:07/25/2022
Expires:10/31/2023

Rebecca A. Emch

License #
22319
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

License Type: Pharmacist
License #: 22319
Effective Date:07/25/2022

Expires: 10/31/2023
STATUS: Active

Rebecca A. Emch

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FI1044445	11-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-17-2021

INNOVATION COMPOUNDING PHARMACY LLC
6095 PINE MOUNTAIN RD NW STE 108
KENNESAW, GA 301523332

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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Form DEA-223 (9/2016)

STATE OF GEORGIA
Georgia Board of Pharmacy
Retail Pharmacy
LICENSE NO. PHRE010982 Status: Active

Innovation Compounding Pharmacy LLC dba Innovation Compounding,
6095 Pine Mountain Road NW Ste 108
Kennesaw GA 30152

Expires: 06/30/2023
Issued: 11/30/2021

Pharmacist in Charge RPH023486
Shawn Edward Hodges

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Retail Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Retail Pharmacy
LICENSE NO. PHRE010982 Status: Active
Innovation Compounding Pharmacy LLC dba Innovation Compounding,
6095 Pine Mountain Road NW Ste 108
Kennesaw GA 30152

Expires: 06/30/2023 Pharmacist in Charge RPH023486
Issued: 11/30/2021 Shawn Edward Hodges
Real-time license verification is available at gadch.mylicense.com/verification

APPLICATION FOR CERTIFICATE OF AUTHORITY

Electronically Filed
Secretary of State
Filing Date: 3/26/2021 2:56:35 PM

BUSINESS INFORMATION	
CONTROL NUMBER	21080307
BUSINESS NAME	Innovation Compounding Pharmacy, LLC
BUSINESS TYPE	Foreign Limited Liability Company
EFFECTIVE DATE	03/26/2021
HOME JURISDICTION	Delaware
DURATION	Perpetual
NAME IN HOME STATE	Innovation Compounding Pharmacy, LLC
DATE OF FORMATION IN HOME JURISDICTION	03/19/2021
COMMENCEMENT DATE IN GEORGIA	03/26/2021

PRINCIPAL OFFICE ADDRESS	
ADDRESS	6095 Pine Mountain Rd., NW #108, Kennesaw, GA, 30152, USA

RECORDS ADDRESS	
ADDRESS	1715 N Westshore Blvd., Ste. 200, Tampa, FL, 33607, USA

REGISTERED AGENT		
NAME	ADDRESS	COUNTY
C T Corporation System	289 S Culver St, Lawrenceville, GA, 30046-4805, USA	Gwinnett

MANAGER(S)		
NAME	TITLE	ADDRESS
Michelle Case	MANAGER	1715 N Westshore Blvd., Ste. 200, Tampa, FL, 33607, USA

AUTHORIZER INFORMATION	
AUTHORIZER SIGNATURE	Sharon Elkin
AUTHORIZER TITLE	Authorized Person

The foreign limited liability company undertakes to keep its records at the address shown above until its registration in Georgia is canceled or withdrawn. The foreign limited liability company, in accordance with Title 14 of the Official Code of Georgia Annotated, appoints the Secretary of State as agent for service of process if no agent has been appointed in Georgia or, if appointed, the agent's authority has been revoked or the agent cannot be found or served by the exercise of reasonable diligence.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INNOVATION COMPOUNDING PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INNOVATION COMPOUNDING PHARMACY, LLC" WAS FORMED ON THE NINETEENTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

5587687 8300

SR# 20213671798

Authentication: 204566758

Date: 11-01-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

Recent NABP VPP inspection conducted on-site 10/15/2020

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Pharmacy e-Profile ID:	769340		Inspection Information
Legal Business Name:	Innovation Compounding Inc	Virtual Survey Date:	Telephone call 10/14/2020 with Mitchell Bell
Doing Business As (DBA):	Innovation Compounding Inc	Start Time: 24-hour format (13:00)	15:00
Address:	6095 Pine Mountain Rd NW Ste 108	End Time: 24-hour format (13:00)	16:10
City:	Kennesaw	Onsite Survey Date:	10/15/2020
State:	GA	Start Time: 24-hour format (13:00)	9:20
Zip Code:	30152	End Time: 24-hour format (13:00)	15:25
Telephone number:	800-547-1399	Inspector Name:	Amanda Harding, PharmD, BCSCP
Toll free number:	800-547-1399	Inspection Performed by (NABP, State, etc):	NABP
Fax number:	866-635-2329	Observer Name/Affiliation (if applicable):	NA
Website:	innovationcompounding.com	Observer Name/Affiliation (if applicable):	NA

Pharmacy Hours of Operation	Check if 24/7 ☐		
	Open		Closed
	Start Time: (24-hour format)	End Time: (24-hour format)	(X)
Sunday			x
Monday	9:00	18:00	
Tuesday	9:00	18:00	
Wednesday	9:00	18:00	
Thursday	9:00	18:00	
Friday	9:00	17:00	
Saturday			x

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist in Charge	Shawn Hodges	shodges@innovationcompounding.com	194995
Nonsterile Compounding Supervisor	Sunjeet Virdi	not provided	591600
Sterile Compounding Supervisor	Jeanhie Kim	not provided	1206572
Hazardous Compounding Supervisor	T Mitchell Bell	mbell@innovationcompounding.com	443959

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Shawn Hodges	PIC	Y
2	T. Mitchell Bell	RPH, VP of Operations	Y
3	Tara Thompson	RPH	Y
4	Casey Greene	RPH	Y
5	Sunjeet Virdi	RPH	Y
6	Jeanhie Kim	RPH	Y
7	Becca Johnson	QA Manager	Y
8	Shawn Crane	Sterile Compounding Lead Tech	Y
9	Adam Crane	Tech	Y
10	Tasha Keith	Non-sterile Compounding Lead Tech	Y

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present. 8 additional Techs; 3 Clerks

Business Licensure Information for State of Residence and Federal
(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
State of Georgia Department of Community Health, Georgia Board of Pharmacy	Innovation Compounding Inc	Retail Pharmacy PHRE009149	6/30/2021
Drug Enforcement Agency (DEA)	Innovation Compounding Inc	Retail Pharmacy FI0439097	11/30/2022

Inspector Notes: List states in which Non-Resident licenses are held. Holds current licenses in all states except HI, VA, OR and NE. Do not dispense sterile preparations into CA.

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Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description
Photo01_GP59_InnovationCompounding_Kennesaw_GA	Picture of stocked CBD products
Doc01_InnovationCompounding_Kennesaw_GA	Pre-printed Prescription forms

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail	X	Telepharmacy	
Open to the Public	X	Central Fill/Processing/Shared Services	X
Closed Door		Specialty Pharmacy	
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy	X	Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	X
HMO/PBM only		Nonsterile Hazardous Drug Compounding	X
Internet Pharmacy (New Rx)		Sterile Compounding	X
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	X

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	Facility Size in Square Feet and Number of PECs		Personnel
Total Pharmacy size:	4200 total with administrative offices	Total Pharmacists:	8
Nonsterile Compounding Room size:	570	Number of Compounding Pharmacists	8
Nonsterile Compounding powder hoods number:	4 in nonsterile lab plus 1 in sterile ante room	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	0	Total Student Interns:	1 during site visit on rotation
Nonsterile HD Compounding BSC/CACI hoods number:	0	Total Technicians:	17
Sterile Compounding Ante Room size:	145	Number of Compounding Technicians	9
Sterile Compounding Clean/Buffer Room size:	125	Of technicians, how many are certified?	9
Sterile Compounding Number LAFW hoods/areas:	1	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:	1 used in hd and nonhd	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	0	Total Other Unlicensed Personnel:	3
Negative Pressure Sterile HD Room size:	0	Ratio #tech:#RPh present at time of inspection:	2:1
Sterile HD Compounding Number of BSC hoods:	1 used in hd and nonhd	Total Pharmacist Hours Per Week:	344
Sterile HD Compounding Number of CACI hoods:	0	Total Technician Hours Per Week:	680
	Volume Dispensed		**Volume Distributed**
Total Prescriptions Dispensed/day:	380-400	Total Orders Distributed/day:	0
% Veterinary Prescriptions	<1%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	25-30%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	30-35%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	65-70%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	30-35%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK	309	0	Year
AL	851	0	year
AR	850	0	year
AZ	907	0	year
CA	486	0	year
CO	380	0	year
CT	102	0	year
DC	89	0	year
DE	110	0	year
FL	2547	0	year
GA	38557	0	year
HI			
IA	343	0	year
ID	119	0	year
IL	1989	0	year
IN	209	0	year
KS	332	0	year
KY	217	0	year
LA	296	0	year
MA	57	0	year
MD	507	0	year
ME	95	0	year
MI	3242	0	year
MN	129	0	year
MO	3981	0	year
MS	179	0	year
MT	37	0	year

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC	2057	0	year
ND	16	0	year
NE	192 (not currently shipping into)	0	year
NH	1	0	year
NJ	1380	0	year
NM	265	0	year
NV	300	0	year
NY	2196	0	year
OH	2022	0	year
OK	403	0	year
OR			
PA	4305	0	year
RI	210	0	year
SC	1392	0	year
SD	0	0	year
TN	2192	0	year
TX	39524	0	year
UT	382	0	year
VA	5 (not currently shipping into)	0	year
VT	11	0	year
WA	257	0	year
WI	363	0	year
WV	80	0	year
WY	4	0	year
Other:	VI 34	0	year

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the phormacist on duty.*	Yes	Present at facility, site visit performed with T. Mitchell Bell, VP of Operations and Becca Johnson QA
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40 hours/week; TX PIC Tara Thompson also works 40 hours/week
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	Yes	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	Yes	Can enter refill request through patient portal
8.00	Are photographs allowed during the inspection (no PHI)?	Yes	
9.00	List of additional personnel interviewed as part of the inspection, including name and title:		Shawn Hodges, PIC; T Mitchell Bell RPH VP of Operations; Becca Johnson QA Manager; Casey Greene RPH QA Supervisor; Tara Thompson RPH; Jeanhie Kim RPH Sterile Compounding Supervisor
	Types of Practice Additional Questions If any part of a question is no, enter "No" and explain the observation.		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	>99% of prescriptions are mailed and of those mailed 50-55% go to provider both instate and out of state
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
General Operations and Licensure	**If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	Yes	
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	9/15/2016 GA, every 2 years generally, site visit 4/14/20 for covid
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	N/A	No deficiencies on most recent inspection.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	Yes	CA was performing annual inspections; pharmacy dropped sterile compounding CA license
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	

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General Pharmacy Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	Yes	FDA 2017; No 483 issued
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	ACHC PCAB exp 2021 last on site 2019; Focus Scripts 2019
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	storage unit on same premises keep records at least 7 years
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	Kept in both electronic and hard copy format
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Kept in both electronic and hard copy format
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronic record of what is deleted/changed
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	kept on site
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	

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General Pharmacy Inspection

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Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
Personnel	**If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	QA manager monitors expiration of licenses. Keeps verification electronically and in personnel files.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Primary source verification with BOP websites
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	2:1 if technicians non-certified; 3:1 with certified technician
Facility and Security	**If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	alarmed to report unauthorized entry or power outage after hours - notifies PIC and VP of Operations; double lock door into compounding labs
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	Yes	stored in safe or under double lock
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Secure drugs then salvage any if necessary
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	Do not destroy on site

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	RX Exchange monthly
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	MCF approximately monthly
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	Can step away within lobby or use break room for counseling. Very limited in person pick up
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	Thermometers with min/max recorded. Reset once go out of range. Maintain less than 77 F in compounding areas. Temperatures in storage and compounding area between 68-71 during site visit
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	thermometers with min/max recorded ; temperature documented manually
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	USP range; thermometers with min/max recorded; reset during daily check if out of range ; manual record of daily temperatures
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	2, 4, 4, 5, 6, 7 C
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	USP range; thermometers with min/max recorded; reset during daily check if out of range ; manual record of daily temperatures
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	Yes	minus 15, minus 22, minus 14 C
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Back up generator will power main units for drug storage; outage lasts for extended duration will determine if product safe to dispense. Sterile lab triple clean if more than 59 minutes without power

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Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	Will determine if products safe to dispense based upon time spent outside temperature range
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	
Product Receipt and Inventory	**If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	VP Bell establishes contract with new wholesaler. Technicians must get RPH approval prior to ordering from non-primary wholesalers
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	Anda, McKesson Med Surge for commercial products; Multiple sources for API: Letco, Medisca, PCCA,
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	No	
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	Unknown	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	No	Limited distributors for drug product requiring transaction histories
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	No	Have access online to transaction history if want to review
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Unknown	

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		Finding	Notes
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	No	Have access online to transaction history if want to review
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Unknown	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	Yes	PIC is POA
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	No	
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	Unknown	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Unknown	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Perpetual inventory; limited controlled substance products
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	Have not had an event would report to BOP

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		Finding	Notes
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	Yes	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetuol log and verify that reconciliation is taking place.*	Yes	
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two yeors).*	Yes	5/1/2020 annual inventory
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	Sell CBD products from a singular manufacturer with 0% THC and mail product to consumers
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Checked monthly all products
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		Monthly check
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	Mail vast majority of products
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	

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		Finding	Notes
	Prescription Processing If any part of a question is no, enter "No" and explain the observation.		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Intake technicians obtain information with each call to patient
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	Yes	Document species and owner's information
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Verify with the prescriber
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	Prescribers often will consult with pharmacists
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substonces, or both.*	Yes	both
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	By pharmacist as part of final product verification
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	If patient provides other medications RPH supervising intake technician will perform manual drug-drug interaction review. Product verification RPH will perform manual DUR otherwise

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Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	N/A	Manual process obtaining health conditions and other medications if provided by patient
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	Johnson, QA responsible for reporting
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reparting and that pharmacist can access the PMP data.*	Yes	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	DUR process is manual - document identified interactions in prescription notes
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	No	
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	Yes	
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing monual DUR.*	No	Plumbs
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	As part of final product verification

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		Finding	Notes
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Labeling as required by state and federal regulations
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	PK Compounder for compounding; Life Well for dispensing system.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	Yes	RPH licensed in GA located in FL that assists with consultations and takes prescriptions at RPH home. Site visit performed during COVID 19 pandemic
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	No	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	Yes	RPH licensed in GA located in FL that assists with consultations and takes prescriptions at RPH home. Site visit performed during COVID 19 pandemic
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	Yes	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	

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		Finding	Notes
Patient Counseling and Communication	If any part of a question is no, enter "No" and explain the observation.		
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	No	
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	RPh or Technician through point of sale
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	No	
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	RPh or Technician
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	No	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	Yes	RPh or Technician
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for potients to call, pharmacist calls patients directly, etc? Describe how.*	N/A	do not deliver prescriptions
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Counseling offered prior to dispensing when patients are contacted by phone and info sheets provided with first dispensing
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Print outs provided with dispensing of certain products (hormones)
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	N/A	Do not dispense drugs requiring MedGuides per Bell
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	N/A	Do not dispense REMS programs per Bell
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	document refusal of patients that pick up in person
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	No	RPH available during business hours only
85.00	Are processes in place to handle a drug recall?	Yes	

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		Finding	Notes
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.01	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	QA manager Casey Greene, RPh
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	both
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	Consider any deviation from standard operating procedures as quality event
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	at time of event investigation initial report

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Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	at time of event by reporting personnel and weekly and monthly by QA
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	no formulary
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	No	Have not had an event that they would report
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	N/A	BOP reviews during inspection
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	N/A	Have not had an event that they would report
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	No	
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nonsterile Compounding Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

	General Operations and Information	Finding	Notes
1.00	Does the pharmacy **dispense** nonsterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	Yes	
1.02	Do the compounded prescriptions produce a significant difference from a commercially available drug that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner?	Yes	Prescriber indicates that compounded preparation is requested. Strength differences primarily or dosage form
1.03	Are nonsterile compounded prescriptions picked up at the pharmacy?	Yes	<5%
1.04	Are nonsterile compounded prescriptions delivered to patients in their homes or residential facilities?	No	
1.05	Are nonsterile compounded prescriptions mailed to patients in their homes or residential facilities?	Yes	
1.06	Are nonsterile compounded prescriptions delivered to the practitioner for administration to the patient in the office, clinic, or facility?	No	
1.07	Are nonsterile compounded prescriptions mailed to the practitioner for administration to the patient in the office, clinic, or facility?	Yes	
2.00	Does the pharmacy **distribute** nonsterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	No	
2.01	Does the pharmacy distribute nonsterile compounded preparations to practitioners for office use?	N/A	
2.02	Does the pharmacy distribute nonsterile compounded preparations to hospitals, clinics, or surgery centers?	N/A	
2.03	Does the pharmacy have a sales force that promotes compounded preparations? *List compounds promoted.*	Yes	employees, general compounding and preparation types
2.04	Does the pharmacy distribute non-patient specific compounded preparations for promotional purposes? *List compounds provided.*	No	
2.05	If yes, does the sales force hand-deliver these compounds? *List compounds provided.*	N/A	
2.06	If yes, are any of these controlled substances? *List compounds provided.*	N/A	
3.00	Does the pharmacy provide nonsterile compounded preparations to other pharmacies for dispensing?	No	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nonsterile Compounding Inspection

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Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations? *Provide List.*	N/A	
4.00	Does the pharmacy compound oral preparations (tablets, capsules, liquids, lozenges, etc.)? *Provide List.*	Yes	capsules, troches, oral solutions, suspensions
5.00	Does the pharmacy compound topicals (gels, creams, ointments, inserts, suppositories, patches, sprays including nasal sprays, etc.)? *Provide List.*	Yes	lotions, creams, vaginal and rectal suppositories
6.00	Does the pharmacy compound vitamin or nutritional supplements? *Provide List.*	Yes	vitamins B vitamins, zincs elements
7.00	Does the pharmacy sell any compounds over-the-counter? *Provide list.*	No	
8.00	Does the pharmacy compound investigational drugs? *Provide List.*	No	
9.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate volume or percent compounded currently.*	Yes	1 product on FDA drug shortage list
9.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	Yes	
9.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	Yes	check FDA and ashp list to check for resolve date
10.00	Does the pharmacy perform compounding identified as **simple**? *Indicate percentage of simple compounding.* 1. Making a preparation that has a USP compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate beyond-use dates (BUD)s. 2. Reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer. *Examples include Captopril Oral Solution, Indomethacin Topical precautions. Gel, and Potassium Bromide Oral Solution (Veterinary).*	Yes	<5%

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National Association of Boards of Pharmacy®
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Nonsterile Compounding Inspection

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Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
11.00	Does the pharmacy perform compounding identified as **moderate?** *Indicate percentage of moderate compounding.* 1. Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units. 2. Making a preparation for which stability data for that specific formula is not available. *Examples include Morphine Sulfate Suppositories, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known.*	Yes	5%
12.00	Does the pharmacy perform compounding identified as **complex?** *Indicate percentage of complex compounding.* Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. *Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.*	Yes	>90%
13.00	Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of compounding with hazardous drugs.* NIOSH list of hazardous drugs including chemotherapy, hormones, etc.	Yes	70-75%
13.01	Is the pharmacy aware of the more stringent requirements of the proposed USP Chapter <800>?	Yes	In process of building a new facility
14.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	
15.00	Does the pharmacy compound using any **controlled substances**? *Indicate percentage of controlled substance nonsterile compounding.*	Yes	40-45%
16.00	**APIs:** Does the pharmacy make any nonsterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *Indicate the source of APIs.*	Yes	Letco, Medisca, PCCA, Fagron, Humco, Spectrum, Attix
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified.*	Yes	Checks FDA registration

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National Association of Boards of Pharmacy®
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Nonsterile Compounding Inspection

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Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
16.03	Does the pharmacy use active ingredients that are not from an FDA-registered facility? *If so, indicate sources.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding? *If not, explain.*	Yes	
17.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	Yes	QA processes such as pH. No in house lab tests
18.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed.*	Yes	Pharmetric, ARL, CIAL
19.00	Does the pharmacy use scales/balances for nonsterile compounding?	Yes	
19.01	If so, what type of scale/balanced is used? *List manufacturer and model number*	[redacted]	3 Ohaus Explorer, 1 Ohaus
19.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency*	Yes	Daily weight check that is documented and annual certification from outside vendor
19.03	Describe the pharmacist checks for the measurement of each ingredient	[redacted]	Bar code scanning of ingredient with scales linked into compounding software
20.00	**Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include nonsterile compounding measures? **Note: If the facility indicates "yes", please ask each question below to verify.**	Yes	
20.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
20.02	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
20.03	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
20.04	Does the pharmacy continuous quality improvement program include end product testing (such as: pH, weight, potency, particulates, consistency, etc.)?	Yes	
20.05	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding nonsterile compounded products?	Yes	

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Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
20.06	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	
20.07	Does the recall system include communication with both the patient and the physician/prescriber regarding the affected nonsterile compounded preparation?	Yes	
20.08	Are QREs involving nonsterile compounded preparations or are recalled by the pharmacy reported to the Board of Pharmacy?	Yes	if necessary
	Component Selection and Use		
	Total Non-Compliant (Includes Unknowns)	**1**	
21.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
21.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before using to compound.	Compliant	
21.02	USP- or NF-grade substances used, if available	Compliant	
21.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	Compliant	
21.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels.*	Compliant	
21.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding	Compliant	

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Nonsterile Compounding Inspection

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Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
21.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	
21.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned does not exceed three (3) years for ingredients used for non-sterile compounding and does not exceed one (1) year for ingredients used for sterile compounding. *Note: purity and quality testing may be performed to extend.*	Compliant	
21.08	All APIs and components received without an expiration date are labeled with the date they were received.	Compliant	
21.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	Non-Compliant	Active ingredients assigned 1 year or less per manufacturer expiration when transferred. Inactive ingredients may be assigned out to manufacturer expiration (more than a year)
21.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	
22.00	Where water is an ingredient, purified or distilled water is used.	Compliant	
23.00	Ingredients used for dietary or nutritional supplements meet USP, Food Chemicals Codex (FCC), or NF standards, or the pharmacy has alternate means to determine if the ingredients meet food-grade quality.	Compliant	
24.00	Pharmacy confirms that there are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Compliant	
25.00	When manufactured products are used for compounding, all the other excipients in the product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Compliant	
26.00	For **animal compounding:** The compounding meets the same standards as compounding for human patients.	Compliant	

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Nonsterile Compounding Inspection

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Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
26.01	The pharmacist is knowledgeable or has references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	Compliant	
26.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	companion and zoo animals only
26.03	The pharmacist familiar with, or has a reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	companion and zoo animals only
26.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	companion and zoo animals only
26.05	The pharmacist is familiar with, or has a reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	companion and zoo animals only

Beyond Use Dating (BUD)

	Total Non-Compliant (Includes Unknowns)	**0**	
27.00	BUDs are assigned from the day of preparation.	Compliant	
28.00	BUDs are assigned based on dispensing in tight, light-resistant containers/overpacks.	Compliant	
29.00	Extended BUDs are supported by testing data. *View documentation used, preparation must exactly match formulation upon which data was obtained.*	Compliant	
29.01	Extended BUDs are assigned and the facility has performed its own stability testing. *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc.*	Compliant	
30.00	BUDs for nonaqueous formulations are not later than the remaining time until the earliest expiration date of any API and not later than six (6) months.	Compliant	
31.00	BUDs for water-containing oral formulations are not later than 14 days when stored at controlled cold temperatures (refrigerated).	Compliant	
32.00	BUDs for water-containing topical/dermal and mucosal liquid and semisolid formulations not later than 30 days.	Compliant	

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Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
Environment			
	Total Non-Compliant (Includes Unknowns)	**2**	
33.00	The non-sterile compounding area is a controlled environment and separate from the general pharmacy.	Compliant	
34.00	There sufficient space available for the type and amount of compounding performed and the space is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations.	Compliant	
35.00	Only one preparation compounded at a time.	Compliant	
36.00	Procedures are implemented to prevent cross-contamination, especially when compounding with drugs such as hazardous drugs and known allergens like penicillin that require special precautions.	Compliant	
37.00	The compounding area is well lit.	Compliant	
38.00	The pharmacy performs **hazardous** non-sterile compounding in a ventilated cabinet such as a BSC, CAI, or CACI. *Note: CAI may not be used for hazardous drugs that may volatilize.(NIOSH requirement referenced in USP<795>. Note that proposed USP Chopter <800> will change hazardous drug compounding requirements.)*	Non-Compliant	Compounded within powder hood
38.01	Ventilated cabinets (BSC, CAI, CACI) used for hazardous compounding are certified or tested periodically.	N/A	
38.02	If the hoods or isolators are not located in a closed, controlled room environment, there is documentation from the manufacturer and site testing to verify proper functioning of equipment under dynamic conditions for the safety of personnel.	N/A	
39.00	Appropriate protective attire (gowns, gloves, masks, etc.) is available.	Compliant	
39.01	If hazardous drugs are used, appropriate protective attire is available (gowns, gloves, hair and shoe covers, eye and face protection, etc.).	Compliant	
40.00	There is a sink in the compounding area with hot and cold potable water, soap or detergent, and air-driers or single-use towels.	Compliant	
41.00	There is adequate space to wash equipment and utensils including access to water for rinsing. *(Purified water is **recommended** - not required)*	Compliant	

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Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
42.00	The temperature of the compounding area is controlled by a thermostat and an air conditioning system is in place.	Compliant	
43.00	**Temperature** in the compounding area is maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Non-Compliant	Consistent recorded temperatures below 68 F in compounding lab during September 2020 (usually 66F)
43.01	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	
43.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
43.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas) and maintained within 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	N/A	Same as compounding area for non-sterile
43.04	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	N/A	
43.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	N/A	
44.00	**Humidity** in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally **recommended** range is 35-60%.	Compliant	
44.01	Humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
44.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.03	Humidity monitoring is also performed in **drug storage areas** (if separate from the compounding areas) to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%.	N/A	Same as compounding area for non-sterile
44.04	Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	N/A	

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		Finding	Notes
44.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	N/A	
45.00	The bulk component storage area is adequately arranged and maintained in a clean and sanitary condition.	Compliant	
46.00	All components, equipment, and containers are stored off the floor, and handled and stored to prevent contamination.	Compliant	
47.00	All components and packaging containers and closures are properly rotated to use oldest first.	Compliant	
48.00	Hazardous drugs are appropriately identified and marked, received, handled and stored by appropriately trained personnel. (OSHA regulations and NIOSH Alerts)	Compliant	
49.00	Trash is disposed of in a safe, sanitary, and timely manner.	Compliant	
49.01	Hazardous waste is disposed of in a safe, sanitary, and timely manner.	Compliant	
	Training -*Verify records of all compounding personnel (up to 10).*		
	Total Non-Compliant (Includes Unknowns)	**0**	
50.00	Have all personnel of reproductive capability who handle or compound hazardous drugs or chemicals confirmed in writing that they understand the risks of handling hazardous drugs? Teratogenicity, carcinogenicity, reproductive issues.	Compliant	
51.00	There is documentation that all personnel that perform compounding are appropriately trained including policies and procedures, documentation, hazardous drug handling, and compounding technique and not allowed to compound or supervise compounding until training is successfully completed.	Compliant	
52.00	There is documentation that the training process for the preparation of compounds includes demonstration of the compounding procedure first, followed by the trainee performing the procedure under supervision successfully before being allowed to perform compounding.	Compliant	
53.00	There is documentation that training includes the operation of any equipment that may be used when preparing compounded products. *Documentation includes operation and troubleshooting.*	Compliant	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nonsterile Compounding Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
54.00	There is documentation available showing employees performing non-sterile compounding are evaluated at least annually.	Compliant	
54.01	If performing hazardous nonsterile compounding, there is documentation available showing employees are evaluated at least annually.	Compliant	
55.00	If the pharmacy uses relief personnel from outside agencies to perform non-sterile compounding there is documentation that training is verified.	N/A	No relief personnel
Compounding Equipment			
	Total Non-Compliant (Includes Unknowns)	**0**	
56.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (including capsule machines, autoclaves, ovens, etc.) are periodically inspected and calibrated.*	Compliant	
57.00	Scales, balances, or other types of equipment used for measurement shall be routinely inspected, calibrated as necessary (per manufacturer instructions), and checked to ensure proper performance. *Describe procedure used.*	Compliant	Annual outside calibration; daily weight checks
58.00	Powder hoods used for nonsterile compounding are certified or tested periodically to ensure proper function.	Compliant	
58.01	Hood filters are checked regularly and replaced when necessary.	Compliant	
59.00	All equipment is cleaned promptly after each use. *Equipment and utensils washed using potable water with a soap or detergent, and rinsed. **Recommended** rinsed with purified water.*	Compliant	
60.00	The pharmacy uses separate equipment and utensils to compound allergenic, cytotoxic, or hazardous products, or has detailed procedures for meticulous cleaning of equipment and utensils immediately after use to prevent cross-contamination or exposure.	Compliant	

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Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
Documentation			
	Total Non-Compliant (includes Unknowns)	**0**	
61.00	The pharmacy creates a master formulation record the first time before compounding a new preparation	Compliant	
61.01	Every formulation is evaluated for incompatibilities and the potential for being ineffective or toxic.	Compliant	
61.02	The **master formulation record** includes:		
61.03	Official or assigned name, strength, and dosage form	Compliant	
61.04	All necessary calculations	Compliant	
61.05	Description of all ingredients and their quantities	Compliant	
61.06	Compatibility and stability information including references (when available)	Compliant	
61.07	Equipment used for the preparation	Compliant	
61.08	Mixing instructions (order of mixing, temperatures, duration of mixing, and other pertinent factors)	Compliant	
61.09	Container used and packaging requirements	Compliant	
61.10	Assigned BUD information	Compliant	
61.11	Labeling information including the name of and quantity or concentration of each active ingredient	Compliant	
61.12	Description of the finished preparation	Compliant	
61.13	Storage requirements	Compliant	
61.14	Quality control procedures and expected results (e.g. dose measurement of capsule in the dose calibrator).	Compliant	
62.00	The pharmacy creates a compounding record for each compound prepared	Compliant	
62.01	The **compounding record** includes:		
62.02	Official or assigned name, strength and dosage of the preparation	Compliant	

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Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
62.03	Master Formulation Record reference	Compliant	
62.04	Sources, lot numbers, and expiration dates of all components	Compliant	
62.05	Total quantity or number of dosage units compounded	Compliant	
62.06	Person compounding the preparation	Compliant	
62.07	Person performing the quality control procedures	Compliant	
62.08	Person who approved the preparation	Compliant	
62.09	Date of compounding	Compliant	
62.10	Assigned internal identification number or prescription number	Compliant	
62.11	Description of the final preparation	Compliant	
62.12	Assigned BUD	Compliant	
62.13	Duplicate label	Compliant	
62.14	Results of quality control procedures (weight range of filled capsules, pH of aqueous liquids, etc.)?	Compliant	
62.15	Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver including investigation and recall, if appropriate	Compliant	

Compounding Procedures

	Total Non-Compliant (Includes Unknowns)	**0**	
63.00	The Master Formulation Record and the Compounding Record has been reviewed by the compounder to ensure it is error free.	Compliant	
64.00	Compounding personnel ascertain that ingredients for compounded preparations are of the correct identity and appropriate quality including a unit-by-unit inspection of the components.	Compliant	
65.00	The containers and closures selected meet USP standards (from container supplier).	Compliant	
66.00	Container selection determined by physical and chemical properties of the preparation.	Compliant	

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		Finding	Notes
67.00	Compounding personnel maintain good hand hygiene and wear clean and appropriate clothing for the compounding being performed.	Compliant	
68.00	Personnel don appropriate protective garb when performing compounding.	Compliant	
68.01	If hazardous compounding, personnel don appropriate protective garb when compounding.	Compliant	
69.00	Routine compounding procedures for batch preparation completed and verified according to written procedures. Including: *Calculations correct, weighing and measuring performed correctly, order of mixing correct, compounding techniques performed correctly*	Compliant	
70.00	Procedures for in-process checks followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is performed to ensure proper measurement, reconstitution and component usage.* ***Recommended:*** *compounding accuracy checked by a person other than the compaunder.*	Compliant	
71.00	There are no deviations from the master formulation record, unless they are approved and deemed appropriate by a pharmacist and a new master formulation record is created.	Compliant	
72.00	There is a procedure for cleaning which is followed. *After each preparation, daily tasks, monthly tasks, etc.*	Compliant	
73.00	Personnel are appropriately garbed for protection when cleaning.	Compliant	
74.00	Compounding employees are using appropriate techniques. *Inspector to observe compounding procedures, documentation, appropriate garb, cleanliness of compounding area and equipment.* ***Compounding MUST be observed****, If compounding is not being performed ot the time of survey, mark as "Non-Compliant".*	Compliant	
74.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "**Denial of Authorization**" form. List individuol who signs the Deniol of Authorizotion*		

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Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
Finished Preparation Release Checks and Tests			
	Total Non-Compliant (Includes Unknowns)	0	
75.00	The finished preparation is observed to appear as expected in the master formulation record and documented.	Compliant	
76.00	As appropriate, the final completed preparation assessed for quality control and is documented, such as weight, mixing, clarity, odor, color, consistency, pH, and strength.	Compliant	
77.00	There are established written processes that describe test or examinations conducted on the compounded preparation (degree of weight variation in capsules, for example) to ensure uniformity and integrity.	Compliant	
78.00	Preparations with extended BUDs that are not supported by testing data are sampled and tested for physical, chemical, and microbiological characteristics.	Compliant	Potency over time and bracketing studies
78.01	If any failed tests or discrepancies are observed, there is an investigation and appropriate corrective actions taken before dispensing to patient	Compliant	
78.02	If products being tested are dispensed or distributed before the test results are obtained, there is a recall procedure if the test results indicate an issue.	Compliant	
79.00	There are appropriate quality control procedures to monitor the output and to verify the performance of compounding processes and equipment that may be responsible for causing variability in the final compounded preparations. *Review validation of equipment and personnel performance documentation.*	Compliant	
80.00	Labels on immediate patient-specific containers include identifiers for the persons preparing the compound and performing the final verification, BUD, an indication that this is a compounded preparation, special requirements for storage, and appropriate packaging and labeling of hazardous materials.	Compliant	
80.01	Labeling contains generic name and quantity or concentration of each active ingredient.	Compliant	
80.02	Labeling contains assigned BUD.	Compliant	
80.03	Labeling contains storage and handling information.	Compliant	
80.04	If hazardous, labeling contains storage and handling information.	Compliant	

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		Finding	Notes
80.05	Labeling contains prescription or control number, whichever is applicable.	Compliant	
81.00	Batch preparations (in anticipation of prescriptions) are of an appropriate volume and batch products in stock are all within their BUD (not outdated).	Compliant	
82.00	Labels on batch preparations include the name and quantity of all contents, date and time of preparation (or internal code/lot number indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Compliant	
83.00	Preparations are stored and secured properly prior to dispensing based upon conditions upon which BUD was assigned.	Compliant	
84.00	Preparations are examined immediately after preparation **AND** again immediately prior to dispensing for any signs of instability.	Compliant	
	Patient Counseling and Communication		
	Total Non-Compliant (Includes Unknowns)	**0**	
85.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of products such as fentanyl, hormones and chemotherapy medications?	Compliant	
86.00	Are the required printed drug information materials (drug information sheets, Patient Package Inserts, MedGuides, etc.) provided for the compounded products?	Compliant	
87.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
88.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated compounded product are notified of the potential risk.	Compliant	

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Sterile Compounding Inspection

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Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
	Indicate the drug name, dosage or strength, and the size of the sample obtained for testing. *(NA if no sample)*		Testosterone Cypionate in Sesame Oil 200mg/ml 5 ml vials; Sample size of 66 vials
	Indicate the areas/rooms of the pharmacy entered to perform the inspection. *If the inspector did not fully garb and enter buffer room(s), indicate reason.*		Able to observe activities in ante room and buffer room without entry into clean room suite
	General Operations Information		
1.00	Does the pharmacy **dispense** sterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	Yes	
1.02	Are sterile compounded prescriptions picked up at the pharmacy?	Yes	
1.03	Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities?	Yes	
1.04	Are sterile compounded prescriptions delivered/mailed to the practitioner for administration to the patient in the office, clinic, or facility?	Yes	
2.00	Does the pharmacy **distribute** sterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	No	
2.01	Does the pharmacy distribute sterile compounded preparations to practitioners for office use?	N/A	
2.02	Does the pharmacy distribute sterile compounded preparations to hospitals, clinics, or surgery centers?	N/A	
2.03	Is the pharmacy registered with the FDA as an Outsourcing Facility?	No	
2.04	Does the pharmacy have a sales force that distributes samples containing active ingredients? *List samples provided.*	No	
3.00	Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing?	Yes	Primarily for pellets
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations?	Yes	
4.00	Which of the following sterile compounds are prepared?		

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		Finding	Notes
4.01	Allergen extracts	Yes	
4.02	Parenteral solutions	Yes	
4.03	Parenteral *suspensions*	No	
4.04	Preservative-free parenterals	No	
4.05	Ophthalmic preparations	Yes	
4.06	Oral or nasal *inhalation* preparations (not topical sprays)	No	
4.07	Baths and soaks for live organs and tissues	No	
4.08	Irrigations for wounds and body cavities	Yes	
4.09	Any other sterile preparations (implants, pellets, etc.). *Provide list.*	Yes	Testosterone and estradiol pellets
5.00	Does the pharmacy compound investigational drugs? *Provide list.*	No	
6.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate name and volume/percent compounded currently.*	Yes	Testosterone cypionate in sesame oil prescriber indicates preference for compounded preparation; Compounded fentanyl, midazolam, hydromorphone, ketamine during COVID 19 shortage per FDA guidance
6.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	Yes	
6.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	Yes	
7.00	Does the pharmacy perform **low-risk** compounding? *Indicate percentage of low-risk sterile compounding.*	No	0%
7.01	Are all low-risk compounds assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen)?	N/A	
7.02	If low risk, are the compounds located in segregated area are BUD 12 hours or less?	N/A	
7.03	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		NA
7.04	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	

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		Finding	Notes
8.00	Does the pharmacy perform **medium-risk** compounding? *Indicate percentage of medium-risk sterile compounding.*	Yes	10% allergen extracts
8.01	Are all medium-risk compounds assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen)?	No	
8.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		Allergen extracts assigned BUD up to 380 days per manufacturer recommendations
8.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	No	
9.00	Does the pharmacy perform **high-risk** compounding? *Indicate percentage of high-risk sterile compounding.*	Yes	90%
9.01	Are all high-risk compounds assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen)?	No	
9.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		Testosterone cypionate and testosterone pellets 1 year BUD; vitamins and nutrients either 90 or 180 days; Certain concentrations of Tri-mix/Bi-mix 90 days to 180 days
9.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	Yes	Potency, Sterility, Endotoxin testing, Potency points in time
10.00	Does the pharmacy provide sterile compounded preparations to be administered via an implantable infusion pump?	No	
11.00	Does the pharmacy perform compounding for **immediate use?** *Indicate percentage of immediate use sterile compounding.*	No	0%
12.00	Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of hazardous sterile compounding.* *NIOSH list of hazardous drugs including chemotherapy, hormones, etc.*	Yes	30-35%
12.01	Does pharmacy have a plan to comply with USP Chapter <800> by the implementation date? Describe plan.	Yes	In process of building out new facility
12.02	Are hazardous drugs segregated and stored in a room that is negative pressure (at least -0.01" wc) to adjacent areas and with at least 12 ACPH?	No	
12.03	Is hazardous drug waste quarantined in a designated area and disposed of in compliance with local, state, and federal regulations?	Yes	

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		Finding	Notes
13.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	
14.00	Does the pharmacy perform compounding using **blood products** (or other biological materials)? Such as wound care, autologous eye drops, etc. *Describe.*	No	
15.00	Does the pharmacy compound using any Federally **controlled substances I-V**? *Indicate controlled substances used and percentage of controlled substance sterile compounding.*	Yes	Testosterone, buprenorphine, recently fentanyl and hydromorphone; exact percentage not shared.
16.00	**APIs:** Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *If not, indicate the source of APIs*	Yes	Letco, Medisca, PCCA, Fagron
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified*	Yes	check with FDA
16.03	Does the pharmacy use active ingredients that are not from an FDA facility? *If so, indicate sources.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding?	Yes	
17.00	Does the pharmacy use scales/balances for sterile compounding?	Yes	
17.01	If so, what type of scale/balanced is used? *List manufacturer and model number.*		2 Ohaus scales and 1 with higher weight range
17.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency.*	Yes	weight checks and annual calibration
18.00	Does the pharmacy have a **lyophilizer**?	No	
18.01	Where is the lyophilizer located? *Indicate location and ISO class of room.*		NA
18.02	Note the products lyophilized, and the volume or percent of products per week produced using the lyophilizer.		NA
18.03	Is the lyophilizer part of the viable air and surface sampling, media fill testing procedures, and cleaning schedules and procedures?	N/A	

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		Finding	Notes
19.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	Yes	Media fill tests, gloved fingertip sampling, surface sampling
20.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed*	Yes	Pharmetric (sterility, endotoxin); ARL and CIAL (potency, potency points in time)
21.00	**Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include sterile compounding measures? ***Note: If the facility indicates "yes", please ask each question below to verify.***	Yes	
21.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
21.02	Does the pharmacy continuous quality improvement program include nonviable environmental monitoring and testing?	Yes	
21.03	Does the pharmacy continuous quality improvement program include viable environmental testing?	Yes	
21.04	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
21.05	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
21.06	Does the pharmacy continuous quality improvement program include sterilization method testing and validation?	Yes	
21.07	Does the pharmacy continuous quality improvement program include end product testing (such as: potency, particulates, sterility, endotoxin, etc.)?	Yes	
21.08	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding CSPs?	Yes	
21.09	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	
21.10	Does the recall system include communication with both the patient and the physician/prescriber regarding the potentially contaminated CSP administered and the potential risks?	Yes	

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National Association of Boards of Pharmacy®
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Sterile Compounding Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
21.11	Are QREs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA.	Yes	if applicable
21.12	Are all CFUs detected by any personnel, environmental, or product testing; or any other checks or tests including endotoxin, purity, potency, etc. remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable? *Review QA trends.*	Yes	

Component Selection and Use

	Total Non-Compliant (Includes Unknowns)	**0**	
22.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
22.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products*. NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before being used for compounding.	Compliant	
22.02	USP- or NF-grade substances used, if available.	Compliant	
22.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	Compliant	
22.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels*	Compliant	

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Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
22.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding.	Compliant	
22.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	
22.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. *Note: purity and quality testing may be performed to extend.*	Compliant	
22.08	All APIs are labeled with the date they were received.	Compliant	
22.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	Compliant	
22.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	
23.00	There are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Compliant	
24.00	When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Compliant	
25.00	For **animal compounding**, does the compounding meet the same standards as compounding for human patients?	Compliant	
25.01	The pharmacist is knowledgeable or has the most up-to-date references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	Compliant	
25.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	companion and zoo animals only

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Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
25.03	The pharmacist familiar with, or has the most up-to-date reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	companion and zoo animals only
25.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	companion and zoo animals only
25.05	The pharmacist is familiar with, or has the most up-to-date reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	companion and zoo animals only
26.00	If the pharmacy compounds **stock solutions** or components (that are then used to compound a finished product) using APIs, these stock solutions are categorized as high-risk compounding.	Compliant	Occasionally compounds into bulk bag and then used to fill final containers - dating based upon compounding of bulk solution and finished containers sent for testing
26.01	The stock solutions are assigned BUD based on the USP<797> high-risk compound BUD, OR are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD.	Compliant	
26.02	Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements.	Compliant	
Environment			
	Total Non-Compliant (Includes Unknowns)	**1**	
27.00	If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct.	Compliant	
28.00	If the facility performs compounding using blood products (or other biological materials), this compounding area is separate and distinct from the general compounding areas.	Compliant	Compound with allergen extracts on specific day of week distinct from other compounding
28.01	Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)?	N/A	
29.00	Entry into the sterile compounding areas is limited to task critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel).	Compliant	
30.00	The anteroom has a line of demarcation or other separation of the dirty to the clean side. Note: the line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room.	Compliant	
30.01	Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation.	Compliant	

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		Finding	Notes
30.02	Carts used in the clean/buffer room are kept on the clean side of the line of demarcation.	Compliant	
31.00	All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating.	Compliant	
32.00	Walls are constructed of durable material, which is cleanable, such as epoxy-coated or heavy-gauge polymer material. *If panels are used, they are locked together and sealed.*	Compliant	
33.00	The ceiling surface shall be impervious and hydrophobic. *If tiles are used, they shall be locked and the seams between the tiles and where they meet the walls shall be caulked and sealed.*	Compliant	
34.00	The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall.	Compliant	
35.00	The clean/buffer room or anteroom does not have dust collecting overhangs.	Compliant	
36.00	The exposed surfaces of:		
36.01	PEC are free of dirt, rust, chips and particulate matter.	Compliant	
36.02	Light fixtures are smooth, mounted flush, and sealed.	Compliant	
37.00	A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s).	Compliant	
38.00	There is no sink or drain in the clean/buffer room.	Compliant	
39.00	Hand drying is with lint-free disposable towels, or an electronic or HEPA filtered hand dryer.	Compliant	
39.01	If using a hand dryer, particle count and smoke testing validation is performed while dryer is in use (while someone is actively using to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed. *(N/A if only using towels)*	N/A	low lint towels
40.00	All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with High Efficiency Particulate Air filtered air that maintains the cleanroom with an ISO Class 7 environment and the anteroom with an ISO Class 7 (when adjacent to HD cleanroom) or ISO Class 8 environment.	Compliant	

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		Finding	Notes
41.00	Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.	Compliant	
42.00	If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g. computers, printers, refrigerators, dishwashers, etc), they are located by an air return so air flows over and out of the room taking particles with it, and this air flow has been confirmed by smoke testing while in use.	Compliant	
43.00	Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom.	Compliant	
44.00	If compounding occurs using nonsterile ingredients, products, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.	Compliant	
44.01	Pre-sterilization procedures for high risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment.	Compliant	
45.00	Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.	Compliant	
45.01	Anteroom is at least 0.02" wc positive pressure to general pharmacy areas.	Compliant	
45.02	Clean/buffer room is at least 0.02" wc positive pressure to Anteroom.	Compliant	
45.03	Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom.	Non-Compliant	Hazardous compounding occurs in positive pressure buffer room
45.04	Pressures are reviewed and documented on a log at least every work shift (minimum of once daily) or monitored by a continuous recording device. *View logs*	Compliant	
45.05	Written plan in place to detect and react to pressure differentials outside of limits.	Compliant	
46.00	If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes), the air flow is measured across the openings.	N/A	Separate rooms
46.01	The air flow is at least 40 feet per minute across the entire opening.	N/A	separate rooms

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		Finding	Notes
46.02	Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. *View logs.*	N/A	separate rooms
46.03	Written plan in place to detect and react to air flow measurements outside of limits	N/A	separate rooms
46.04	This area is used only for low- and medium-risk compounding **(HD and high-risk not allowed)**.	N/A	separate rooms
47.00	**Temperature:** The temperature of all compounding and drug storage areas shall be maintained in accordance with standards, and a written plan shall be in place and followed to address any excursions.	Compliant	
47.01	Temperature in the **compounding area** is maintained to provide comfortable working conditions for compounding personnel of 20° C or cooler (68° F or cooler); Temperature can be more restrictive if warranted by specific drug product storage requirements. *Temperature records are maintained.*	Compliant	
47.02	If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Temperature records are maintoined.*	Compliant	
47.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas). Temperature is maintained at controlled room temperature of 20° - 25° C (68° - 77° F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.04	Temperature monitoring in the **drug storage area** is performed at least once daily and documented. *Temperature records are maintained.*	Compliant	
47.05	Temperature in the **refrigerator or cooler** is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.06	Temperature monitoring in the **refrigerator** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used. *Temperature records are maintained.*	Compliant	
47.07	Temperature in the **freezer** is maintained to provide controlled frozen temperature of -25° to -10°C (-13° to 14°F) or as specified by FDA approved labeling for drug product storage.	Compliant	

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		Finding	Notes
47.08	Temperature monitoring in the **freezer** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. *Temperature records are maintained.*	Compliant	
47.09	Action plan in place for any temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas.	Compliant	
48.00	**Humidity:** If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place", humidity is not to exceed 40%. (*Generally recommended range is 35-60% for performing sterile compounding .*)	Compliant	
48.01	If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
48.02	If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
48.03	If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas).	Compliant	
49.00	Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than eight hours.	Compliant	
50.00	When the ISO 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces	Compliant	
51.00	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	Compliant	
52.00	The inside and outside doors of a pass-through are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	N/A	no pass through
53.00	**If the PEC is a BSC or LAFW that is NOT located in an ISO Class 7 clean/buffer room:** BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities.	N/A	Clean room suite

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		Finding	Notes
53.01	Used only for low-risk compounded preparations with a 12-hour or less BUD assigned. *If yes, list percentage.*	N/A	Clean room suite
53.02	All garbing requirements are adhered to.	N/A	clean room suite
53.03	Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	clean room suite
53.04	Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas?	N/A	clean room suite
53.05	The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent).	N/A	clean room suite
54.00	**If the PEC is a CAI/CACI that is NOT located in an ISO Class 7 clean/buffer room:** CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of CSP.	N/A	No CACI
54.01	The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments.	N/A	No CACI
54.02	The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	no CACI
54.03	The sink is separated from the immediate area of the CAI or CACI (not adjacent).	N/A	no CACI
54.04	For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01" water column pressure to adjacent areas and a minimum of 12 ACPH.	N/A	No CACI

Cleaning and Disinfection

		Total Non-Compliant (Includes Unknowns)	
		0	
55.00	Are all personnel performing cleaning appropriately garbed?	Compliant	
56.00	Is the sterile compounding area equipped with appropriate nonshedding cleaning equipment and supplies? *All cleaning tools, such as wipers, sponges, ond mops, must be nonshedding, dedicated to ond labeled for use in either the buffer or clean area (no wooden handles are allowed).*	Compliant	
57.00	If cleaning tools are reused, is there a procedure to rinse and sanitize the tools and an appropriate clean storage area?	Compliant	

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		Finding	Notes
58.00	Are reusable tools appropriately labeled to prevent them from being used inappropriately?	Compliant	
59.00	For cleaning and sanitizing agents that are not "ready-to -use" formulations, are there formulas and instructions for mixing or diluting the agents prior to use and is the preparation documented?	Compliant	
60.00	Are cleaning and sanitizing agents appropriately labeled including expiration dates? *Verify no expired agents present.*	Compliant	
61.00	Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores?	Compliant	
62.00	Is the ISO 5 PEC cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination?	Compliant	
62.01	If heavily soiled, cleaning includes the appropriate agent. *List agent(s) used.*	Compliant	PREempt and Peridox
63.00	Does sanitizing of the ISO 5 PEC include sanitizing with sterile 70% IPA using a nonlinting wipe?	Compliant	
64.00	Does daily cleaning and sanitizing include counters and easily cleanable work surfaces?	Compliant	
65.00	Does daily cleaning include the floors starting from the clean/buffer room and working outwards? Floor cleaning is not to occur during compounding.	Compliant	
66.00	If fatigue mats are used, are they cleaned daily and let dry on both sides?	N/A	
67.00	Is a tacky mat used and if so, is there a procedure in place regarding replacement?	N/A	
68.00	Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls (PECs) thoroughly cleaned monthly? (*This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.) Check inside bins and shelving for dust if you are garbed.*	Compliant	
69.00	Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents?	Compliant	

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		Finding	Notes
Training -*Verify records of all compounding personnel (up to 10).*			
	Total Non-Compliant (Includes Unknowns)	**0**	
70.00	There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, hazardous drug handling, cleaning/disinfection/spills, garbing/gowning/hand hygiene, and aseptic technique. *Note that "compounding personnel" includes personnel performing compounding, supervising compounding, and performing verification of compounding. List number of personnel training files viewed.*	Compliant	10 training files viewed
70.01	All personnel performing compounding are not allowed to compound until training and initial testing is successfully completed.	Compliant	
70.02	All personnel that SUPERVISE compounding and/or perform verifications of other's compounding are not allowed to supervise or verify compounding until training and initial testing is successfully completed.	Compliant	
71.00	All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs. *Terotogenicity, carcinogenicity, reproductive issues.*	Compliant	
72.00	There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning and disinfection.	Compliant	
73.00	There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile products. *Documentation needs to include training on operation, and troubleshooting*	Compliant	
74.00	If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified. *View documentation.*	N/A	

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		Finding	Notes
75.00	There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs when applicable. *Indicate frequency, if testing more than annually*	Compliant	annually
76.00	There is documentation that all compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs when applicable. Compounding skills evaluation to include use of equipment. *Indicate frequency, if testing more than annually.*	Compliant	
77.00	There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests? *Personnel must pass the tests upon initial validation before being allowed to compound . Action required if the tests yield any garbing deficiencies, or if the sampling results are >0 colany-forming units (CFU)/plate an the three initial validations. Indicate frequency, if testing more than annually.*	Compliant	
78.00	There is documentation that compounding personnel preparing low or medium risk-level products have passed an annual observed gowning procedure and gloved fingertip sampling test. *Action required if the tests yield any garbing deficiencies, or if the fingertip sampling results are >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than annually.*	Compliant	
79.00	There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk-level products. *The test conditions must closely simulate the most challenging or stressful conditians encountered during compounding of the highest risk level product and include any automatian used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days. Indicate frequency, if testing more than annually.*	Compliant	High risk media fill
80.00	The media-fill testing procedures include:		
80.01	Media selection (including obtaining COAs or growth promotion certificates from suppliers)	Compliant	
80.02	Fill Volume	Compliant	

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Sterile Compounding Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
80.03	Incubation time and temperature (Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.)	Compliant	
80.04	Inspection of filled units	Compliant	
80.05	Documentation	Compliant	
80.06	Interpretation of results	Compliant	
80.07	Action levels set with the corrective actions required	Compliant	
81.00	**High-Risk Sterile Compounding:** There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. *Action required if the tests yield any garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidation. Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than every 6 months.*	Compliant	
82.00	**High-Risk Sterile Compounding:** There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.*	Compliant	Technicians perform different media fill from RPH. Techs' media fill to cover largest batch volume. RPH were performing one media fill per year as part of supervision responsibilities. Only recently have RPH performed any compounding - media fill prior to RPH compounding
83.00	**Failed testing:** Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully.	Compliant	
83.01	Gloved fingertip tests that have failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination.	Compliant	
83.02	There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded.	Compliant	

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		Finding	Notes
Garbing			
	Total Non-Compliant (includes Unknowns)	**1**	
84.00	Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection.	Compliant	
85.00	Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. *Include observations in the comments.*	Compliant	
86.00	Personnel are required to remove all hand and wrist jewelry, and all visible jewelry or piercings such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room.	Compliant	
87.00	Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.	Compliant	
88.00	Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe).	Compliant	
89.00	Garbing includes head and facial hair covers and masks. *Note that facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents or preparing hazardous drugs. There is a method available to assure that all hair is covered.*	Compliant	
90.00	Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer. *Scrub brushes are NOT recommended as they cause skin irritation and damage.*	Compliant	
91.00	The gown is nonshedding with sleeves that fit snugly around the wrists and enclosed at the neck.	Compliant	
92.00	All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.).	Compliant	

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		Finding	Notes
93.00	Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands allowed to dry. *Note: regular Purell Hand Sanitizer is NOT appropriate. Purell or other brand surgical hand scrub is appropriate - must have residual activity.*	Non-Compliant	Did not observe use of Avagard prior to donning sterile gloves when observing garbing technician
94.00	Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift.	Compliant	
95.00	Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. *Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.*	Compliant	
96.00	Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example)	Compliant	
Environmental Monitoring			
	Total Non-Compliant (Includes Unknowns)	1	
97.00	The most recent PEC and room certification report is available.	Compliant	
97.01	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	
97.02	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last 6 months. *If non-compliant, record the dote of the last certification.*	Compliant	
97.03	Certification is performed at least every six months (view date of previous certification) and whenever a device or room is relocated or altered, or major service to the facility is performed. *If non-compliant, record the dote of the previous certification.*	Compliant	
97.04	Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report.	Compliant	

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		Finding	Notes
97.05	If the certification standard used and noted on the report is NOT CETA CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than the CETA CAG-003-2006 guide.	Compliant	
97.06	The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.	Compliant	
98.00	The certification report includes information about the equipment used for performing each test including: identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due).	Compliant	
98.01	The equipment used had not exceeded its calibration date at the time of certification.	Compliant	
99.00	The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms.	Compliant	
99.01	ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources. *Recirculated air from the PECs may account for up to 15 ACPH in nonhazardous classified rooms only.*	Compliant	
99.02	ISO class 7 anteroom is certified as having a minimum of 30 ACPH. *Anteroom must be ISO class 7 if connected to a NIOSH hazardous compounding clean/buffer room.*	Compliant	
99.03	ISO class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH. *Typically all of the air will be from outside.*	N/A	No separate hazardous compounding room
99.04	If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH.	N/A	
100.00	Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc.	Compliant	
100.01	Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate **unidirectional** airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).	Compliant	

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		Finding	Notes
100.02	Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs	Compliant	
100.03	Air pattern analysis conducted around particle generating equipment *while the equipment was in operation* to confirm air flow.	Compliant	
101.00	Differential air pressure between rooms was measured.	Compliant	
101.01	The differential pressure measured was at least 0.02" water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed.	Compliant	
101.02	The differential pressure measured was at least 0.01" water column negative from the hazardous clean/buffer room to the anteroom with the doors closed.	N/A	No separate hazardous compounding room
102.00	Displacement airflow between rooms or areas was measured. This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways.	N/A	separate rooms
102.01	Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. *Note that it is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.*	N/A	separate rooms
103.00	Particle counts of particles 0.5um and larger were measured under dynamic conditions.	Compliant	
103.01	ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot).	Compliant	
103.02	ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).	Compliant	
103.03	ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).	N/A	
104.00	HEPA filter tests were performed.	Compliant	
104.01	All room HEPA filters were leak tested and if leaks found, they were fixed	Compliant	

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Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
104.02	All PEC HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
105.00	PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.	Compliant	
106.00	Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. *Document frequency.*	Compliant	viable air sampling and surface sampling by outsider certifier every 6 months; facility surface sampling weekly
106.01	Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. *Required to use media that supports both bacteriol and fungal growth for high risk compounding.*	Compliant	
106.02	Viable air sampling by active impaction using a volumetric air sampling device. *NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.*	Compliant	
106.03	Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom and volume sufficient volume of air (400-1000L) was collected? *Note: 1000L must be collected in ISO Class 5 PECs to be able to detect the action level. Room samples can be 400-1000L.*	Compliant	
106.04	Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.	Compliant	
106.05	Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive). Classification Air Sample Surface Sample ISO Class 5 >1 CFU/m3 >3 CFU/plate ISO Class 7 >10 CFU/m3 >5 CFU/plate ISO Class 8 >100 CFU/m3 >100 CFU/plate *CFUs are TOTAL of bacterial plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the raw total microbial count must be multiplied by the appropriate factor to determine the number of CFU/cubic meter.*	Compliant	
106.06	CFUs detected by any means (viable air or surface sampling, gloved fingertip testing, failed sterility tests, etc.) are identified to the genus level. *All CFUs detected must be identified even if the number of CFUs does not exceed an action level.*	Non-Compliant	Have contract with ARL to identify growth if exceeds action level. Perform weekly surface and gloved fingertip sampling - some growth below action level without organism identified.

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e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
106.07	If the number of CFUs detected **in the rooms** exceeds action levels, begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
106.08	If the number of CFUs detected **in the PECs** exceeds action levels, begin immediate remediation, (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
106.09	If any highly pathogenic microbes (e.g. mold, yeast, coagulase positive staphylococcus, or gram negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation(e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
107.00	Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures. *Indicate the outside vendor used to verify procedures and frequency of verifications.*	Compliant	semi annual surface sampling by certifier
Equipment			
	Total Non-Compliant (Includes Unknowns)	**0**	
108.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.*	Compliant	
109.00	All environmental monitoring equipment and gauges (differential pressure gauges or probes, air flow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.	Compliant	
110.00	All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented	Compliant	
111.00	Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration.	Compliant	3 repeater pumps

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Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
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Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
111.01	There is documentation of the ACD tubing being changed or discarded every 24 hours	Compliant	
111.02	The ACD is used when performing media fill testing.	Compliant	

Compounding Procedures

	Total Non-Compliant (Includes Unknowns)	1	
112.00	Gloves are disinfected with adequate frequency with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA).	Compliant	
113.00	Nonessential objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads)?	Compliant	
114.00	Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area.	Compliant	
115.00	Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart.	Compliant	
116.00	Compounding employees are using appropriate aseptic technique. *May require inspector to garb and enter clean/buffer room. Pay attention to first oir, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization af gloves, appropriate cleaning and cleanliness of the direct compaunding area (DCA).* ***Compounding MUST be observed****, if compounding is not being performed at the time of survey mark item as "Non-Compliont".*	Compliant	
116.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy stoff refuses or is unable to perform compaunding for you to observe, document on the "**Denial of Authorization**" form. List individual who signs the Deniol of Authorizotion*		
117.00	Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.	Compliant	
118.00	All rubber stoppers, of vials and bottles and the necks of ampules are disinfected with sterile 70% IPA waiting for at least 10 seconds before they are used to prepare CSPs.	Compliant	

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		Finding	Notes
119.00	Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. *If exposed to less thon ISO Class 5 air, used within 1 hour and discarded.*	N/A	
120.00	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. *May not be stored for ony time period.*	N/A	
121.00	Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded.	Compliant	
122.00	The compounding record is complete. *View several completed compounding records and answer each of the following questions. List records reviewed.*	Compliant	compounding records from on or around 9/1/2020
122.01	Official or assigned name, strength and dosage of the preparation	Compliant	
122.02	Names, lot numbers and expiration dates of all components	Compliant	
122.03	Total quantity or number of units compounded	Compliant	
122.04	Person compounding the preparation	Compliant	
122.05	Person performing the quality control procedures	Compliant	
122.06	Person who approved the preparation	Compliant	
122.07	Date of compounding	Compliant	
122.08	Assigned internal identification number or prescription number	Compliant	
122.09	Assigned BUD and reference if extended beyond USP guidelines	Compliant	
122.10	Duplicate label	Compliant	
122.11	Sterilization method (if applicable)	Compliant	
122.12	Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable	Compliant	

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		Finding	Notes
123.00	Procedure for in-process checks is followed. *These checks indicate that appropriate procedures and packaging are followed for each step,. including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is* ***recommended*** *to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.*	Compliant	
124.00	Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Compliant	
125.00	Labels on PATIENT-SPECIFIC containers, in addition to standard label requirements, also include names and quantity or concentration of active ingredients, BUD, total volume, route of administration, storage conditions and other information for safe use.	Compliant	
126.00	Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of particulates? *If so, list the products including lot and expiration date and obtain photos (if possible).* **REQUEST THE PRODUCT BE QUARANTINED AND NOTIFY NABP IMMEDIATELY.**	Compliant	
127.00	Preparations without additional stability testing or supported by data are assigned BUDs within USP<797> guidelines. **Low Risk:** 48 hours room temp, 14 days refrigerated, 45 days frozen **Medium Risk:** 30 hours room temp, 9 days refrigerated, 45 days frozen **High Risk:** 24 hours room temp, 3 days refrigerated, 45 days frozen	Compliant	
128.00	If extended BUDs are assigned, are they assigned on the basis of stability data extrapolated from reliable literature sources? *View records, preparation must exactly match the preporation cited in the documentation including concentration of all active ingredients, excipients, etc.*	Compliant	Fentanyl based on USP monograph
129.00	If extended BUDs are assigned, has the facility performed its own stability testing? *View records, preparation must exactly match the preparotion tested by the facility including concentration of all active ingredients, excipients, etc. If so, view records for at least three products and list the products reviewed below. List the products reviewed.*	Unknown	Have performed point in time potency testing on formulations with extended dating not supported by literation (i.e. testosterone cypionate in sesame oil, folic acid, Tri-mix) - not clear if these studies were stability indicating studies.

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Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Innovation Compounding Inc dba Innovation Compounding Inc
e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
130.00	Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use.	Compliant	
131.00	**Filter sterilization** in an ISO 5 environment and documentation includes:		Majority of preparations filter sterilized
131.01	If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter.	Compliant	
131.02	The 0.2 micron sterile microporous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP; and the filter is intended for human-use applications for sterilizing CSPs (labeling on the filter does not indicate "research only" or "laboratory only", for example).	Compliant	
131.03	Is the appropriate capacity filter being used for the volume being filtered.	Compliant	
131.04	Filtering is completed rapidly without filter replacement.	Compliant	
131.05	Confirmation of filter integrity/bubble testing is performed and value documented for each filter used with each batch sterilized by filtration. View documentation on compounding records of items sterilized by filtration to confirm.	Compliant	
132.00	**Steam sterilization** documentation includes:		3 preparations sterilized with steam
132.01	The autoclave has been verified for the exposure time and mass of the items to be sterilized	Compliant	
132.02	Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices	Compliant	
132.03	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization	Compliant	
132.04	That the CSP will not be adversely affected by the steam and heat	Compliant	
132.05	The description of steam sterilization includes conditions and duration for specific CSPs	Compliant	
132.06	That the effectiveness of steam sterilization is verified each time using appropriate biological indicators of Bacillus stearothermophilus and other confirmation methods such as temperature-sensing devices.	Compliant	
133.00	**Dry heat sterilization** documentation includes:		Do not sterilize preparations via dry heat

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Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
133.01	Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture	N/A	
133.02	Sufficient space is left between materials to allow for air circulation	N/A	
133.03	The description of dry heat sterilization includes conditions and duration for specific CSPs	N/A	
133.04	That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators of Bacillus subtilis and other confirmation methods such as temperature-sensing devices.	N/A	
133.05	Heated filtered air is evenly distributed throughout the chamber with a blower and the oven is equipped with a system for controlling and recording temperature and exposure period.	N/A	
134.00	**Depyrogenation by dry heat** documentation includes:		
134.01	Dry heat depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes	Compliant	
134.02	The description of the cycle and duration for specific load items	Compliant	
134.03	The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs)	Compliant	
134.04	Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a 3-log reduction in endotoxins	Compliant	
135.00	Other methods of sterilization are used with documented procedures and validation performed. *Indicate method.*	Compliant	E-beam irradiation of implantable pellets

Finished Preparation Release Checks and Tests

	Total Non-Compliant (Includes Unknowns)	**0**	
136.00	Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release?	Compliant	
137.00	Are there checks for container, closure integrity and any other apparent visual defects?	Compliant	
138.00	Is compounding accuracy documented by verification of steps?	Compliant	
139.00	Is verification of ingredient identity and quantity verified? *Is there a reconciliation of components?*	Compliant	

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3902

National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection

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e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
140.00	Are labels verified as being correct and is a copy of the label included in the record? *Complies to regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.*	Compliant	
141.00	**Sterility testing (USP <71>).** *If testing is performed to a higher standard than the minimums below, describe.*		Bioluminescence sterility test by Pharmetric
141.01	Sterility testing includes both bacterial and fungal testing.	Compliant	
141.02	Sterility testing is performed for all CSPs that have extended BUDS.	Compliant	
141.03	Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers	Compliant	
141.04	Sterility testing is performed for CSPs exposed longer than 12 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized	Compliant	
141.05	The appropriate quantities of units are sterility tested. Parenterals, number of units in the batch is: 1. Not more than 100, test 10% or four units, whichever is greater 2. More than 100 but more than 500, test 10 units 3. More than 500, test 2% or 20 units, whichever is less For large volume parenterals: 2% or 10 containers, whichever is less. For non-parenterals (eye drops, inhalation, etc.): 1. Not more than 200 containers, test 5% or 2 containers, whichever is greater 2. More than 200, test 10 containers 3. If the product is packaged in unit doses, use the parenteral testing above.	Compliant	
141.06	For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken. *View testing records and note any products with failed results and actions taken.*	Compliant	
141.07	If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk. *View testing records and note any products with failed results and actions taken.*	N/A	Quarantine until testing results received

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e-Profile ID: 769340
Inspection Date: 10/14/2020 - 10/15/2020

		Finding	Notes
142.00	**Endotoxin testing (USP <85>).** *If testing is performed to a higher standard than the minimums below, describe.*		
142.01	Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials)	Compliant	
142.02	High-risk CSPs prepared in multiple dose vials for administration to multiple patients	Compliant	
142.03	High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°F-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized	Compliant	
142.04	For products failing testing, product is quarantined, and an investigation is performed and action taken. *View testing records and note any products with failed results and actions taken.*	Compliant	
	Patient Counseling and Communication		
	Total Non-Compliant (Includes Unknowns)	0	
143.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications?	Compliant	
144.00	Are the above required printed drug information materials (drug information, PPI, MedGuides, etc.) provided for the compounded products?	Compliant	
145.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
146.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk.	Compliant	

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Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review

EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement

QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor


Vitamin K2 with D3
Vitamin K2 with D3
Femarin
Cardio B
Saw Palmetto
INDIGO GREENS
ORTHOMEGA CAPSULES 820
ORTHOMEGA CAPSULES 820
JOINT SUPPORT
MEDTERRA PETS
CBD
MEDTERRA
CBD GUMMIES
STAY ALERT
MEDTERRA
CBD TINCTURE 500MG
MEDTERRA
CBD TINCTURE 1000MG
MEDTERRA
CBD GEL CAPSULES 25MG
MEDTERRA
CBD GEL CAPSULES 25MG
CBD+ MANUKA CREAM
MEDTERRA
CBD+
good night
MEDTERRA
CBD+
good night
MEDTERRA
CBD+
good night

WEIGHT LOSS SUPPORT KITS

(866) 635-2329 FAX
For Questions/Consult (800) 547-1399

Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
Practice Name & Address	City	State	ZIP
Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

☐ KIT I – GET UP	Includes a 30-Day Supply and Ships USPS/Ground		
LipoCaps - Mild Capsules	Caffeine 50mg + Ephedrine 5mg + 5-HTP 100mg + Chromium Picolinate 200mcg Capsules	30 Caps	SC1
	SIG: *Take 1 capsule in the morning 30 minutes prior to meal. Do not take capsule after 3pm*		
SuperB + Vit C + LipoVite + Lidocaine Injection Solution	Ascorbic Acid (Vitamin C) 50mg + Thiamine hydrochloride (B1) 50mg + Riboflavin-5-phosphate sodium (B2) 5mg + Niacinamide (B3) 50mg + Panthenol (B5) 5mg + Cyanocobalamin (B12) 100mcg + Methionine 12.5mg + Inositol 25mg + Choline 25mg + Lidocaine 10mg/mL Solution	10 mL	SSUPER1
Methylcobalamin (B-12) Lozenges	Vitamin B-6 + Folate + Methylcobalamin B-12 + Biotin Lozenges	50 Lozenges	10302
	SIG: *Take 1 lozenge daily, or as directed by a healthcare professional. Allow lozenge to dissolve in mouth*		

☐ KIT II – GET MOVING	Includes 30-Day Supply and Ships USPS/Ground		
Phentermine Capsules	Phentermine 15mg Capsules	30 Caps	SPHEN1
	SIG: *Take 1 capsule by mouth each morning before breakfast*		
BCAA Injection Solution "ALIV"	Arginine HCl 200mg + Leucine 10mg + Isoleucine 10mg + Valine 5mg/mL Solution	10 mL	ALIV
	SIG: *Inject 1-2mL intramuscularly 1-2 times weekly*		
Diet Support Capsules	Garcinia Cambogia + Chromium Picolinate Capsules	90 Caps	10300
	SIG: *Take 1 or 2 capsules, 3 times daily, 1 hour before mealtime or as directed*		

☐ KIT III – GET FIT	Includes 60-Day Supply and Ships 2-Day/Overnight		
Sermorelin Injection Solution	9mg/6mL Injectable Solution	12 mL	MS1
	SIG: *Inject 0.2mL subcutaneously each night*		
Crave Control Capsules	Vitamin C + Vitamin B6 + Folate + Calcium + Magnesium + Chromium Picolinate + DL-phenylalanine + L-tyrosine + L-glutamine + *Rhodiola Rosea* Root Extract + 5-HTP	180 Caps	10371
	SIG: *Take 6 capsules per day, 45 minutes before meals, or as directed*		

SUPPLIES			
☐ Intramuscular Supplies Kit	Kit contains: 10 - 3mL syringes; 10 - 25G 1" needles; 10 - Alcohol swabs. To be used with IM injections	3 Kits	IMAQ
☐ Subcutaneous Supplies Kit	Kit contains: 10 - 1mL 29G 1/2" (0.5 inch) insulin syringes; 10 - Alcohol swabs. To be used with SQ injections.	6 Kits	SQAQ29
☐ Sharps Container (1 qt.)	For safe disposal of used sharps.	1 Container	SHARP

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date

Number of Refills
☐ 1 ☐ 2 ☐ 3 ☐ 5
☐ 6 ☐ 11 ☐ PRN ☐ None

INNOVATION COMPOUNDING

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All signatures must be unique (no stamps or photocopies). Innovation Compounding makes no claims of safety and/or efficacy as these compounded products have not been evaluated or approved by the FDA.

6095 Pine Mountain Rd. NW, Suite 108 Kennesaw, GA 30152
www.innovationcompounding.com

WOMEN'S HEALTH
BIOIDENTICAL HORMONE REPLACEMENT THERAPY (BHRT)

(866) 635-2329 FAX
For Questions/Consult (800) 547-1399

Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
Practice Name & Address	City	State	ZIP
Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

ESTROGEN		
Bi-Est (80/20) Lotion	☐ 0.25 mg/mL Lotion ☐ 0.5 mg/mL Lotion ☐ 1 mg/mL Lotion ☐ 2 mg/mL Lotion ☐ 2.5 mg/mL Lotion	
☐ 30 mL ☐ 60 mL ☐ 90 mL	☐ SIG: *Apply 4 clicks (1 mL) topically ____ time(s) daily.* ☐ SIG: *Apply 4 clicks (1 mL) topically on days ____ to ____ of cycle.*	
Bi-Est (50/50) Lotion	☐ 0.25 mg/mL Lotion ☐ 0.5 mg/mL Lotion ☐ 1 mg/mL Lotion ☐ 2 mg/mL Lotion ☐ 2.5 mg/mL Lotion	
☐ 30 mL ☐ 60 mL ☐ 90 mL	☐ SIG: *Apply 4 clicks (1 mL) topically ____ time(s) daily.* ☐ SIG: *Apply 4 clicks (1 mL) topically on days ____ to ____ of cycle.*	
Vaginal Cream (Hypoallergenic Base)	☐ Estradiol 0.01% & Vitamin E 200IU/gm Cream ☐ Estradiol 0.05% & Vitamin E 200IU/gm Cream	VEV1 VEV5
☐ 30 g ☐ 60 g	SIG: *Insert 4 clicks (1 gram) vaginally at bedtime for 7-14 days, then 2-3 times weekly thereafter.*	
Estradiol + Testosterone Injectable Oil Solution 6mL (3 month supply)	Estradiol Cyplonate 2 mg + _____ Cyplonate 50 mg/mL Injectable Solution (*write in Testosterone*) SIG: *Inject ____ mL (range: 1-2 mL) intramuscularly each month as directed.*	VIET

DHEA		
DHEA Vaginal Mini Inserts	☐ 2.5 mg ☐ 5 mg ☐ 10 mg	VDHEA2 VDHEA5 VDHEA10
☐ 30 ct ☐ 60 ct ☐ 90 ct	SIG: *Insert 1 mini-insert vaginally each night at bedtime as directed.*	
DHEA Cream	10 mg/gm (1%) Cream	VDHEA1
☐ 15 g ☐ 30 g	SIG: *Apply/Insert 2-4 clicks (0.5 to 1 gram) daily.*	

PROGESTERONE		
Progesterone Lotion	☐ 10 mg/mL Lotion (1%) ☐ 20 mg/mL Lotion (2%) ☐ 40 mg/mL Lotion (4%)	VPL10 VPL20 VPL40
☐ 30 mL ☐ 60 mL ☐ 90 mL	☐ SIG: *Apply 4 clicks (1 mL) topically daily.* ☐ SIG: *Apply ____ mL topically on days ____ to ____ of cycle.*	
Progesterone Capsules	☐ 25 mg ☐ 50 mg ☐ 100 mg ☐ 200 mg	VPC25 VPC50 VPC100
☐ 30 ct ☐ 60 ct ☐ 90 ct	SIG: *Take 1 capsule by mouth* ☐ each night at bedtime. ☐ twice daily.	VPC200
Progesterone Vaginal Suppositories	200 mg Vaginal Suppository	VPS200
☐ 30 ct ☐ 60 ct ☐ 90 ct	☐ SIG: *Insert 1 suppository vaginally each night at bedtime.* ☐ SIG: _____	

TESTOSTERONE		
Testosterone Lotion	☐ 10mg/mL (1%) ☐ 20mg/mL (2%) ☐ 30mg/mL (3%)	VTL10 VTL20
☐ 3 mL ☐ 6 mL ☐ 9 mL	SIG: *Apply 2 clicks (0.1 mL) to wrist ____ times daily. Rub wrists together. (Topi-Micro® device)*	
Testosterone Lotion	☐ 10mg/mL (1%) ☐ 20mg/mL (2%)	VTL10 VTL20
☐ 15 g ☐ 30 g ☐ 45 g	SIG: *Apply 2 clicks (0.5 mL) to skin every morning. (Topi-CLICK device)*	
Testosterone Injection	_____ (*Write In Testosterone*) _____ 50mg/mL Injectable Solution (In Sesame Oil)	MIT50
☐ 2 mL ☐ 5 mL ☐ 2x5 mL	SIG: *Inject ____ mL intramuscularly ____ times weekly as directed.*	

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date	Number of Refills ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ ____ ☐ 1yr ☐ PRN ☐ None

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BIOIDENTICAL HORMONE REPLACEMENT THERAPY (BHRT)

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Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
Practice Name & Address	City	State	ZIP
Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

COMBINATION THERAPIES		
Menopause Support Lotion ☐ 30 mL ☐ 60 mL ☐ 90 mL	Progesterone 10 mg/mL + Bi-Est (80/20) 1 mg/mL + _____ 2 mg/mL Lotion (*write in Testosterone*) SIG: *Apply 2 clicks (0.5 mL) topically twice daily.*	VM1
Menopause Support Capsules ☐ 30 ct ☐ 60 ct ☐ 90 ct	Progesterone 100 mg + Bi-Est (80/20) 0.5 mg + _____ 4 mg Capsules (*write in Testosterone*) SIG: *Take 1 capsule by mouth each night at bedtime.*	VM2
Perimenopause Support Lotion ☐ 30 mL ☐ 60 mL ☐ 90 mL	Progesterone 20 mg/mL + Bi-Est (80/20) 0.5 mg/mL Lotion SIG: *Apply 2 clicks (0.5 mL) topically twice daily on days 12-28 of cycle.*	VPM1
Perimenopause Support Capsules ☐ 30 ct ☐ 60 ct ☐ 90 ct	Progesterone 100 mg + Bi-Est (80/20) 1mg Capsules SIG: *Take 1 capsule by mouth at bedtime on days 12-28 of cycle.*	VPM2
Hormone-Naive or High Cancer Risk Lotion ☐ 30 mL ☐ 60 mL ☐ 90 mL	Progesterone 20 mg/mL + Estriol 1 mg/mL Lotion SIG: *Apply 2 clicks (0.5 mL) topically twice daily.*	VCR1
Hormone-Naive or High Cancer Risk Capsules ☐ 30 ct ☐ 60 ct ☐ 90 ct	Progesterone 100 mg + Estriol 4 mg Capsules SIG: *Take 1 capsule by mouth each night at bedtime.*	VCR2

ORAL THYROID		
T3 (Liothyronine) Capsules ☐ 30 ct ☐ 60 ct ☐ 90 ct	☐ 5 mcg ☐ 10 mcg ☐ 15 mcg ☐ 20 mcg ☐ 30 mcg	
T4 (Levothyroxine) Capsules ☐ 30 ct ☐ 60 ct ☐ 90 ct	☐ 25 mcg ☐ 50 mcg ☐ 75 mcg ☐ 100 mcg ☐ 200 mcg	
T3/T4 (Synthetic) Capsules ☐ 30 ct ☐ 60 ct ☐ 90 ct	☐ 4.5/19 mcg (1/2 grain) ☐ 9/38 mcg (1 grain) ☐ 11.25/47.5 mcg (1.25 grains) ☐ 18/76 mcg (2 grains) ☐ 22.5/95 mcg (2.5 grains)	
Porcine Thyroid Compounded Capsules ☐ 30 ct ☐ 60 ct ☐ 90 ct	☐ 15mg (1/4 grain) ☐ 30 mg (1/2 grain) ☐ 60 mg (1 grain) ☐ 90 mg (1.5 grains) ☐ 120 mg (2 grains)	
	SIG: *Take 1 capsule by mouth each morning.* REFILLS: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 6 ☐ 11 ☐ PRN	

Hormone Pellets		
☐ _____ Pellet (write in Qty.)	Estradiol 6.25 mg	
☐ _____ Pellet (write in Qty.)	Estradiol 12.5 mg	PE12
☐ _____ Pellet (write in Qty.)	Estradiol 25 mg	PE25
☐ _____ Pellet (write in Qty.)	_____ 12.5 mg (*write in Testosterone*)	PT12
☐ _____ Pellet (write in Qty.)	_____ 25 mg (*write in Testosterone*)	PT25
☐ _____ Pellet (write in Qty.)	_____ 50 mg (*write in Testosterone*)	PT50
☐ _____ Pellet (write in Qty.)	_____ 100 mg (*write in Testosterone*)	PT100
	SIG: To be inserted by physician during in-office pellet procedure.	
☐ 3.2 mm Trocar Kit, 1 Kit	SIG: To be used during in-office pellet procedure. Do not open kit prior to procedure.	TRO3

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date

Number of Refills: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ ____ ☐ 1yr ☐ PRN ☐ None

INNOVATION COMPOUNDING

ACCREDITED

All signatures must be unique (no stamps or photocopies). Innovation Compounding makes no claims of safety and/or efficacy as these compounded products have not been evaluated or approved by the FDA.

6095 Pine Mountain Rd. NW, Suite 108 Kennesaw, GA 30152
www.innovationcompounding.com

WOMEN'S HEALTH
BIOIDENTICAL HORMONE REPLACEMENT THERAPY (BHRT)

(866) 635-2329 FAX
For Questions/Consult (800) 547-1399

Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
Practice Name & Address	City	State	ZIP
Patient Name	DOB	Phone (cell preferred)	
Patient Address:	City	State	ZIP
Email Address	Known Allergies:		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

Non-Hormonal Compounds		
Vaginal Suppository (Fatty Base) ☐ 30 ct ☐ 60 ct ☐ 90 ct	☐ _____ 5 mg (write in Diazepam) ☐ _____ 10 mg (write in Diazepam) ☐ _____ 20 mg (write in Diazepam) ☐ Add Baclofen 5 mg ☐ Add Baclofen 10 mg ☐ Add Cyclobenzaprine 10 mg ☐ Add Gabapentin 150 mg ☐ Add _____ 10 mg (write in Ketamine) SIG: *Insert 1 suppository vaginally each night at bedtime.*	VD5 VD10 VD20
Vaginal Capsule ☐ 30 ct ☐ 45 ct ☐ 60 ct	Boric Acid 600 mg Vaginal Capsule SIG: *Insert 1 capsule vaginally* ☐ twice weekly. ☐ three times weekly. ☐ daily for 30 days.	VB600
Sermorelin Injection Solution ☐ _____ 6 mL Vial (write in Qty)	☐ 15 mg/6mL Injection Solution ☐ 9 mg/6mL Injection Solution SIG: *Inject 0.2 mL subcutaneously each night.*	MS15* MS1*
☐ Sermorelin Nasal Spray 6 mL	1.5 mg/mL Nasal Spray SIG: *Instill 1 spray into each nostril every night at bedtime as directed.*	MS5
Orgasm Cream 5 gram *Arginine not recommended for patients with HSV.	☐ Ergoloid Mesylate 0.05% + Isosorbide Mononitrate 0.25% + Pentoxifylline 5% + Sildenafil 4% ☐ Arginine* 6% + Isosorbide Mononitrate 0.25% + Pentoxifylline 2.5% + Testosterone 0.1% SIG: *Apply small amount (4 clicks or 0.2 mL) to clitoris 20 minutes prior to coitus. (TopiMICRO device)*	QOCREAM QPLUS
Lubricant ☐ 15 g ☐ 30 g	Vitamin E 200IU/g Vaginal Cream Lubricant SIG: *Insert 4 clicks (1 gram) vaginally* ☐ each night at bedtime. ☐ as needed.	VVE200
Lubricant / Vaginal Cream ☐ 15 g ☐ 30 g (TopiPERL device)	Hyaluronic Acid 5mg + Vitamin E 200IU + 3% Aloe Vera Vaginal Cream SIG: *Insert 6 clicks (1 gram) vaginally* ☐ each night at bedtime. ☐ as needed.	VSEX
Nipple Ointment ☐ 30 g (tube)	Mupirocin 1% + Betamethasone Valerate 0.05% + Miconazole 2% Ointment SIG: *Apply a pea sized amount (1-2 clicks or 0.25-0.5g) to each nipple after each feeding. Wipe off before next feeding.*	VNIP*
Vasomotor Symptom Relief Capsules ☐ 30 ct ☐ 60 ct ☐ 90 ct	☐ Ergotamine Tartrate 0.3 g + Belladonna 8 mg + Phenobarbital 20 mg Capsules ☐ Ergotamine Tartrate 0.6 g + Belladonna 16 mg + Phenobarbital 40 mg Capsules SIG: *Take 1 capsule by mouth each morning.*	EBP2 EBP1

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date	Number of Refills ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ ____ ☐ 1yr ☐ PRN ☐ None

INNOVATION COMPOUNDING — ACCREDITED Compounding Pharmacy

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Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
Practice Name & Address	City	State	ZIP
Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

CUSTOM THERAPIES

Custom Formula
☐ 15 ct/mL/g
☐ 30 ct/mL/g
☐ 60 ct/mL/g
☐ 90 ct/mL/g

Select Dosage Form
☐ Oral Capsule ☐ Oral Troche ☐ Topical Lotion ☐ Vaginal Cream ☐ Vaginal Suppository ☐ Vaginal Mini-Insert

Progesterone	☐ 10 mg	☐ 25 mg	☐ 50 mg	☐ 100 mg	☐ 200 mg	☐ _____ mg
Bi-Est (80/20)	☐ 0.5 mg	☐ 1 mg	☐ 2 mg	☐ 2.5 mg	☐ 3 mg	☐ _____ mg
Bi-Est (50/50)	☐ 0.5 mg	☐ 1 mg	☐ 2 mg	☐ 2.5 mg	☐ 3 mg	☐ _____ mg
_____ (Write in Testosterone)	☐ 0.5 mg	☐ 1 mg	☐ 2 mg	☐ 3 mg	☐ 4 mg	☐ _____ mg
DHEA	☐ 5 mg	☐ 10 mg	☐ 25 mg	☐ 30 mg	☐ 50 mg	☐ _____ mg
Estriol (E3)	☐ 0.5 mg	☐ 1 mg	☐ 2 mg	☐ 3 mg	☐ 4 mg	☐ _____ mg
Estradiol (E2)	☐ 0.5 mg	☐ 1 mg	☐ 2 mg	☐ 3 mg	☐ 4 mg	☐ _____ mg

Write In Directions

Controlled Substance Rx
Write In

DERMATOLOGICAL/COSMECEUTICAL

Chloasma/Pregnancy Mask Cream
For Pregnant or Breastfeeding Moms
☐ 15 g
Ascorbyl Palmitate 5% + Azelaic Acid 20% + Glutathione 10% + Vitamin E 2% Cream
SIG: *Apply 2 clicks (0.5 grams) topically to skin each night at bedtime.*
259163

Melasma/Pregnancy Mask Cream
Post-Pregnancy, Non-Breastfeeding Moms
☐ 15 g
Triamcinolone 0.1% + Hydroquinone 4% + Retinoic Acid 0.05% + Kojic Acid 6% Cream
SIG: *Apply 2 clicks (0.5 grams) topically to skin each night at bedtime. Wear sunscreen during day.*
185398

Episiotomy / Vaginal Birth Wound Cream
☐ 30 g
Estradiol 0.01% + Lidocaine 5% Cream
SIG: *Apply 2-4 clicks (0.5-1 gram) to affected area daily as directed.*
VEL1

Stretch Marks / Striae.
☐ 30 g ☐ 60 g
Aloe Vera 0.5% + Vitamin E 200IU/mL Ointment in Copasil
SIG: *Apply 2-4 clicks (0.5-1gram) to affected area twice daily.*
259091

Day Cream
For Wrinkles, Tightening, and Moisturizing
☐ 15 g
Ascorbic 10% + Hyaluronic Acid 1%
SIG: *Apply 2 clicks (0.5 grams) to face each morning.*
183316

Night Cream
For Wrinkles, Tightening, and Moisturizing
☐ 15 g
Retinoic Acid 0.05% + DMAE 3% + Acetyl D Glucosamine 2%
SIG: *Apply 2 clicks (0.5 grams) to face each night.*
259134

WEIGHT LOSS SUPPORT

LipoCaps - Mild Capsules
☐ 45 Caps
Caffeine 50mg + Ephedrine 5mg + 5-HTP 100mg + Chromium Picolinate 200mcg Capsules
SIG: *Take 1 capsule in the morning 30 minutes prior to meal. Do not take capsule after 3pm.*
SC1

LipoCaps - Moderate Capsules
☐ 45 Caps
Caffeine 100mg + Ephedrine 12.5mg + 5-HTP 100mg + Chromium Picolinate 200mcg Capsules
SIG: *Take 1 capsule in the morning 30 minutes prior to meal. Do not take capsule after 3pm.*
SC2

LipoCaps - Strong Capsules
☐ 45 Caps
Caffeine 200mg + Ephedrine 25mg + 5-HTP 100mg + Chromium Picolinate 200mcg Capsules
SIG: *Take 1 capsule in the morning 30 minutes prior to meal. Do not take capsule after 3pm.*
SC3

Skinny Lozenges
☐ 30 ct ☐ 60 ct ☐ 90 ct
Chromium Picolinate 200mcg + Cyanocobalamin 500mcg + Phentermine HCl 12.5mg
SIG: *Dissolve 1 lozenge in mouth each morning before breakfast.*
SKIN1

Phentermine Capsules
☐ 30 ct ☐ 60 ct ☐ 90 ct
☐ Phentermine 15mg Capsules
☐ Phentermine 37.5mg Capsules
SIG: *Take 1 capsule by mouth each morning before breakfast.*
SPHEN1
SPHEN2

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date

Number of Refills
☐ 1 ☐ 2 ☐ 3 ☐ 4
☐ _____ ☐ 1yr ☐ PRN ☐ None

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Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient	If left blank, will be billed and shipped to the patient.		

WEIGHT LOSS SUPPORT		
LipoVite Injection Solution	Methionine 15mg, Inositol 50mg, Choline 100mg, Cyan-B12 1000mcg/mL Solution	SLIPO1
☐ 10 mL ☐ 30 mL (3x10mL)	☐ Substitute Methyl-B12 1,000mcg/mL	SLIPO2
SuperB + Vit C + LipoVite + Lidocaine Injection Solution	Ascorbic Acid (Vitamin C) 50mg + Thiamine hydrochloride (B1) 50mg + Riboflavin-5-phosphate sodium (B2) 5mg + Niacinamide (B3) 50mg + Panthenol (B5) 5mg + Cyanocobalamin (B12) 100mcg + Methionine 12.5mg + Inositol 25mg + Choline 25mg + Lidocaine 10mg/mL Solution	SSUPER1
☐ 10 mL ☐ 30 mL (3x10mL)	☐ Substitute Methyl-B12	SSUPER2
	SIG: *Inject 1-2 mL IM up to 1-2 times weekly (Discard Remainder)*	
GOAL Injection Solution	Glutamine 75mg + Ornithine HCl 75mg + Arginine HCl 150mg + Lysine HCl 150mg/mL Solution	GOAL
☐ 10 mL ☐ 30 mL (3x10mL)	☐ SIG: *Inject 0.5mL subcutaneously five times weekly.* ☐ SIG: *Inject 1-2mL intramuscularly 1-2 times weekly.*	
BCAA Injection Solution "ALIV"	Arginine HCl 200mg + Leucine 10mg + Isoleucine 10mg + Valine 5mg/mL Solution	ALIV
☐ 10 mL ☐ 30 mL (3x10mL)	☐ SIG: *Inject 0.5mL subcutaneously five times weekly.* ☐ SIG: *Inject 1-2mL intramuscularly 1-2 times weekly.*	
Intramuscular Supplies Kit	Kit contains: 10 - 3mL syringes; 10 - 25G 1" needles; 10 - Alcohol swabs. To be used with IM injections.	IMAQ
☐ Number of kits_____	☐ SIG: *To be used with intramuscular injection.*	
☐ Quantity sufficient for selected IM injection		

OTC OPTIONS		
Libido Health	Dimethylglycine HCL + Herb Blend + Maca Root Powder + Muira puama 4:1 Root Extract + Tongkat ali Root Powder + Cnidium monnier Seed Powder	10287
☐ 90 Caps	SIG: *Take 1 capsule by mouth 1-3 times daily or as directed.*	
BioDIM Plus	Vitamin D + Vitamin E + Calcium + DIM + Green Tea + HMRlignan + Trans-Resveratrol	10317
☐ 60 Caps	SIG: *Take 2 capsules daily, or as directed.*	
Menopause Support	Vitamin D + Vitamin E + Vitamin B1 + Vitamin B2 + Niacin + Vitamin B6 + Vitamin B12 + Calcium + Magnesium + Soy Bean Extract + Black Cohosh Root Extract + Red Clover Blossom Extract + Dong Quai Root + Chasteberry Fruit + Licorice Root Powder	10108
☐ 60 Tablets	SIG: *Take 2 tablets daily with meals or as directed by a healthcare professional.*	
Hair, Skin, and Nails	Vitamin A (as palmitate) 5,000 IU + Vitamin C (as ascorbic acid) 60 mg + Vitamin D (as cholecalciferol) 200 IU + Vitamin E (as d-alpha tocopheryl succinate) 30 IU + Vitamin B-1 (as thiamin hydrochloride) 25 mg + + Vitamin B-2 (as riboflavin) 25 mg + Niacin (as niacinamide) 20 mg + Vitamin B-6 (as pyridoxine hydrochloride) 25 mg + Folic acid 400 mcg + Vitamin B-12 (as cyanocobalamin) 100 mcg + Biotin 1,200 mcg + Pantothenic acid (as d-calcium pantothenate) 100 mg + Calcium (as carbonate, amino acid chelate) 300 mg + Magnesium (as oxide, amino acid chelate) 60 mg + Zinc (as monomethionine) 5 mg + Selenium (as L-selenomethionine) 200 mg + Copper (as amino acid chelate) 1 mg + Manganese (as amino acid chelate) 5 mg + MSM (methylsulfonylmethane) 200 mg + Horsetail leaf extract 100 mg + Choline (as bitartrate) 25 mg + Inositol 25 mg + PABA (as para aminobenzoic acid) 10 mg + Boron (as citrate, aspartate, glycinate) 1 mg + L-Cysteine 300 mg + Citrus bioflavonoids 100 mg + Nettle leaf powder mg + L-Methionine 50 mg + Trace minerals 50 mg	10312
☐ 90 Tablets	SIG: *Take 3 tablets daily with meals or as directed.*	
Prenatal Plus	Vitamin A (as acetate, beta carotene) 10,000 IU + Vitamin C (as ascorbic acid) 150 mg + Vitamin D (as cholecalciferol) 400 IU + Vitamin E (as d-alpha succinate) 75 IU + Vitamin K (as phytonadione) 100 mcg + Vitamin B-1 (as thiamine hydrochloride) 25 mg + Riboflavin 25 mg + Niacin (as niacinamide) 25 mg + Vitamin B-6 (as pyridoxine HCl) 25 mg + Folic Acid 800 mcg + Vitamin B-12 (as cyanocobalamin) 1,000 mcg + Biotin 300 mcg + Vitamin B-5 (calcium pantothenate 40 mg + Calcium (carbonate, citrate, AA chelate) 800 mg + Iron (AA chelate) 18 mg + Iodine (from kelp) 150 mcg + Magnesium (oxide, citrate, AA chelate) 450 mg + Zinc (as monomethionine) 15 mg + Selenium (AA chelate) 100 mcg + Copper (AA chelate) 2 mg + Manganese (AA chelate) 5 mg + Chromium (polynicotinate) 200 mcg + Molybdenum (AA chelate) 25 mcg + Potassium (AA chelate) 25 mg + Inositol 10 mg + Choline (as bitartrate) 10 mg + PABA (para amino benzoic acid) 10 mg + DHA Powder 50 mg + Ginger Root 75 mg + Chamomile Flower Extract 50 mg + Raspberry Leaves 25 mg	10297
☐ 120 Tablets	SIG: *Take 4 tablets with a meal or as directed.*	

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date

Number of Refills: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ ____ ☐ 1yr ☐ PRN ☐ None

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04/20

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Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
Practice Name & Address	City	State	ZIP
Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

OTC OPTIONS

Thyroid Support with Zinc
Vegetarian Capsules

☐ 60 Caps

10257

Vitamin A (as palmitate) 2,500 IU + Vitamin C (as ascorbic acid) 30 mg + Vitamin D (as cholecalciferol) 400 IU + Vitamin B-6 (as pyridoxine HCl) 15 mg + Folic Acid 400 mcg + Iodine (from kelp) 300 mcg + Magnesium (as oxide, amino acid chelate) 100 mg + Zinc (as monomethionine from L-OptiZinc®) 10 mg
Selenium (as selenomethionine) 100 mcg + Copper (as amino acid chelate) 2 mg + L-Tyrosine 500 mg + Green Tea (Camellia sinensis) leaf extract 50 mg (Standardized to 98% [58.8 mg] polyphenols) + Guggulipid (Commiphora mukul) resin extract 150 mg (Standardized to 2.5% [3.75 mg] guggulsterones) + Bacopin (Bacopa monniera) leaf extract 100 mg (Standardized to 20% [20 mg] bacosides A&B) + Ashwagandha (Withania somnifera) root extract 100 mg (Standardized to 1.5% [1.5mg] withanolides)

Other Ingredients: vegetable capsule (cellulose and water),cellulose, magnesium stearate, and silica. Contains soy.

SIG: *Take 2 capsules by mouth with a meal or as directed.*

Uberlube
Personal Lubricant

☐ 50 mL Bottle ☐ 100 mL Bottle

UBER5 UBER1

Pure silicone with a trace of vitamin E. Cruelty free. No animal products. Vegan friendly.
Also Contains: Dimethicone + Dimethiconol + Cyclomethicone + Tocopheryl Acetate (Vitamin E)

SIG: *Use as directed*

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date

Number of Refills
☐ 1 ☐ 2 ☐ 3 ☐ 4
☐ ___ ☐ 1yr ☐ PRN ☐ None

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WEIGHT LOSS SUPPORT

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For Questions/Consult (800) 547-1399

Supervising Physician's Name (MD/DO Only)	DEA#	Phone#	Fax#
Practice Name & Address	City	State	ZIP
Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

ORAL THERAPIES			
☐ LipoCaps - Mild Capsules	Caffeine 50mg + Ephedrine 5mg + 5-HTP 100mg + Chromium Picolinate 200mcg Capsules SIG: *Take 1 capsule in the morning 30 minutes prior to meal. Do not take capsule after 3pm*	45 Caps	SC1
☐ LipoCaps - Moderate Capsules	Caffeine 100mg + Ephedrine 12.5mg + 5-HTP 100mg + Chromium Picolinate 200mcg Capsules SIG: *Take 1 capsule in the morning 30 minutes prior to meal. Do not take capsule after 3pm*	45 Caps	SC2
☐ LipoCaps - Strong Capsules	Caffeine 200mg + Ephedrine 25mg + 5-HTP 100mg + Chromium Picolinate 200mcg Capsules SIG: *Take 1 capsule in the morning 30 minutes prior to meal. Do not take capsule after 3pm*	45 Caps	SC3
☐ Lipo Satiety Capsules	Hydroxytryptophan (5-HTP) 250mg Capsules SIG: *Take 1 capsule up to three times daily, one hour before meals*	90 Caps	SC4
MILC Capsules ☐ 30 ct ☐ 60 ct ☐ 90 ct	Methionine 100mg + Inositol 100mg + L-Carnitine 125mg + Chromium Picolinate 100mcg Capsules SIG: *Take one by mouth daily*		SMILC
GOAL Capsules ☐ 30 ct ☐ 60 ct ☐ 90 ct	Glutamine 75mg + Ornithine 75mg + L-Arginine 75mg + Lysine 75mg Capsules SIG: *Take one by mouth daily*		SGOAL
GAC Capsules ☐ 30 ct ☐ 60 ct ☐ 90 ct	Glutamine 175mg + L-Arginine 100mg + L-Carnitine 200mg Capsules SIG: *Take one by mouth daily*		SGAC
Skinny Lozenges ☐ 30 ct ☐ 60 ct ☐ 90 ct	Chromium Picolinate 200mcg + Cyanocobalamin 500mcg + Phentermine HCl 12.5mg SIG: *Dissolve 1 lozenge in mouth each morning before breakfast*		SKIN1
Phentermine Capsules ☐ 30 ct ☐ 60 ct ☐ 90 ct	☐ Phentermine 15mg Capsules ☐ Phentermine 37.5mg Capsules SIG: *Take 1 capsule by mouth each morning before breakfast*		SPHEN1 SPHEN2
NASAL SPRAY			
☐ Sermorelin Nasal Spray	1.5mg/mL Nasal Spray SIG: *Instill 1 spray (0.1mL) into each nostril every night at bedtime as directed.*	6mL	MSS
OTC OPTIONS			
Methylcobalamin (B-12) Lozenges ☐ Number of bottles_____	Vitamin B-6 + Folate + Methylcobalamin B-12 + Biotin Lozenges SIG: *Take 1 lozenge daily, or as directed by a healthcare professional. Allow lozenge to dissolve in mouth*	50 Lozenges	10302
Diet Support ☐ Number of bottles_____	Garcinia Cambogia + Chromium Picolinate Capsules SIG: *Take 1 or 2 capsules, 3 times daily, 1 hour before mealtime or as directed*	90 Caps	10300
Green Tea Slim Caps ☐ Number of bottles_____	EGCG (Green Tea) Capsules SIG: *Take 1 capsule, 1-2 times daily, or as directed*	60 Cap	10320
Crave Control ☐ Number of bottles_____	Vitamin C + Vitamin B6 + Folate + Calcium + Magnesium + Chromium Picolinate + DL-phenylalanine + L-tyrosine + L-glutamine + *Rhodiola Rosea* Root Extract + 5-HTP SIG: *Take 6 capsules per day, 45 minutes before meals, or as directed*	180 Caps	10371
Chromium Picolinate ☐ Number of bottles_____	Chromium Picolinate 200mcg SIG: *Take 1 capsule daily with meals, or as directed*	90 Caps	10036

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date

Number of Refills
☐ 1 ☐ 2 ☐ 3 ☐ 5
☐ 6 ☐ 11 ☐ PRN ☐ None

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Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

INJECTABLES			
Methylcobalamin (B-12) ☐ 10 mL ☐ 30 mL (3x10mL)	Vitamin B-12 as Methylcobalamin 1,000 mcg/mL Injection		SM1
Methylcobalamin (B-12) ☐ 5 mL ☐ 15 mL (3x5mL)	Vitamin B-12 as Methylcobalamin 5,000 mcg/mL Injection		SM5
LipoVite Injection Solution ☐ 10 mL ☐ 30 mL (3x10mL)	Methionine 15mg, Inositol 50mg, Choline 100mg, Cyan-B12 100mcg/mL Solution ☐ Substitute Methyl-B12 1,000mcg/mL		SLIPO1 SLIPO2
SuperB + Vit C + LipoVite + Lidocaine Injection Solution ☐ 10 mL ☐ 30 mL (3x10mL)	Ascorbic Acid (Vitamin C) 50mg + Thiamine hydrochloride (B1) 50mg + Riboflavin-5-phosphate sodium (B2) 5mg + Niacinamide (B3) 50mg + Panthenol (B5) 5mg + Cyanocobalamin (B12) 100mcg + Methionine 12.5mg + Inositol 25mg + Choline 25mg + Lidocaine 10mg/mL Solution ☐ Substitute Methyl-B12 SIG: *Inject 1-2 mL IM up to 1-2 times weekly (Discard Remainder)*		SSUPER1 SSUPER2
B-Complex Injection Solution ☐ 10 mL ☐ 30 mL (3x10mL)	Thiamine 100mg + Riboflavin 2.54mg + Niacinamide 100mg + Panthenol 5mg/mL Solution SIG: *Inject 1-2mL intramuscularly 1-2 times weekly as directed*		NB100
GOAL Injection Solution ☐ 10 mL ☐ 30 mL (3x10mL)	Glutamine 75mg + Ornithine HCl 75mg + Arginine HCl 150mg + Lysine HCl 150mg/mL Solution ☐ SIG: *Inject 0.5mL subcutaneously five times weekly* ☐ SIG: *Inject 1-2mL intramuscularly 1-2 times weekly*		GOAL
BCAA Injection Solution "ALIV" ☐ 10 mL ☐ 30 mL (3x10mL)	Arginine HCl 200mg + Leucine 10mg + Isoleucine 10mg + Valine 5mg/mL Solution ☐ SIG: *Inject 0.5mL subcutaneously five times weekly* ☐ SIG: *Inject 1-2mL intramuscularly 1-2 times weekly*		ALIV
Sermorelin Injection Solution ☐ 6mL ☐ 12mL ☐ 18mL	☐ 15mg/6mL Injectable Solution ☐ 9mg/6mL Injectable Solution SIG: *Inject 0.2mL subcutaneously each night*		MS15 MS1

SUPPLIES			
Intramuscular Supplies Kit ☐ Number of kits_____	Kit contains: 10 - 3mL syringes; 10 - 25G 1" needles; 10 - Alcohol swabs. To be used with IM injections. ☐ Quantity sufficient for selected IM injection		IMAQ
Subcutaneous Supplies Kit ☐ Number of kits_____	Kit contains: 10 - 1mL 29G 1/2" (0.5 inch) insulin syringes; 10 - Alcohol swabs. To be used with SQ injections. ☐ Quantity sufficient for selected SQ injection		SQAQ29
☐ Sharps Container (1 qt.)	For safe disposal of used sharps.	1 Container	SHARP

TOPICAL PRODUCTS			
☐ Local Fat Reduction Cream	Caffeine 3% + Menthol 0.5% Cream SIG: *Apply no more than 3 pumps (3g) daily to affected area of skin. Wash hands. Avoid contact with eyes.*	120g	ST1
☐ Natural Skin Tightening Cream	Green Tea Extract 0.2% + Lipoic Acid (DL-alpha) 3% + Caffeine 4% + Vitamin A20 IU + Vitamin E 15 IU/gram Cream SIG: *Apply 3 pumps (3g) sparingly to affected areas in the evening*	120g	ST2

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date

Number of Refills
☐ 1 ☐ 2 ☐ 3 ☐ 5
☐ 6 ☐ 11 ☐ PRN ☐ None

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6095 Pine Mountain Rd. NW, Suite 108 Kennesaw, GA 30152
www.innovationcompounding.com

PAIN MANAGEMENT

LIDOCAINE MULTI-PATIENT

℞ Fax to: 866-635-2329

Prescriber's Name (MD/DO Only)	DEA or NPI#	Phone#	Fax#
Practice Name & Address	**City**	**State**	**ZIP**

Formula 1: (UHA)	Formula 2: (NUDOZ)
Lidocaine HCL 2mg/mL + Hyaluronic Acid 15mg/mL for Intra-Articular Injections 1 Series: 12.5mL (5 x 2.5mL syringes) Inject 2.5 mL(s) to affected joint one time per week.	Lidocaine 2% Injectable Inject up to 5-10mL(s) per procedure area.

Bill & Ship to Office (Enter shipping address if different from above)

Complete the following 2 sections and fax to Innovation Compounding.

Section 1: Provide patient information below and select the formula and number of series/quantity needed.

Patient Name	Date of Birth	Formula 1: # of Series	Formula 2:	# of Refills
		☐ 1 series ☐ 2 series	☐ 10mL ☐ 30mL	
		☐ 1 series ☐ 2 series	☐ 10mL ☐ 30mL	
		☐ 1 series ☐ 2 series	☐ 10mL ☐ 30mL	
		☐ 1 series ☐ 2 series	☐ 10mL ☐ 30mL	
		☐ 1 series ☐ 2 series	☐ 10mL ☐ 30mL	
		☐ 1 series ☐ 2 series	☐ 10mL ☐ 30mL	
		☐ 1 series ☐ 2 series	☐ 10mL ☐ 30mL	
		☐ 1 series ☐ 2 series	☐ 10mL ☐ 30mL	
		☐ 1 series ☐ 2 series	☐ 10mL ☐ 30mL	
		☐ 1 series ☐ 2 series	☐ 10mL ☐ 30mL	
		☐ 1 series ☐ 2 series	☐ 10mL ☐ 30mL	
		☐ 1 series ☐ 2 series	☐ 10mL ☐ 30mL	
		☐ 1 series ☐ 2 series	☐ 10mL ☐ 30mL	
		☐ 1 series ☐ 2 series	☐ 10mL ☐ 30mL	
		☐ 1 series ☐ 2 series	☐ 10mL ☐ 30mL	

Section 2: Prescriber's Signature (MD, DO, NP, or PA Only)

_____ Date: _____

Innovation Compounding makes no claims of safety and/or efficacy as these compounded products have not been evaluated or approved by the FDA.

INNOVATION COMPOUNDING
Custom Medicines. Optimal Outcomes.

PCAB ACCREDITED Compounding Pharmacy

6095 Pine Mountain Rd. NW Suite 108
Kennesaw, GA 30152
Ph: (800) 547-1399 | Fax: (866) 635-2329

PAIN MANAGEMENT
PITCHER PLANT

℞ Fax to: 866-635-2329

Prescriber's Name (MD/DO Only)	DEA or NPI#	Phone#	Fax#
Practice Name & Address	**City**	**State**	**ZIP**

Complete the following 3 sections and fax to Innovation Compounding.

Section 1: Check Medication & Sig to be Dispensed

Serraceniacea (Pitcher Plant) Distillate Salts (100%) Inj (APPD)

Sig: Inject ___ mL(s) to affected area(s) ___time(s) per week to up to 10 injection sites.

Bill & Ship to Office (Enter shipping address if different from above)

Section 2: Provide patient information below and select the number of series needed.

Patient Name *(for use in animals, provide name of animal, species, and owner)*	Date of Birth	# of 10mL Vials	# of 30mL Vials	# of Refills

Section 3: Prescriber's Signature (MD, DO, NP, or PA Only)

_____ Date: _____

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4009

MEN'S HEALTH

(866) 635-2329 FAX
For Questions/Consult (800) 547-1399

Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
Practice Name & Address	City	State	ZIP
Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

HAIR LOSS (ALOPECIA)

MALE PATTERN

Finasteride + Minoxidil + Retinoic Acid
☐ 30 mL ☐ 60 mL
Finasteride 0.1% + Minoxidil 5% + Retinoic Acid 0.01% Foam
SIG: *Apply 2-4 pumps (1-2 mL) to affected area(s) and massage daily.*
259036

Melatonin + Minoxidil + Retinoic Acid
☐ 30 mL ☐ 60 mL
Melatonin 0.1% + Minoxidil 5% + Retinoic Acid 0.01% Foam
SIG: *Apply 2-4 pumps (1-2 mL) to affected area(s) and massage daily.*
259038

Menthol + Saw Palmetto Shampoo
☐ 30 mL ☐ 60 mL
Menthol 0.5% + Saw Palmetto 5% Shampoo
SIG: *Apply 2-4 pumps (1-2 mL) to affected area(s) and massage daily.*
259078

ALOPECIA AREATA

Minoxidil + Azelaic Acid
☐ 30 mL ☐ 60 mL
Minoxidil 5% + Azelaic Acid 1.5% Foam
SIG: *Apply 2-4 pumps (1-2 mL) to affected area(s) and massage daily.*
259073

Minoxidil + Azelaic Acid + Retinoic Acid
☐ 30 mL ☐ 60 mL
Minoxidil 5% + Azelaic Acid 1.5% + Retinoic Acid 0.01% Foam
SIG: *Apply 2-4 pumps (1-2 mL) to affected area(s) and massage daily.*
259074

OTC OPTIONS

☐ **Libido Health**
Dimethylglycine HCL + Herb Blend + Maca Root Powder + Muira Puama 4:1 Root Extract + Tongkat Ali Root Powder + Cnidium Monnier Seed Powder
SIG: *Take 1 capsule by mouth 1-3 times daily or as directed.*
90 Capsules — 10287

DHEA Capsules
☐ DHEA (dehydroepiandrosterone), Micronized 25 mg Capsules — 90 Capsules — 10045
☐ DHEA (dehydroepiandrosterone), Micronized 50 mg Capsules — 100 Capsules — 10046
SIG: *Take 1 capsule by mouth daily or as directed.*

☐ **L-Arginine Capsules**
Vitamin B-6 (as pyridoxine hydrochloride) 10 mg + L-Arginine 500 mg
SIG: *Take 1 capsule, 2 to 6 times daily between meals or as directed.*
100 Capsules — 10284

☐ **Male Virility Support**
Horny Goat Weed, Fenugreek, Muira Puama, Kola Nut Seed Extract, Maca, Tribulus terrestris, Damiana, Korean Ginseng. Does Not Contain sugar, salt, dairy, yeast, wheat, gluten, corn, soy, preservatives, artificial colors or flavors.
SIG: *Take two capsules daily with meals.*
60 Tablets — 10253

☐ **Prostate Health Support**
Zinc (As Monomethionine) 5 mg + Saw Palmetto Berry Extract 80 mg + Pygeum Africanum Bark Extract 25 mg Pumpkin Seed Oil 40 mg + Nettle Root Extract 75 mg + Lycopene 1 mg
SIG: *Take 1 softgel capsule, 4 times daily with meals.*
60 Softgels — 10126

☐ **Saw Palmetto Vegetarian capsules**
Saw Palmetto, Standardized 320 mg. Does Not Contain gluten.
SIG: *Take 1 capsule daily with a meal.*
90 Capsules — 10335

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date	Number of Refills ☐1 ☐2 ☐3 ☐NR

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MEN'S HEALTH

4011

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Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
Practice Name & Address	City	State	ZIP
Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

INJECTABLE SOLUTIONS

PAP / PHEN / PGE$_1$ (UltraMix)

☐ 1 mL ☐ 5 mL* ☐ 10 mL*

☐ Papaverine 40 mg/mL + Phentolamine 3 mg/mL + Prostaglandin (PGE$_1$) 100 mcg/mL

Custom Formula

☐ 1 mL ☐ 5 mL* ☐ 10 mL*

☐ Papaverine _____ mcg
☐ Phentolamine _____ mcg
☐ Prostaglandin _____ mcg
☐ Atropine _____ mcg

SIG: *Inject _____ mL as directed.*
*Syringes and alcohol swabs included with 5 mL and 10 mL quantities (29G, ½", 1 mL BD Insulin syringes).

Testosterone Cypionate in Sesame Oil

☐ 2 mL ☐ 5 mL ☐ 10 mL

☐ _____ Cypionate 100 mg/mL in Sesame Oil Injectable (write in Testosterone) — MIT100

☐ _____ Cypionate 200 mg/mL in Sesame Oil Injectable (write in Testosterone) — MIT200

SIG: Inject ____ mL weekly.

Nandrolone Decanoate in Sesame Oil

☐ ____ x 2 mL vials (write in Qty.)

☐ _____ Decanoate 200 mg/mL in Sesame Oil Injectable (write in Nandrolone) — MIN200

☐ SIG: *Inject ____ mL IM ____ per month*
☐ SIG: *Inject 0.5 mL intramuscularly weekly with testosterone therapy.*

Sermorelin Injection Solution

☐ ____ 6 mL vials (write in Qty.)

☐ 15 mg/6 mL Injection Solution — MS15
☐ 9 mg/6 mL Injection Solution — MS1

SIG: *Inject 0.2 mL subcutaneously every night at bedtime as directed.*

NASAL SPRAY

☐ **Sermorelin Nasal Spray** — 1.5mg/mL Nasal Spray — 6mL — MS5

SIG: *Instill 1 spray (0.1mL) into each nostril every night at bedtime as directed.*

SUPPLIES

Intramuscular Supplies Kit — Kit contains: 10 - 3mL syringes; 10 - 25G 1" needles; 10 - Alcohol swabs. — IMAQ

☐ Number of kits _____
☐ Quantity sufficient for selected IM injection.

SIG: *To be used with intramuscular injections.*

Subcutaneous Supplies Kit — Kit contains: 10 - 1mL 29G 1/2" (0.5 inch) Insulin syringes; 10 - Alcohol swabs. — SQAQ29

☐ Number of kits _____
☐ Quantity sufficient for selected SQ injection.

SIG: *To be used with subcutaneous injections.*

☐ **Sharps Container (1 qt.)** — For safe disposal of used sharps. — 1 Container — SHARP

☐ **Inject-Ease™ Device** — For intracavernosal injection support. — 1 Device

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date

Number of Refills ☐ 1 ☐ 2 ☐ 3 ☐ NR

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MEN'S HEALTH

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For Questions/Consult (800) 547-1399

Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
Practice Name & Address	City	State	ZIP
Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

TOPICALS

Testosterone
☐ 30 mL ☐ 60 mL ☐ 90 mL

☐ _____ 5% (50 mg/mL) Gel (write in Testosterone) — MT5
☐ _____ 10% (100 mg/mL) Lipocream (write in Testosterone) — MT10
☐ Add Chrysin 5%
☐ Add Chrysin 10%
SIG: *Apply 2 pumps (1mL) QD to hairless chest/shoulder area.*

Penile Fibrosis Cream — 60 grams
☐ Vitamin E 500IU/gram Cream — MV500
☐ Verapamil 150 mg/gram Cream — MV15
SIG: *Apply 4 clicks (1 gram) to plaque area of penis shaft twice daily.*

DHEA + Pregnenolone Lotion
☐ 30 mL ☐ 60 mL ☐ 90 mL
☐ DHEA 20 mg + Pregnenolone 30 mg/mL Lotion — MDP
SIG: *Apply 2 clicks (0.5 mL) topically twice daily to skin.*

DHEA + Testosterone Cream
☐ 30 mL ☐ 60 mL ☐ 90 mL
☐ DHEA 75 mg + _____ 100mg/mL Cream (write in Testosterone) — MDT
SIG: *Apply 2 clicks (0.5 mL) topically twice daily to skin.*

☐ **Lidocaine + Prilocaine Cream** — 30 grams — MLP
Lidocaine 3% + Prilocaine 3% Cream
SIG: *Apply 4 clicks (1 gm) to shaft of penis 20-30 minutes prior to sexual activity*

HORMONE PELLETS

Testosterone
☐ _____ Pellet (write in Qty.)

☐ _____ 50 mg (write in Testosterone) — PT50
☐ _____ 100 mg (write in Testosterone) — PT100
☐ _____ 200 mg (write in Testosterone) — PT200
SIG: *To be inserted by physician at office pellet procedure.*

Trocar Kit — 1 Kit
To be used for pellet procedure.
☐ 3.2mm Trocar Kit — TRO3
☐ 4.5mm Trocar Kit — TRO4
SIG: *To be used at in-office pellet procedure. Do not open kit prior to procedure.*

INJECTABLE SOLUTIONS

Prostaglandin
☐ 1 mL ☐ 5 mL* ☐ 10 mL*
☐ Prostaglandin 20 mcg/mL — MP20
☐ Prostaglandin 40 mcg/mL — MP40

PAP / PHEN (BIMix)
☐ 1 mL ☐ 5 mL* ☐ 10 mL*
☐ Papaverine 30 mg/mL + Phentolamine 1 mg/mL

PAP / PHEN / PGE_1 / Atropine (QuadMix)
☐ 1 mL ☐ 5 mL* ☐ 10 mL*
☐ Papaverine 30 mg/mL + Phentolamine 2 mg/mL + Prostaglandin (PGE_1) 20 mcg/mL + Atropine 0.15 mg/mL

PAP / PHEN / PGE_1 (TriMix)
☐ 1 mL ☐ 5 mL* ☐ 10 mL*
☐ Papaverine 15 mg/mL + Phentolamine 0.5 mg/mL + Prostaglandin (PGE_1) 5 mcg/mL (TriMix 1)
☐ Papaverine 30 mg/mL + Phentolamine 1 mg/mL + Prostaglandin (PGE_1) 10 mcg/mL (TriMix 2)
☐ Papaverine 30 mg/mL + Phentolamine 2 mg/mL + Prostaglandin (PGE_1) 20 mcg/mL (TriMix 3)
☐ Papaverine 40 mg/mL + Phentolamine 3 mg/mL + Prostaglandin (PGE_1) 40 mcg/mL (TriMix 4)

SIG: *Inject _____ mL as directed.*

*Syringes and alcohol swabs included with 5 mL and 10 mL quantities (29G, ½", 1 mL BD Insulin syringes).

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date	Number of Refills
			☐ 1 ☐ 2 ☐ 3 ☐ NR

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MEN'S HEALTH

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For Questions/Consult (800) 547-1399

Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
Practice Name & Address	City	State	ZIP
Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

ORAL CAPSULES & TABLETS

☐ Sildenafil Citrate	Sildenafil Citrate 20 mg Tablets*	90 ct	MS20
	SIG: *Take 4-5 tablets by mouth 20 minutes prior to intercourse.*		
Sildenafil	☐ Sildenafil 50 mg Tablet*		
☐ 10 ct ☐ Number of tabs/caps _____	☐ Sildenafil 100 mg Tablet*		
	☐ Sildenafil 110 mg + Fluoxetine 5 mg Capsule		MSF110
	☐ Sildenafil 55 mg + Fluoxetine 5 mg Capsule		MSF55
	SIG: *Take 1 by mouth 20 minutes prior to intercourse.*		
Tadalafil	☐ Tadalafil 5 mg Tablet*		
	☐ Tadalafil 10 mg Tablet*		
	☐ Tadalafil 20 mg Tablet*		
☐ 10 ct ☐ Number of tabs/caps _____	SIG: *Take 1 by mouth 20 minutes prior to intercourse.*		
Fluoxetine	Fluoxetine 5 mg Tablet*		
☐ 10 ct ☐ Number of tabs/caps _____	SIG: *Take 1 by mouth 20 minutes prior to intercourse.*		
Anastrozole	☐ Anastrozole 1 mg Tablet*		MA1
	☐ Anastrozole 0.25 mg Capsule		
☐ 10 ct ☐ Number of tabs/caps _____	SIG: *Take 1 cap/tab by mouth* ☐ *weekly* ☐ *twice weekly* ☐ _____		
Clomiphene	☐ Clomiphene 50 mg Tablet*		
☐ 10 ct ☐ Number of tabs/caps _____	☐ Clomiphene 25 mg Capsule		
	SIG: *Take 1 cap/tab by mouth* ☐ *weekly* ☐ *twice weekly* ☐ _____		
	**Commercially available product.*		

ORAL TROCHES

Tadalafil "Micro"	Tadalafil 5 mg "Micro" Troche		MTAD5
☐ 30 ct ☐ 60 ct ☐ 90 ct	SIG: *Dissolve 1 mini troche under tongue one time per day. Do not swallow for 2 minutes.*		
Tadalafil "Mini"	☐ Tadalafil 10 mg "Mini" Troche		MTAD10
☐ 30 ct ☐ 60 ct ☐ 90 ct	☐ Tadalafil 20 mg "Mini" Troche		MTAD20
☐ _____ ct	☐ Tadalafil 40 mg Troche		MTAD40
	SIG: *Dissolve 1 troche between cheek and gum 30 minutes prior to sexual activity. Do not swallow for 2 minutes.*		
Sildenafil	☐ Sildenafil 20 mg Troche		MST20
☐ Number of troches _____	☐ Sildenafil 50 mg Troche		MST50
☐ 10 ct	SIG: *Dissolve 1 troche between cheek and gum 30 minutes prior to sexual activity. Do not swallow for 2 minutes.*		
Testosterone	☐ _____ 50 mg Troche (write in Testosterone)		MTT50
☐ 30 ct ☐ 60 ct ☐ 90 ct	☐ _____ 100 mg Troche (write in Testosterone)		MTT100
	SIG: *Dissolve 1 troche between cheek and gum once every morning.*		
Oxytocin	☐ Oxytocin 125IU + Tadalafil 25 mg Troche		
☐ Number of troches _____	☐ Oxytocin 125IU Troche		
☐ 10 ct	SIG: *Dissolve 1 troche between cheek and gum 30 minutes prior to sexual activity. Do not swallow for 2 minutes.*		

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date

Number of Refills ☐ 1 ☐ 2 ☐ 3 ☐ NR

INNOVATION COMPOUNDING — PCAB ACCREDITED

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IV/IM NUTRITION
À LA CARTE PRODUCTS

(866) 635-2329 FAX
For Questions/Consult (800) 547-1399

Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
Practice Name & Address	City	State	ZIP

Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

COMBINATION INGREDIENT PRODUCTS

Be sure to include injection or infusion volume for each session

		IV Use	IM Use	Vial Size	WRITE IN # Vials Needed	WRITE IN Volume per Injection/Infusion (in mL)
ALIV	**ALIV Injection / BCAA (MDV)** *Arginine HCl 200 mg + Leucine 10 mg + Isoleucine 10 mg + Valine 5 mg/mL*			☐ 10 mL		
NB100	**B-Complex 100 (MDV)** *Thiamine 100 mg + Riboflavin 2.54 mg + Niacinamide 100 mg + Panthenol 5 mg/mL*			☐ 10 mL		
GOAL	**GOAL Injection (MDV)** *Glutamine 75 mg + Ornithine HCl 75 mg + Arginine HCl 150 mg + Lysine HCl 150 mg/mL*			☐ 10 mL		
ICVIT	**Innovation Vitamin Blend (PF) (Non-Corn Base)** *Ascorbic Acid 50 mg + Riboflavin-5-Phosphate 0.125 mg + Niacinamide 5 mg + Panthenol 5 mg + Methylcobalamin 0.1 mg + Thiamine 5 mg/mL solution*			☐ 20 mL		
ICMIN	**Innovation Mineral Blend (PF)** *Calcium Chloride Dihydrate 10 mg + Magnesium Chloride Hexahydrate 100 mg + Manganese Sulfate 50 mcg + Selenium 30 mcg + Zinc Sulfate 1 mg/mL of solution*			☐ Coming Soon!		
SLIPO1	**MIC + Cyanocobalamin (MDV)** *Methionine 15 mg + Inositol 50 mg + Choline 100 mg + Cyanocobalamin 100 mcg/mL*			☐ 10 mL		
SLIPO2	**MIC + Methylcobalamin (MDV)** *Methionine 15 mg + Inositol 50 mg + Choline 100 mg + Methylcobalamin 1000 mcg/mL*			☐ 10 mL		
SSUPER1	**SuperB Complex + MIC + Cyanocobalamin (MDV)** *Ascorbic Acid 50 mg + Thiamine 50 mg + Riboflavin-5-Phosphate 5 mg + Niacinamide 50 mg + Panthenol 5 mg + Cyanocobalamin 100 mcg + Methionine 12.5 mg + Inositol 25 mg + Choline 25 mg + Lidocaine 10 mg/mL*			☐ 10 mL		
SSUPER2	**SuperB Complex + MIC + Methylcobalamin (MDV)** *Ascorbic Acid 50 mg + Thiamine 50 mg + Riboflavin-5-Phosphate 5 mg + Niacinamide 50 mg + Panthenol 5 mg + Methylcobalamin 100 mcg + Methionine 12.5 mg + Inositol 25 mg + Choline 25 mg + Lidocaine 10 mg/mL*			☐ 10 mL		

MDV = Preserved Multiple Dose Vial, preserved with 0.9% (9mg/mL) Benzyl Alcohol.
NOTE: Based on animal studies, the World Health Organization set a max limit of 5 mg/kg/day of Benzyl Alcohol. Not to be administered to neonates.

DO NOT LEAVE BLANK. REQUIRED INFORMATION.

SIG: Administer products and volumes per protocol _____ times per week for _____ weeks as directed by physician.

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date	Number of Refills
			☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ ___

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IV/IM NUTRITION
À LA CARTE PRODUCTS

Rx (866) 635-2329 FAX 4015
For Questions/Consult (800) 547-1399

Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
Practice Name & Address	City	State	ZIP

Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		

Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient — If left blank, will be billed and shipped to the patient.

SINGLE INGREDIENT PRODUCTS

Be sure to include injection or infusion volume for each session.

		IV Use	IM Use	Vial Size		# Vials Needed (WRITE IN)	Volume per Injection / Infusion (in mL) (WRITE IN)
NACE	Acetylcysteine 100 mg/mL (MDV)	•	•	☐ 10 mL			
NALA	Alpha Lipoic Acid 25 mg/mL (MDV)	•		☐ 10 mL			
NARG	Arginine 100 mg/mL (MDV)	•	•	☐ 10 mL			
NVITCP	Ascorbic Acid (Vitamin C) 500 mg/mL (PF) *(Non-Corn Base)*	•		☐ 50 mL			
NVITCM	Ascorbic Acid (Vitamin C) 500 mg/mL (MDV) *(Non-Corn Base)*	•		☐ 10 mL	☐ 50 mL		
NCC	Calcium Chloride 100 mg/mL (MDV) *(IV ONLY)*	•		☐ 10 mL			
NDEX	Dexpanthenol (B5) 250 mg/mL (MDV)	•	•	☐ 5 mL	☐ 10 mL		
NMSM	Dimethyl Sulfone 150 mg/mL (MSM)(PF)	•	•	☐ 10 mL	☐ 100 mL		
NDMSO	Dimethyl Sulfoxide 99.9% (DMSO)(PF) *(IV ONLY)*	•		☐ 10 mL			
NDMPS	DMPS (Dimercaptopropane Sulphonate) 50mg/mL (MDV)	•		☐ 5 mL			
NE300	EDTA Calcium 300 mg/mL (MDV)	•		☐ 10 mL			
NE150	EDTA Disodium Dihydrate 150mg/mL (MDV)	•		☐ 10 mL			
NFA	Folic Acid (B9) 2.5 mg/mL (MDV)	•	•	☐ 10 mL			
NGLUT	Glutathione 200 mg/mL (MDV)	•	•	☐ 10 mL			
NGLY	Glycine 50 mg/mL (PF)	•		☐ 5 mL			
NGLY	Glycyrrhizic Acid 8 mg/mL (PF)	•		☐ 10 mL			
NHACID	Hydrochloric Acid 1:500 (2 mg/mL) (MDV) *(IV ONLY)*	•		☐ 10 mL			
NHP	Hydrogen Peroxide 30 mg/mL (MDV) *(IV ONLY)*	•		☐ 5 mL	☐ 10 mL		
NHB12	Hydroxocobalamin 2000 mcg/mL (MDV)	•	•	☐ 5 mL			
NLIDO2	Lidocaine 2% Injection Solution *(compounded)*		•	☐ 10 mL			
NLIDO4	Lidocaine 4% Injection Solution *(compounded)*		•	☐ 50 mL			
NCARN	Levocarnitine (L-Carnitine) 100 mg/mL (MDV)	•	•	☐ 10 mL			
NMAGC	Magnesium Chloride 150mg/mL (MDV)	•	•	☐ 10 mL			
NMANS	Manganese Sulfate 0.1 mg/mL (MDV)	•	•	☐ 10 mL			
SMT	Methylcobalamin (B12-Active) 1000 mcg/mL (MDV)	•	•	☐ 10 mL			
SMS	Methylcobalamin (B12-Active) 5000 mcg/mL (MDV)	•	•	☐ 5 mL			
NNAD	Nicotinamide Adenine Dinucleotide (NAD+) 100 mg/mL	•		☐ 5 mL			
NPTC	Phosphatidylcholine (PTC) 3.5% (35mg/mL) (MDV) *(Requires filter needle, Included)*	•		☐ 10 mL			
NPC	Potassium Chloride 150 mg/mL (MDV) *(IV ONLY)*	•		☐ 5 mL	☐ 10 mL		
NPRO	Procaine HCL 20 mg/mL (MDV)	•	•	☐ 5 mL	☐ 10 mL		
NB6	Pyridoxine (B6) 50 mg/mL (MDV)	•	•	☐ 10 mL			
NPRL	Proline 50 mg/mL *(Special Order Product)*	•		☐ 50 mL			
NSEL	Selenium 1 mg/mL (MDV)	•	•	☐ 5 mL			
NTAU	Taurine 50 mg/mL (MDV)	•	•	☐ 10 mL			
NTHI	Thiamine 50 mg/mL (MDV)	•	•	☐ 10 mL			
NVD50	Vitamin D3 50,000 IU/mL (MDV) *(IM Use Only)*		•	☐ 10 mL			
NVD200	Vitamin D3 200,000 IU/mL (MDV) *(IM Use Only)*		•	☐ 5 mL			
NZS	Zinc Sulfate 5mg/mL (MDV) *(IV ONLY)*	•		☐ 10 mL			

MDV = Preserved Multiple Dose Vial, preserved with 0.9% (9mg/mL) Benzyl Alcohol.
NOTE: Based on animal studies, the World Health Organization set a max limit of 5 mg/kg/day of Benzyl Alcohol. Not to be administered to neonates.

DO NOT LEAVE BLANK. REQUIRED INFORMATION.

SIG: Administer products and volumes per protocol _____ times per week for _____ weeks as directed by physician.

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date	Number of Refills ☐1 ☐2 ☐3 ☐4 ☐___

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Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
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Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient:	

INNOVATION VITAMIN C (4 INFUSIONS EACH)

Yields a total of four (4) infusions

PRODUCTS	IVITC25	☐ 25 GM	IVITC50	☐ 50 GM	IVITC75	☐ 75 GM	IVITC100	☐ 100 GM
Magnesium Chloride 150 mg/mL	2x10 mL	3 mL	3x10 mL	7 mL	4x10 mL	9 mL	6x10 mL	13 mL
Calcium Chloride 100 mg/mL	10 mL	1 mL	2x10 mL	3 mL	2x10 mL	4 mL	2x10 mL	5 mL
Potassium Chloride 150 mg/mL	5 mL	1 mL	4x5 mL	4 mL	3x10 mL	6 mL	4x10 mL	8 mL
Ascorbic Acid 500 mg/mL (PF)	4x50 mL	50 mL	8x50 mL	100 mL	12x50 mL	150 mL	16x50 mL	200 mL
Sterile Water for Injection[1]	*Not Included*	*500 mL* Total 555 mL	*Not Included*	*500 mL* Total 614 mL	*Not Included*	*750 mL* Total 919 mL	*Not Included*	*1000 mL* Total 1226 mL

☐ Number of Kits _____ (Write in) SIG: Administer products and volumes per protocol _____ times per week for _____ weeks as directed by physician.

INNOVATION HYDROGEN PEROXIDE (3 INFUSIONS)

Yields a total of three (3) infusions.

IHP

PRODUCTS	ORDER QUANTITY	INFUSION VOLUME
Hydrogen Peroxide 30 mg/mL	10 mL	0.5-3 mL
Magnesium Chloride 150 mg/mL	3x10 mL	10 mL
☐ Hydrochloric Acid (MDV) 1:500 (2mg/mL) (Separate slow push after H2O2)	3x10 mL	5-10mL
0.9% Normal Saline[1]	*Not Included in Kit*	*250 mL*

☐ Number of Kits _____ (Write in) SIG: Administer products and volumes per protocol _____ times per week for _____ weeks as directed by physician. Total Volume 263 mL with EDTA 268 mL

INNOVATION PTC INITIAL PROTOCOL (4 INFUSIONS)

Yields a total of four (4) infusions.

IPTCI

PRODUCTS	ORDER QUANTITY	INFUSION VOLUME
Phosphatidylcholine 3.5% (35 mg/mL)*	90 mL	Titrate*
Glutathione 200 mg/mL (Do not mix in IV bag. Given as IV push at beginning or end of infusion)	10 mL	2.5 mL
Dextrose 5% (D5W)[1]	*Not Included in Kit*	*250 mL*

☐ Number of Kits _____ (Write in) SIG: Administer products and volumes per protocol _____ times per week for _____ weeks as directed by physician. Total Volume 250 mL + Titrate*

INNOVATION PTC MAINTENANCE PROTOCOL (4 INFUSIONS)

Yields a total of four (4) infusions.

IPTCM

PRODUCTS	ORDER QUANTITY	INFUSION VOLUME
Phosphatidylcholine 3.5% (35 mg/mL)*	120 mL	30 mL
Glutathione 200 mg/mL (Do not mix in IV bag. Given as IV push at beginning or end of infusion)	10 mL	2.5 mL
Dextrose 5% (D5W)[1]	*Not Included in Kit*	*250 mL*

☐ Number of Kits _____ (Write in) SIG: Administer products and volumes per protocol _____ times per week for _____ weeks as directed by physician. Total Volume 282.5 mL

MDV = Preserved Multiple Dose Vial, preserved with 0.9% (9mg/mL) Benzyl Alcohol.
NOTE: Based on animal studies, the World Health Organization set a max limit of 5 mg/kg/day of Benzyl Alcohol. Not to be administered to neonates.
[1] Not supplied by Innovation Compounding.

ⓘ | *Refer to Innovation Compounding's IV/IM Nutrition Clinician's Guide for information about appropriate dosing and administration of this agent or protocol.*

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INNOVATION MYER'S COCKTAIL (4 INFUSIONS)

Yields a total of four (4) infusions.	PRODUCTS	ORDER QUANTITY	INFUSION VOLUME
(MYER)	Magnesium Chloride 150 mg/mL	3x10 mL	7 mL
	Calcium Chloride 100 mg/mL	10 mL	1 mL
	Selenium 1 mg/mL	5 mL	0.2 mL
	Pyridoxine 50 mg/mL	2x10 mL	4 mL
	Dexpanthenol 250 mg/mL	5 mL	1 mL
	Hydroxocobalamin 2,000 mcg/mL	5 mL	0.5 mL
	B-Complex (Thiamine 100 mg; Riboflavin 2.54 mg; Niacinamide 100 mg; Panthenol 5 mg per milliliter of solution.)	10 mL	1 mL
	Ascorbic Acid 500 mg/mL MDV	10 mL	2 mL
	Sterile Water for Injection[1]	*Not Included in Kit*	*18.3 mL*
☐ Number of Kits _____ (Write In)	SIG: Administer products and volumes per protocol _____ times per week for _____ weeks as directed by physician.		Total Volume 35 mL

INNOVATION IMMUNE BOOST SLOW PUSH (4 INFUSIONS)

Yields a total of four (4) infusions.	PRODUCTS	ORDER QUANTITY	INFUSION VOLUME
(IMMUNE)	Magnesium Chloride 150 mg/mL	3x10 mL	7 mL
	Calcium Chloride 100 mg/mL	2x10 mL	3 mL
	Selenium 1 mg/mL	5 mL	0.4 mL
	Pyridoxine 50 mg/mL	10 mL	2 mL
	Dexpanthenol 250 mg/mL	5 mL	1 mL
	Hydroxocobalamin 2,000 mcg/mL	5 mL	0.5 mL
	B-Complex (Thiamine 100 mg; Riboflavin 2.54 mg; Niacinamide 100 mg; Panthenol 5 mg per milliliter of solution.)	10 mL	1 mL
	Ascorbic Acid 500 mg/mL (MDV)	10 mL	2 mL
	Acetylcysteine 100 mg/mL	10 mL	2 mL
	*Glutathione 200 mg/mL (Do not mix in IV bag. Given as IV push at beginning or end of infusion)**	10 mL	2.5 mL (end push)
	Sterile Water for Injection[1]	*Not Included in Kit*	*38.6 mL*
☐ Number of Kits _____ (Write In)	SIG: Administer products and volumes per protocol _____ times per week for _____ weeks as directed by physician.		Total Volume 60 mL

INNOVATION STANDARD CHELATION (4 INFUSIONS)

Yields a total of four (4) infusions	PRODUCTS	ORDER QUANTITY	INFUSION VOLUME
	Magnesium Chloride 150 mg/mL	2x10 mL	5 mL
(CHELATE)	Pyridoxine 50 mg/mL	10 mL	2 mL
	Dexpanthenol 250 mg/mL	5 mL	1 mL
	Procaine 20 mg/mL	2x10 mL	5 mL
	B-Complex (Thiamine 100 mg; Riboflavin 2.54 mg; Niacinamide 100 mg; Panthenol 5 mg per milliliter of solution.)	10 mL	1 mL
	Ascorbic Acid (Non-Corn) 500 mg/mL (MDV)	2x10 mL	5 mL
	EDTA Disodium Dihydrate 150 mg/mL (IV Drip only)*	50 mL	10 mL
	0.9% Normal Saline[1]	*Not Included in Kit*	*500 mL*
☐ Number of Kits _____ (Write In)	SIG: Administer products and volumes per protocol _____ times per week for _____ weeks as directed by physician.		Total Volume 529 mL

MDV = Preserved Multiple Dose Vial, preserved with 0.9% (9mg/mL) Benzyl Alcohol.
NOTE: Based on animal studies, the World Health Organization set a max limit of 5 mg/kg/day of Benzyl Alcohol. Not to be administered to neonates.
[1] Not supplied by Innovation Compounding.

ⓘ *Refer to Innovation Compounding's *IV/IM Nutrition Clinician's Guide* for information about appropriate dosing and administration of this agent or protocol.

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OTC OPTIONS

☐ Hair, Skin, and Nails	Vitamin A (as palmitate) 5,000 IU + Vitamin C (as ascorbic acid) 60 mg + Vitamin D (as cholecalciferol) 200 IU + Vitamin E (as d-alpha tocopheryl succinate) 30 IU + Vitamin B-1 (as thiamin hydrochloride) 25 mg + + Vitamin B-2 (as riboflavin) 25 mg + Niacin (as niacinamide) 20 mg + Vitamin B-6 (as pyridoxine hydrochloride) 25 mg + Folic acid 400 mcg + Vitamin B-12 (as cyanocobalamin) 100 mcg + Biotin 1,200 mcg + Pantothenic acid (as d-calcium pantothenate) 100 mg + Calcium (as carbonate, amino acid chelate) 300 mg + Magnesium (as oxide, amino acid chelate) 60 mg + Zinc (as monomethionine) 5 mg + Selenium (as L-selenomethionine) 200 mg + Copper (as amino acid chelate) 1 mg + Manganese (as amino acid chelate) 5 mg + MSM (methylsulfonylmethane) 200 mg + Horsetail leaf extract 100 mg + Choline (as bitartrate) 25 mg + Inositol 25 mg + PABA (as para aminobenzoic acid) 10 mg + Boron (as citrate, aspartate, glycinate) 1 mg + L-Cysteine 300 mg + Citrus bioflavonoids 100 mg + Nettle leaf powder mg + L-Methionine 50 mg + Trace minerals 50 mg SIG: *Take 3 tablets by mouth daily with meals or as directed.*	90 Tablets	185412 10312
☐ Evening Primrose Oil	Evening Primrose Seed Oil 1300 mg + Gamma-Linolenic Acid (GLA) + Cis-Linoleic Acid + Oleic Acid + Palmitic Acid SIG: *Take 1 softgel by mouth 2-3 times daily with meals or as directed.*	60 Softgels	262381 10058
☐ Hyaluronic Acid	Hyaluronic Acid 40 mg + Sunflower Lecithin + Salvia Hispanica Powder SIG: *Take 1 capsule by mouth 1 to 2 times daily or as directed.*	60 Capsules	262382 10309
☐ Perfect E	Vitamin E 400 IU + Mixed Tocopherols + Tocotrienols SIG: *Take 1 softgel by mouth daily with meals or as directed.*	30 Softgels	262383 10250
☐ Vitamin C with Bioflavonoid Complex	Vitamin C 1000 mg + Citrus Bioflavonoid Complex SIG: *Take 1 capsule by mouth 1 to 2 times daily as directed.*	100 Capsules	262384 10154
☐ Green Tea - 70	EGCG (Green Tea) + Epigallo-Catechin-3-Gallate SIG: *Take 1 capsule by mouth 1-2 times daily, or as directed.*	60 Capsules	262357 10320

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			☐1 ☐2 ☐3 ☐NR

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SEBORRHEIC DERMATITIS			FORMULA ID
Ketoconazole + Clobetasol Propionate ☐ 60 mL ☐ 90 mL	Ketoconazole 2.5% + Clobetasol Propionate 0.1% Foam SIG: *Apply 2-3 pumps (1-1.5 mL) to affected area twice daily for one month, then once to twice weekly thereafter for symptom control.*		258987
Tea Tree Ointment	Tea Tree 5% Ointment SIG: *Apply 2-4 clicks (0.5 to 1 gram) to affected area. Use daily for 1 month, then twice weekly thereafter for maintenance.*	30 grams	259052
Ketoconazole + Hydrocortisone ☐ 30 g ☐ 60 g	Ketoconazole 2.5% + Hydrocortisone 1.5% Cream SIG: *Apply 2 clicks (0.5 g) to affected area twice daily for 4 weeks, then twice weekly thereafter for maintenance.*		258993

ATOPIC DERMATITIS/ECZEMA			FORMULA ID
HIGH POTENCY			
Clobetasol + Cyanocobalamin	Clobetasol 0.05% + Cyanocobalamin 0.07% Cream SIG: *Apply 2-4 clicks (0.5-1 gram) daily until flare is clear. Avoid skin folds and on face.*	30 grams	259001
MEDIUM POTENCY			
Triamcinolone Acetonide + Cyanocobalamin	Triamcinolone Acetonide 0.1% + Cyanocobalamin 0.07% Cream SIG: *Apply 2-4 clicks (0.5-1 gram) to affected skin area daily until clear.*	30 grams	259002
LOW POTENCY			
Caffeine + Hydrocortisone	Caffeine 1% + Hydrocortisone 0.5% Cream SIG: *Apply 2-4 clicks (0.5-1 gram) daily until flare is clear, then 2-3 times weekly thereafter.*	30 grams	259035

ONYCHOMYCOSIS/PARONYCHIA – TOPICAL NAIL SOLUTIONS			FORMULA ID
DMSO + Ibuprofen + Itraconazole + Tea Tree Oil	DMSO 50% + Ibuprofen 2% + Itraconazole 1% + Tea Tree Oil 5% SIG: *Use a Q-tip to paint on top of nail twice daily.*	15 mL	259043
DMSO + Ketoconazole + Tea Tree Oil	DMSO 50% + Ketoconazole 2% + Tea Tree Oil 5% SIG: *Use a Q-tip to paint on top of nail twice daily.*	15 mL	259044
Thymol + Ibuprofen	Thymol 4% + Ibuprofen 2% in Ethyl Alcohol SIG: *Use a Q-tip to paint on top of nail twice daily.*	15 mL	259045

OTHER FORMULATIONS			FORMULA ID
Mupirocin + Betamethasone Valerate + Miconazole	Mupirocin 1% + Betamethasone Valerate 0.05% + Miconazole 2% Ointment SIG: *Apply liberally to affected nipple(s) after each feeding. Wipe off before next feeding.*	30 grams	2028
Naltrexone HCl	Naltrexone HCl 1% Cream SIG: *Apply 2 clicks (0.5 grams) topically to affected area up to twice daily.*	30 grams	259059
Nifedipine + Lidocaine	Nifedipine 0.3% + Lidocaine 1.5% Ointment SIG: *Apply a pea-sized amount (1-2 clicks or 0.25-0.5 g) to anus up to 4 times daily as needed.*	30 grams	1998
Diltiazem	Diltiazem 2% Ointment SIG: *Apply a pea-sized amount (1-2 clicks or 0.25-0.5 g) to anus up to 4 times daily as needed.*	30 grams	1333
Diltiazem + Lidocaine + Metronidazole	Diltiazem 2% + Lidocaine 5% + Metronidazole 10% Cream SIG: *Apply a pea-sized amount (1-2 clicks or 0.25-0.5 g) to anus up to 4 times daily as needed.*	30 grams	259058
Clobetasol + Retinoic Acid	Clobetasol 0.05% + Retinoic Acid 0.1% Cream SIG: *Apply 4 clicks (1 gram) to affected area daily as directed.*	30 grams	259062

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PSORIASIS			FORMULA ID
☐ Zinc Pyrithione + Clobetasol Propionate + Cyanocobalamin	Zinc Pyrithione 0.25% + Clobetasol Propionate 0.05% + Cyanocobalamin 0.07% Ointment SIG: *Apply 4 clicks (1 gram) daily during flare and every other day for maintenance therapy and weekends only for long-term treatment.*	30 grams	259075
☐ Zinc Pyrithione + Pyridoxine + Aloe Vera + Vitamin D + Cyanocobalamin	Zinc Pyrithione 0.25% + Pyridoxine 5% + Aloe Vera 1% + Vitamin D 5000IU + Cyanocobalamin 0.07% Cream SIG: *Apply 4 clicks (1 gram) daily during flare and every other day for maintenance therapy and weekends only for long-term treatment.*	30 grams	259076
☐ Clobetasol Propionate + Vitamin D3 Shampoo	Clobetasol Propionate 0.05% + Vitamin D3 250 IU/mL Shampoo SIG: *Wet hair and massage up to 2 pumps (2 mL) into the scalp daily. Leave on for 5 minutes then rinse.*	60 grams	259079
☐ Clobetasol Propionate Spray	Clobetasol Propionate 0.05% Spray SIG: *Spray a thin layer onto plaques and rub until dry.*	30 mL	255776

ACNE VULGARIS/ROSACEA			FORMULA ID
ACNE VULGARIS			
Benzoyl Peroxide + Clindamycin + Lipoic Acid	Benzoyl Peroxide 10% + Clindamycin 1% + Lipoic acid 0.5% Cream SIG: *Apply 2 clicks (0.5 grams) to affected areas of skin twice daily.*	30 grams	259022
Retinoic Acid + Spironolactone	Retinoic Acid 0.05% + Spironolactone 5% Cream SIG: *Apply 2 clicks (0.5 grams) to affected areas of skin twice daily.*	30 grams	258979
Tea Tree Balm	Tea Tree 2% Balm SIG: *Apply to affected areas of skin up to twice daily as directed.*	10 grams	259024
ACNE ROSACEA			
Sulfacetamide Sodium + Urea	Sulfacetamide Sodium 10% + Urea 10% Cream ☐ Add Clindamycin 1% SIG: *Apply 2 clicks (0.5 grams) to affected areas of skin twice daily.*	30 grams	258976 258994
Metronidazole + Niacinamide	Metronidazole 1% + Niacinamide 4% Topical Cream SIG: *Apply 2 clicks (0.5 grams) to affected areas of skin twice daily.*	30 grams	258995
ACNE SCARS			
Hydrocortisone + Hydroquinone + Retinoic Acid ☐ 15 g ☐ 30 g ☐ 60 g	Hydrocortisone 1% + Hydroquinone 4% + Retinoic Acid 0.1% Ointment in Copasil SIG: *Apply 2-4 clicks (0.5-1 gram) to affected area twice daily.*		259054
Niacinamide + Retinoic Acid ☐ 15 g ☐ 30 g ☐ 60 g	Niacinamide 4% + Retinoic Acid 0.1% Ointment in Copasil SIG: *Apply 2-4 clicks (0.5-1 gram) to affected area twice daily.*		259055

WARTS			FORMULA ID
☐ Salicylic Acid + Fluorouracil	Salicylic Acid 20% + Fluorouracil 5% in DMSO 50% Solution SIG: *Apply to each wart twice weekly with a Q-tip.*	5 mL	259085
☐ Cantharidin Topical Solution* "Beetlejuice"	Cantharidin 0.7% Topical Solution **See Innovation Compounding for details. Only shipped to physician's office.*	5 mL	258664
☐ Cantharidin + Podophyllum Resin + Salicylic Acid* "Mitchell's Solution"	Cantharidin 1% + Podophyllum Resin 5% + Salicylic Acid 30% Solution **See Innovation Compounding for details. Only shipped to physician's office.*	5 mL	258661
☐ Salicylic Acid	Salicylic Acid 75% Ointment SIG: *Apply 2 clicks (0.1 gram) to wart every three days and cover with bandage. Discontinue if irritation develops.* *(TOPIMICRO)*	3 grams	259057

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BURNS & WOUNDS			FORMULA ID
☐ Itraconazole + Levofloxacin + Mupirocin ☐ 30 g ☐ 60 g	Itraconazole 1% + Levofloxacin 2% + Mupirocin 2% Topical Ointment in AlpaWash SIG: *Apply 2-4 clicks (0.5 to 1 gram) to wound up to twice daily as directed.*		259067
☐ Aloe Vera + Arginine HCl + Naltrexone HCl ☐ 30 g ☐ 60 g	Aloe Vera 0.2% + Arginine HCl 1% + Naltrexone HCl 1% Topical Ointment in AlpaWash SIG: *Apply 2-4 clicks (0.5 to 1 gram) to wound up to twice daily as directed.*		259069
☐ Aloe Vera + Sodium Hyaluronate ☐ 30 g ☐ 60 g	Aloe Vera 0.2% + Sodium Hyaluronate 0.5% Topical Ointment in AlpaWash SIG: *Apply 2-4 clicks (0.5 to 1 gram) to wound up to twice daily as directed.*		259072

COLD SORES / HERPES SIMPLEX VIRUS			FORMULA ID
☐ Acyclovir Lip Balm	Acyclovir 8% Lip Balm SIG: *Apply 5 times daily for 5 days.*	10 grams	259114
☐ Lemon Oil Lip Balm	Lemon Oil 1% Lip Balm SIG: *Apply every 3 hours or 6 times daily for 7-10 days.*	10 grams	259026

VITILIGO* *WILL ONLY BE SHIPPED TO A PHYSICIAN'S OFFICE			FORMULA ID
Monobenzone (MBEH) ☐ 30 g ☐ 60 g ☐ 90 g	☐ MBEH 10% Cream		259118
	☐ MBEH 20% Cream		259117
	☐ MBEH 40% Cream		257545
	SIG: *Apply a thin layer to pigmented areas once to twice daily as directed.*		
Monobenzone (MBEH) + Retinoic Acid ☐ 30 g ☐ 60 g ☐ 90 g	Monobenzone (MBEH) 10% + Retinoic Acid 0.025% Cream SIG: *Apply a thin layer to pigmented areas once to twice daily as directed.*		259119

HAIR LOSS (ALOPECIA)			FORMULA ID
MALE PATTERN			
Finasteride + Minoxidil + Retinoic Acid ☐ 30 mL ☐ 60 mL	Finasteride 0.1% + Minoxidil 5% + Retinoic Acid 0.01% Foam SIG: *Apply 2-4 pumps (1-2 mL) to affected area(s) and massage daily.*		259036
Melatonin + Minoxidil + Retinoic Acid ☐ 30 mL ☐ 60 mL	Melatonin 0.1% + Minoxidil 5% + Retinoic Acid 0.01% Foam SIG: *Apply 2-4 pumps (1-2 mL) to affected area(s) and massage daily.*		259038
Menthol + Saw Palmetto Shampoo ☐ 30 mL ☐ 60 mL	Menthol 0.5% + Saw Palmetto 5% Shampoo SIG: *Apply 2-4 pumps (1-2 mL) to affected area(s) and massage daily.*		259078
FEMALE PATTERN			
Melatonin + Minoxidil + Spironolactone ☐ 30 mL ☐ 60 mL	Melatonin 0.1% + Minoxidil 5% + Spironolactone 0.15% Foam SIG: *Apply 2-4 pumps (1-2 mL) to affected area(s) and massage daily.*		259037
Estradiol + Melatonin + Minoxidil ☐ 30 mL ☐ 60 mL	Estradiol 0.025% + Melatonin 0.1% + Minoxidil 5% Foam SIG: *Apply 2-4 pumps (1-2 mL) to affected area(s) and massage daily.*		259039
ALOPECIA AREATA			
Minoxidil + Azelaic Acid ☐ 30 mL ☐ 60 mL	Minoxidil 5% + Azelaic Acid 1.5% Foam SIG: *Apply 2-4 pumps (1-2 mL) to affected area(s) and massage daily.*		259073
Minoxidil + Azelaic Acid + Retinoic Acid ☐ 30 mL ☐ 60 mL	Minoxidil 5% + Azelaic Acid 1.5% + Retinoic Acid 0.01% Foam SIG: *Apply 2-4 pumps (1-2 mL) to affected area(s) and massage daily.*		259074

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date	Number of Refills ☐ 1 ☐ 2 ☐ 3 ☐ NR

INNOVATION COMPOUNDING

PCAB ACCREDITED

All signatures must be unique (no stamps or photocopies). Innovation Compounding makes no claims of safety and/or efficacy as these compounded products have not been evaluated or approved by the FDA.

6095 Pine Mountain Rd. NW, Suite 108 Kennesaw, GA 30152
www.innovationcompoundrx.com

Allerscripts allergy support

Allerscripts Prescription Order Form - Southwest

Standard Mixes

Rx

Practice Information

Physician Name: _____ Practice Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Patient Information

Patient Name: _____

Date of Birth: _____ Patient Phone: _____

Please select a box to change default shipping and/or billing from practice to patient:

☐ Ship to Patient ☐ Bill to Patient

Subcutaneous Immunotherapy

SCIT

☐ New Start - Build-Up
5 Vial Set, 1:1v/v & 4 Diluent Only Vials

☐ Refill - Maintenance
3 Vial Set, 1:1v/v (Qty = 2) & 1 Diluent Only Vial (4.5mL)

Sig: Dilute vials and inject subcutaneously per established clinical protocol

Sublingual Immunotherapy # Refills____

SLIT

☐ New Start - Build-Up
3 Dropper Set (7 Week Supply)

☐ Refill - Maintenance
2 Dropper Set (60 Day Supply)

Sig: Administer drops under tongue per attached protocol

Oral-Mucosal Immunotherapy # Refills____

OMIT

☐ Compound with Allerdent Paste (3 Month Supply)

☐ Bubblegum Flavor ☐ Mint Flavor

☐ Add Fluoride *(0.23gm of NaF; 0.10gm for patients under 6yrs old).*

Sig: Apply 2 pumps to toothbrush and brush teeth daily for two minutes

POLLEN ALLERGENS *(choose 1 mix)*

☐ Southern Great Plains

White Oak	1:20 w/v	3.0%
Box Elder (Maple)	1:20 w/v	3.0%
Mountain Cedar	1:20 w/v	3.0%
American Elm	1:20 w/v	3.0%
Pecan/Hickory	1:20 w/v	3.0%
Per. Rye Grass	100k BAU	4.0%
Bermuda Grass	10k BAU	4.0%
Johnson Grass	1:20 w/v	4.0%
Mixed Ragweed	1:20 w/v	9.0%
Sagebrush	1:20 w/v	4.0%
Carelessweed	1:40 w/v	4.0%
Russian Thistle	1:20 w/v	4.0%

☐ Desert Southwest

White Oak	1:20 w/v	3.0%
Box Elder (Maple)	1:20 w/v	3.0%
Western Juniper	1:20 w/v	3.0%
Olive (Pollen)	1:20 w/v	3.0%
E. Cottonwood	1:20 w/v	3.0%
Per. Rye Grass	100k BAU	4.0%
Bermuda Grass	10k BAU	4.0%
Johnson Grass	1:20 w/v	4.0%
Western Ragweed	1:20 w/v	5.0%
Sagebrush	1:20 w/v	5.0%
Lenscale	1:20 w/v	5.0%
Lambs Quarters	1:20 w/v	5.0%

☐ Coastal & Central California

White Oak	1:20 w/v	3.0%
Box Elder (Maple)	1:20 w/v	3.0%
Western Juniper	1:20 w/v	3.0%
White Ash	1:20 w/v	3.0%
E. Cottonwood	1:20 w/v	3.0%
Black Walnut	1:20 w/v	3.0%
Per. Rye Grass	100k BAU	5.0%
Bermuda Grass	10k BAU	5.0%
Western Ragweed	1:20 w/v	5.0%
Sagebrush	1:20 w/v	5.0%
Dock/Sorrel	1:20 w/v	5.0%
Lambs Quarters	1:20 w/v	5.0%

INDOOR/ENVIRONMENTAL ALLERGENS *(choose 1 or both)*

☐ Mite/Mold/Cockroach Mix

House Dust Mite (Df)	10k AU	5.0%
House Dust Mite (Dp)	10k AU	5.0%
Alternaria	1:20 w/v	2.5%
Aspergillus	1:20 w/v	2.5%
Cladosporium	1:20 w/v	2.5%
Penicillium	1:20 w/v	2.5%
Mixed Cockroach	1:20 w/v	5.0%

☐ Cat & Dog Epithelium Mix

Std. Cat Hair	10k BAU	20.0%
Dog Epithelium	1:20 w/v	20.0%

Extract Volume (SCIT)

Vial Label	Vial Color	Vial Contents	Build-Up	Refill
1:1 v/v	Red	Allergen Mix	6.0mL	6.0mL (x2)
1:10 v/v	Gold	NSP Diluent	4.5mL	4.5mL
1:100 v/v	Blue	NSP Diluent	4.5mL	NA
1:1,000 v/v	Green	NSP Diluent	4.5mL	NA
1:10,000 v/v	Silver	NSP Diluent	4.5mL	NA

Vial 1 (Red, 1:1 v/v) contains allergenic extract at selected concentrations and Q.S. with Normal Saline/Phenol 0.4% (NSP) to a total volume of 6.0mL. Vials 2, 3, 4, & 5 contain diluent only.

Extract Volume (SLIT)

Vial Label	Vial Color	Vial Contents	Build-Up	Refill
1:1 v/v	Red	Allergen Mix	7.2mL	8.0mL (x2)
1:5 v/v	Yellow	Allergen Mix	3.2mL	NA
1:25 v/v	Blue	Allergen Mix	4.0mL	NA

Vial 1 (Red, 1:1 v/v) for SLIT contains pollen & environmental allergens combined together at half the concentrations selected and Q.S. with glycerosaline to a total volume of 8.0mL.

Extract Volume (OMIT)

Tube Contents	Build-Up	Refill
Allergen Mix	15.0mL	15.0mL
Allerdent Paste	82 grams	82 grams

Tube for OMIT contains pollen & environmental allergens combined together at half the concentrations selected and Q.S. with glycerosaline to a volume of 15.0mL. Allergen mix is compounded with Allerdent paste to final concentrations that are 15.5% of the selected strength (or 7.75% of selected strength when pollen & indoor allergens are combined for treatment).

Practitioner Name (If Not MD or DO): _____ Practitioner Signature: _____ Date: _____

All signatures must be unique (No Stamps or Photocopies). Electronically generated signatures are acceptable.

Innovation Compounding makes no claims of safety and/or efficacy as these compounded products have not been evaluated or approved by the FDA.

INNOVATION COMPOUNDING

Fax Order To: 866-635-2329 ***For Questions Call: 800-547-1399***

PCAB ACCREDITED Compounding Pharmacy

4022

Allerscripts allergy support

Allerscripts Prescription Order Form - Southeast

Standard Mixes

Rx

Practice Information

Physician Name: _____ Practice Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Patient Information

Patient Name: _____

Date of Birth: _____ Patient Phone: _____

Please select a box to change default shipping and/or billing from practice to patient:

☐ Ship to Patient ☐ Bill to Patient

Subcutaneous Immunotherapy

SCIT

☐ New Start – Build-Up
5 Vial Set, 1:1v/v & 4 Diluent Only Vials

☐ Refill – Maintenance
3 Vial Set, 1:1v/v (Qty = 2), & 1 Diluent Only Vial (4.5mL)

Sig: Dilute vials and inject subcutaneously per established clinical protocol

Sublingual Immunotherapy #Refills____

SLIT

☐ New Start – Build-Up
3 Dropper Set (7 Week Supply)

☐ Refill – Maintenance
2 Dropper Set (60 Day Supply)

Sig: Administer drops under tongue per attached protocol

Oral Mucosal Immunotherapy #Refills____

OMIT

☐ Compound With Allerdent Paste (3 Month Supply)

☐ Bubblegum Flavor ☐ Mint Flavor

☐ Add Fluoride *(0.23gm of NaF; 0.10gm for patients under 6yrs old)*

Sig: Apply 2 pumps to toothbrush and brush teeth daily for 2 minutes

POLLEN ALLERGENS (choose 1 mix)

☐ **Southeastern Coastal Plain**

Red Birch	1:20 w/v	4.0%
Virginia Live Oak	1:20 w/v	4.0%
Box Elder (Maple)	1:20 w/v	4.0%
Pecan (Pollen)	1:20 w/v	4.0%
E. Cottonwood	1:20 w/v	4.0%
Bayberry	1:20 w/v	4.0%
Per. Rye Grass	100k BAU	4.0%
Bermuda Grass	10k BAU	4.0%
Johnson Grass	1:20 w/v	3.0%
Mixed Ragweed	1:20 w/v	9.0%
Lambs Quarters	1:20 w/v	3.0%
English Plantain	1:20 w/v	3.0%

☐ **Midwest Mississippi Valley**

Red Birch	1:20 w/v	4.0%
White Oak	1:20 w/v	4.0%
Box Elder (Maple)	1:20 w/v	4.0%
Pecan (Pollen)	1:20 w/v	4.0%
E. Cottonwood	1:20 w/v	4.0%
American Elm	1:20 w/v	4.0%
Per. Rye Grass	100k BAU	4.0%
Bermuda Grass	10k BAU	4.0%
Mixed Ragweed	1:20 w/v	9.0%
Lambs Quarters	1:20 w/v	3.0%
English Plantain	1:20 w/v	3.0%
Rough Pigweed	1:20 w/v	3.0%

☐ **Subtropical (Florida & Hawaii)**

Red Mulberry	1:20 w/v	4.0%
Virginia Live Oak	1:20 w/v	4.0%
White Ash	1:20 w/v	4.0%
Pecan (Pollen)	1:20 w/v	4.0%
Bayberry	1:20 w/v	4.0%
Per. Rye Grass	100k BAU	4.0%
Bermuda Grass	10k BAU	4.0%
Bahia Grass	1:20 w/v	3.0%
Johnson Grass	1:20 w/v	3.0%
Mixed Ragweed	1:20 w/v	9.0%
Lambs Quarters	1:20 w/v	3.0%
English Plantain	1:20 w/v	3.0%

INDOOR/ENVIRONMENTAL ALLERGENS (choose 1 or both)

☐ **Mite/Mold/Cockroach Mix**

House Dust Mite (Df)	10k AU	5.0%
House Dust Mite (Dp)	10k AU	5.0%
Alternaria	1:20 w/v	2.5%
Aspergillus	1:20 w/v	2.5%
Cladosporium	1:20 w/v	2.5%
Penicillium	1:20 w/v	2.5%
Mixed Cockroach	1:20 w/v	5.0%

☐ **Cat & Dog Epithelium Mix**

Std. Cat Hair	10k BAU	20.0%
Dog Epithelium	1:20 w/v	20.0%

Extract Volume (SCIT)

Vial Label	Vial Color	Vial Contents	Build-Up	Refill
1:1 v/v	Red	Allergen Mix	6.0mL	6.0mL (x2)
1:10 v/v	Gold	NSP Diluent	4.5mL	4.5mL
1:100 v/v	Blue	NSP Diluent	4.5mL	NA
1:1,000 v/v	Green	NSP Diluent	4.5mL	NA
1:10,000 v/v	Silver	NSP Diluent	4.5mL	NA

Vial 1 (Red, 1:1 v/v) contains allergenic extract at selected concentrations and Q.S. with Normal Saline/Phenol 0.4% (NSP) to a total volume of 6.0ml. Vials 2, 3, 4, & 5 contain diluent only.

Extract Volume (SLIT)

Vial Label	Vial Color	Vial Contents	Build-Up	Refill
1:1 v/v	Red	Allergen Mix	7.2mL	8.0mL (x2)
1:5 v/v	Yellow	Allergen Mix	3.2mL	NA
1:25 v/v	Blue	Allergen Mix	4.0mL	NA

Vial 1 (Red, 1:1 v/v) for SLIT contains pollen & environmental allergens combined together at half the concentrations selected and Q.S. with glycerosaline to a total volume of 8.0mL.

Extract Volume (OMIT)

Tube Contents	Build-Up	Refill
Allergen Mix	15.0mL	15.0mL
Allerdent Paste	82 grams	82 grams

Tube for OMIT contains pollen & environmental allergens combined together at half the concentrations selected and Q.S. with glycerosaline to a volume of 15.0mL. Allergen mix is compounded with Allerdent paste to final concentrations that are 15.5% of the selected strength for 7.75% of selected strength when pollen & indoor allergens are combined for treatment.

Practitioner Name (If Not MD or DO) _____ Practitioner Signature _____ Date _____

All signatures must be unique (No Stamps or Photocopies). Electronically generated signatures are acceptable.

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INNOVATION COMPOUNDING

Fax Order To: 866-635-2329 **For Questions Call: 800-547-1399**

PCAB ACCREDITED Compounding Pharmacy

4023

Allerscripts allergy support

Allerscripts Prescription Order Form - Northwest

Standard Mixes

Rx

Practice Information

Physician Name: _____ Practice Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Patient Information

Patient Name: _____

Please select a box to change default shipping and/or billing from practice to patient:

☐ Ship to Patient ☐ Bill to Patient

Date of Birth: _____ Patient Phone: _____

Subcutaneous Immunotherapy

SCIT

☐ New Start – Build-Up
5 Vial Set, 1:1v/v & 4 Diluent Only Vials

☐ Refill – Maintenance
3 Vial Set, 1:1v/v (Qty = 2) & 1 Diluent Only Vial (4.5mL)

Sig: Dilute vials and inject subcutaneously per established clinical protocol

Sublingual Immunotherapy # Refills: ____

SLIT

☐ New Start – Build-Up
3 Dropper Set (7 Week Supply)

☐ Refill – Maintenance
2 Dropper Set (60 Day Supply)

Sig: Administer drops under tongue per attached protocol

Oral-Mucosal Immunotherapy # Refills: ____

OMIT

☐ Compound with Allerdent Paste (3 Month Supply)

☐ Bubblegum Flavor ☐ Mint Flavor

☐ Add Fluoride *(0.23gm of NaF; 0.10gm for patients under 6yrs old)*

Sig: Apply 2 pumps to toothbrush and brush teeth daily for 2 minutes

POLLEN ALLERGENS (choose 1 mix)

☐ Pacific Northwest

White Alder	1:20 w/v	3.0%
Box Elder (Maple)	1:20 w/v	3.0%
White Poplar	1:20 w/v	3.0%
Western Juniper	1:20 w/v	3.0%
White Ash	1:20 w/v	3.0%
Timothy Grass	100k BAU	5.0%
Brome Grass	1:20 w/v	5.0%
Mixed Ragweed	1:20 w/v	9.0%
Lambs Quarters	1:20 w/v	4.0%
English Plantain	1:20 w/v	4.0%
Mugwort	1:20 w/v	4.0%
Dock/Sorrel Mix	1:20 w/v	4.0%

☐ Intermountain & High Desert

White Alder	1:20 w/v	3.0%
Box Elder (Maple)	1:20 w/v	3.0%
E. Cottonwood	1:20 w/v	3.0%
Western Juniper	1:20 w/v	3.0%
American Elm	1:20 w/v	3.0%
White Ash	1:20 w/v	3.0%
Timothy Grass	100k BAU	5.0%
Brome Grass	1:20 w/v	5.0%
Mixed Ragweed	1:20 w/v	9.0%
Russian Thistle	1:20 w/v	4.0%
Sagebrush	1:20 w/v	4.0%
English Plantain	1:20 w/v	4.0%

☐ Northern Great Plains

White Birch	1:20 w/v	3.0%
Box Elder (Maple)	1:20 w/v	3.0%
E. Cottonwood	1:20 w/v	3.0%
American Elm	1:20 w/v	3.0%
Black Walnut	1:20 w/v	3.0%
Timothy Grass	100k BAU	5.0%
Mixed Ragweed	1:20 w/v	9.0%
Rough Pigweed	1:20 w/v	4.0%
Lambs Quarters	1:20 w/v	4.0%
Sagebrush	1:20 w/v	4.0%
Dock/Sorrel Mix	1:20 w/v	4.0%
Russian Thistle	1:20 w/v	4.0%

INDOOR/ENVIRONMENTAL ALLERGENS (choose 1 or both)

☐ Mite/Mold/Cockroach Mix

House Dust Mite (Df)	10k AU	5.0%
House Dust Mite (Dp)	10k AU	5.0%
Alternaria	1:20 w/v	2.5%
Aspergillus	1:20 w/v	2.5%
Cladosporium	1:20 w/v	2.5%
Penicillium	1:20 w/v	2.5%
Mixed Cockroach	1:20 w/v	5.0%

☐ Cat & Dog Epithelium Mix

Std. Cat Hair	10k BAU	20.0%
Dog Epithelium	1:20 w/v	20.0%

Extract Volume (SCIT)

Vial Label	Vial Color	Vial Contents	Build-Up	Refill
1:1 v/v	Red	Allergen Mix	6.0mL	6.0mL (x2)
1:10 v/v	Gold	NSP Diluent	4.5mL	4.5mL
1:100 v/v	Blue	NSP Diluent	4.5mL	NA
1:1,000 v/v	Green	NSP Diluent	4.5mL	NA
1:10,000 v/v	Silver	NSP Diluent	4.5mL	NA

Vial 1 (Red, 1:1 v/v) contains allergenic extract at selected concentrations and Q.S. with Normal Saline/Phenol 0.4% (NSP) to a total volume of 6.0ml. Vials 2, 3, 4, & 5 contain diluent only.

Extract Volume (SLIT)

Vial Label	Vial Color	Vial Contents	Build-Up	Refill
1:1 v/v	Red	Allergen Mix	7.2mL	8.0mL (x2)
1:5 v/v	Yellow	Allergen Mix	3.2mL	NA
1:25 v/v	Blue	Allergen Mix	4.0mL	NA

Vial 1 (Red, 1:1 v/v) for SLIT contains pollen & environmental allergens combined together at half the concentrations selected and Q.S. with glycerosaline to a total volume of 8.0mL.

Extract Volume (OMIT)

Tube Contents	Build-Up	Refill
Allergen Mix	15.0mL	15.0mL
Allerdent Paste	82 grams	82 grams

Tube for OMIT contains pollen & environmental allergens combined together at half the concentrations selected and Q.S. with glycerosaline to a volume of 15.0mL. Allergen mix is compounded with Allerdent paste to final concentrations that are 15.5% of the selected strength for 7.75% of selected strength when pollen & indoor allergens are combined for treatment).

Practitioner Name (If Not MD or DO): _____ Practitioner Signature: _____ Date: _____

All signatures must be unique (No Stamps or Photocopies). Electronically generated signatures are acceptable.

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INNOVATION COMPOUNDING

Fax Order To: 866-635-2329 **For Questions Call: 800-547-1399**

PCAB ACCREDITED Compounding Pharmacy

4024

Allerscripts allergy support

Allerscripts Prescription Order Form - Northeast

Standard Mixes

℞

Practice Information

Physician Name: _____ Practice Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Patient Information

Patient Name: _____

Date of Birth: _____ Patient Phone: _____

Please select a box to change default shipping and/or billing from practice to patient:

☐ Ship to Patient ☐ Bill to Patient

Subcutaneous Immunotherapy

SCIT

☐ New Start – Build-Up
5 Vial Set, 1:1v/v & 4 Diluent Only Vials

☐ Refill – Maintenance
3 Vial Set, 1:1v/v (Qty = 2) & 1 Diluent Only Vial (4.5mL)

Sig: Dilute vials and inject subcutaneously per established clinical protocol

Sublingual Immunotherapy #Refills____

SLIT

☐ New Start – Build-Up
3 Dropper Set (7 Week Supply)

☐ Refill – Maintenance
2 Dropper Set (60 Day Supply)

Sig: Administer drops under tongue per attached protocol

Oral-Mucosal Immunotherapy #Refills____

OMIT

☐ Compound with Allerdent Paste (3 Month Supply)

☐ Bubblegum Flavor ☐ Mint Flavor

☐ Add Fluoride *(0.23gm of NaF; 0.10gm for patients under 6yrs old)*

Sig: Apply 2 pumps to toothbrush and brush teeth daily for 2 minutes

POLLEN ALLERGENS (choose 1 mix)

☐ Northeastern Mixed Forest

White Birch	1:20 w/v	4.0%
White Oak	1:20 w/v	4.0%
Box Elder (Maple)	1:20 w/v	4.0%
American Elm E.	1:20 w/v	4.0%
Cottonwood	1:20 w/v	4.0%
White Ash	1:20 w/v	4.0%
Am. Sycamore	1:20 w/v	4.0%
Timothy Grass	100k BAU	4.0%
Mixed Ragweed	1:20 w/v	9.0%
Lambs Quarters	1:20 w/v	3.0%
English Plantain	1:20 w/v	3.0%
Mugwort	1:20 w/v	3.0%

☐ Eastern Mountains

Red Birch	1:20 w/v	4.0%
White Oak	1:20 w/v	4.0%
Box Elder (Maple)	1:20 w/v	4.0%
American Elm	1:20 w/v	4.0%
E. Cottonwood	1:20 w/v	4.0%
E. Red Cedar	1:20 w/v	4.0%
Am. Sycamore	100k BAU	4.0%
White Ash	1:20 w/v	4.0%
Timothy Grass	1:20 w/v	4.0%
Mixed Ragweed	1:20 w/v	9.0%
Lambs Quarters	1:20 w/v	2.5%
English Plantain	1:20 w/v	2.5%

☐ Midatlantic Coastal

White Birch	1:20 w/v	4.0%
White Oak	1:20 w/v	4.0%
Box Elder (Maple)	1:20 w/v	4.0%
American Elm	1:20 w/v	4.0%
E. Cottonwood	1:20 w/v	4.0%
E. Red Cedar	1:20 w/v	4.0%
Timothy Grass	100k BAU	4.0%
Bermuda Grass	10k BAU	4.0%
Mixed Ragweed	1:20 w/v	9.0%
Lambs Quarters	1:20 w/v	3.0%
English Plantain	1:20 w/v	3.0%
Mugwort	1:20 w/v	3.0%

INDOOR/ENVIRONMENTAL ALLERGENS (choose 1 or both)

☐ Mite/Mold/Cockroach Mix

House Dust Mite (Df)	10k AU	5.0%
House Dust Mite (Dp)	10k AU	5.0%
Alternaria	1:20 w/v	2.5%
Aspergillus	1:20 w/v	2.5%
Cladosporium	1:20 w/v	2.5%
Penicillium	1:20 w/v	2.5%
Mixed Cockroach	1:20 w/v	5.0%

☐ Cat & Dog Epithelium Mix

Std. Cat Hair	10k BAU	20.0%
Dog Epithelium	1:20 w/v	20.0%

Extract Volume (SCIT)

Vial Label	Vial Color	Vial Contents	Build-Up	Refill
1:1 v/v	Red	Allergen Mix	6.0mL	6.0mL (x2)
1:10 v/v	Gold	NSP Diluent	4.5mL	4.5mL
1:100 v/v	Blue	NSP Diluent	4.5mL	NA
1:1,000 v/v	Green	NSP Diluent	4.5mL	NA
1:10,000 v/v	Silver	NSP Diluent	4.5mL	NA

Vial 1 (Red, 1:1 v/v) contains allergenic extract at selected concentrations and Q.S. with Normal Saline/Phenol 0.4% (NSP) to a total volume of 6.0ml . Vials 2, 3, 4, & 5 contain diluent only.

Extract Volume (SLIT)

Vial Label	Vial Color	Vial Contents	Build-Up	Refill
1:1 v/v	Red	Allergen Mix	7.2mL	8.0mL (x2)
1:5 v/v	Yellow	Allergen Mix	3.2mL	NA
1:25 v/v	Blue	Allergen Mix	4.0mL	NA

Vial 1 (Red, 1:1 v/v) for SLIT contains pollen & environmental allergens combined together at half the concentrations selected and Q.S. with glycerosaline to a total volume of 8.0mL.

Extract Volume (OMIT)

Tube Contents	Build-Up	Refill
Allergen Mix	15.0mL	15.0mL
Allerdent Paste	82 grams	82 grams

Tube for OMIT contains pollen & environmental allergens combined together at half the concentrations selected and Q.S. with glycerosaline to a volume of 15.0mL. Allergen mix is compounded with Allerdent paste to final concentrations that are 15.5% of the selected strength for 7.75% of selected strength when pollen & indoor allergens are combined for treatment).

Prescriber Name (MD, DO, or NP) _____ Practitioner Signature _____ Date _____

All signatures must be unique (No Stamps or Photocopies). Electronically generated signatures are acceptable.

Innovation Compounding makes no claims of safety and/or efficacy as these compounded products have not been evaluated or approved by the FDA.

INNOVATION COMPOUNDING

Fax Order To: 866-635-2329 **For Questions Call: 800-547-1399**

PCAB ACCREDITED Compounding Pharmacy

4025

Allerscripts allergy support

Allerscripts Prescription Order Form - National

Standard Mixes

Rx

Practice Information Physician Name: _____ Practice Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Patient Information Patient Name: _____

Date of Birth: _____ Patient Phone: _____

Please select a box to change default shipping and/or billing from practice to patient:

☐ Ship to Patient ☐ Bill to Patient

Subcutaneous Immunotherapy

SCIT

☐ New Start – Build-Up
5 Vial Set, 1:1v/v & 4 Diluent Only Vials

☐ Refill – Maintenance
3 Vial Set, 1:1v/v (Qty = 2) & 1 Diluent Only Vial (4.5mL)

Sig: Dilute vials and inject subcutaneously per established clinical protocol

Sublingual Immunotherapy *# Refills* _____

SLIT

☐ New Start – Build-Up
3 Dropper Set (7 Week Supply)

☐ Refill – Maintenance
2 Dropper Set (60 Day Supply)

Sig: Administer drops under tongue per attached protocol

Oral-Mucosal Immunotherapy *# Refills* _____

OMIT

☐ Compound with Allerdent Paste (3 Month Supply)

☐ Bubblegum Flavor ☐ Mint Flavor

☐ Add Fluoride *(0.23gm of NaF; 0.10gm for patients under 6yrs old)*

Sig: Apply 2 pumps to toothbrush and brush teeth daily for two minutes

☐ *1:1 v/v NATIONAL POLLEN MIX*

TREES	White Alder	1:20 w/v	1.4%	
	White Ash	1:20 w/v	1.4%	
	Bayberry	1:20 w/v	1.4%	
	White Birch	1:20 w/v	1.4%	
	Eastern Red Cedar	1:20 w/v	1.4%	
	Eastern Cottonwood	1:20 w/v	1.4%	
	American Elm	1:20 w/v	1.4%	
	Shagbark Hickory	1:20 w/v	1.4%	
	Box Elder (Maple)	1:20 w/v	1.4%	
	Red Mulberry	1:20 w/v	1.4%	
	White Oak	1:20 w/v	1.4%	
	Sweetgum	1:20 w/v	1.4%	
	American Sycamore	1:20 w/v	1.4%	
WEEDS	Dock/Sorrel Mix	1:20 w/v	1.4%	
	English Plantain	1:20 w/v	1.4%	
	Lambs Quarters	1:20 w/v	1.4%	
	Mugwort	1:20 w/v	1.4%	
	Mixed Ragweed	1:20 w/v	1.4%	
	Rough Pigweed	1:20 w/v	1.4%	
GRASS	Bahia	1:20 w/v	1.4%	
	Johnson	1:20 w/v	1.4%	
	Std. Bermuda	10k BAU	1.4%	
	Std. Timothy	100k BAU	1.4%	
	Std. Perennial Rye	100k BAU	1.4%	

☐ *1:1 v/v NATIONAL INDOOR/ENVIRONMENTAL MIX*

House Dust Mite (Df)	10k AU	1.4%
House Dust Mite (Dp)	10k AU	1.4%
Alternaria	1:20 w/v	1.4%
Aspergillus	1:20 w/v	1.4%
Cladosporium	1:20 w/v	1.4%
Penicillium	1:20 w/v	1.4%
Std. Cat Hair	10k BAU	1.4%
Dog Epithelium	1:20 w/v	1.4%
Horse Epithelium	1:20 w/v	1.4%
Mouse Epithelium	1:20 w/v	1.4%
Mixed Feathers	1:20 w/v	1.4%

Extract Volume (SCIT)

Vial Label	Vial Color	Vial Contents	Build-Up	Refill
1:1 v/v	Red	Allergen Mix	6.0mL	6.0mL (x2)
1:10 v/v	Gold	NSP Diluent	4.5mL	4.5mL
1:100 v/v	Blue	NSP Diluent	4.5mL	NA
1:1,000 v/v	Green	NSP Diluent	4.5mL	NA
1:10,000 v/v	Silver	NSP Diluent	4.5mL	NA

Vial 1 (Red, 1:1 v/v) contains allergenic extract at selected concentrations and O.S. with Normal Saline/Phenol 0.4% (NSP) to a total volume of 6.0mL. Vials 2, 3, 4, & 5 contain diluent only.

Extract Volume (SLIT)

Vial Label	Vial Color	Vial Contents	Build-Up	Refill*
1:1 v/v	Red	Allergen Mix	7.2mL	8.0mL (x2)
1:5 v/v	Yellow	Allergen Mix	3.2mL	NA
1:25 v/v	Blue	Allergen Mix	4.0mL	NA

Vial 1 (Red, 1:1 v/v) for SLIT contains pollen & environmental allergens combined together at half the concentrations selected and O.S. with glycerosaline to a total volume of 8.0mL.

Extract Volume (OMIT)

Tube Contents	Build-Up	Refill
Allergen Mix	15.0mL	15.0mL
Allerdent Paste	82 grams	82 grams

Tube for OMIT contains pollen & environmental allergens combined together at half the concentrations selected and O.S. with glycerosaline to a volume of 15.0mL. Allergen mix is compounded with Allerdent paste to final concentrations that are 15.5% of the selected strength (or 7.75% of selected strength when pollen & indoor allergens are combined for treatment).

Practitioner Name (If Not Marked) _____ Practitioner Signature _____ Date _____

All signatures must be unique (No Stamps or Photocopies). Electronically generated signatures are acceptable.
Innovation Compounding makes no claims of safety and/or efficacy as these compounded products have not been evaluated or approved by the FDA.

INNOVATION COMPOUNDING

Fax Order To: 866-635-2329 *For Questions Call: 800-547-1399*

PCAB ACCREDITED Compounding Pharmacy

4026

Allerscripts
allergy support

Custom Mixes - Set 2 Environmental Allergens

Complete all five (5) sections of prescription

℞ Fax Order To: 866-635-2329
For Questions Call: 800-547-1399

1 Practice Information

Physician Name: _____ Practice Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Patient Information

Patient Name: _____ Patient to Receive: ☐ Pollen ☐ Environmental ☐ Both

SLIT ONLY
Bill to: ☐ Office ☐ Patient
Ship to: ☐ Office ☐ Patient

Date of Birth: _____ Patient Phone: _____

2 Treatment Formulation (Select 1 Option)

Subcutaneous Immunotherapy (SCIT)*

Vial #	Concentration	Vial Color	☐ Build-Up Set	☐ Refill
1	1:1 v/v	Red	6.0mL	6.0mL (x2)
2	1:10 v/v	Gold	4.5mL	4.5mL
3	1:100 v/v	Blue	4.5mL	
4	1:1,000 v/v	Green	4.5mL	
5	1:10,000 v/v	Silver	4.5mL	

*Vial 1 (Red, 1:1 v/v) contains allergenic extract at concentrations selected below and Q.S. with Normal Saline/Phenol 0.4% to a total volume of 6.0mL. Vials 2, 3, 4, & 5 contain diluent only.
Sig: Dilute vials and inject subcutaneously per established clinical protocol

Sublingual Immunotherapy (SLIT)**

Vial #	Concentration	Vial Color	☐ Build-Up Set	☐ Refill
1	1:1 v/v	Red	7.2mL	8.0mL (x2)
2	1:5 v/v	Yellow	3.2mL	
3	1:25 v/v	Blue	4.0mL	

** Vial 1 (Red, 1:1 v/v) for SLIT contains environmental & pollen allergens combined together at half the concentrations selected below and Q.S. with Glycerosaline to a total volume of 8.0mL.
Sig: Administer drops under tongue per attached protocol

3 Environmental Allergens* - Select the most reactive allergen first, then select in descending order of reaction until reaching maximum of 10

Animal Epithelia

☐	20%	Cat Hair
☐	20%	Dog Epithelium
☐	10%	Horse Epithelium
☐	10%	Mouse Epithelium
☐	10%	Guinea Pig Epithelium
☐	10%	Mixed Feathers
☐	10%	Cattle Epithelium
☐	10%	Rabbit Epithelium

Insect Allergens

☐	5%	Cockroach (Mix)
☐	10%	House Dust Mite Mix

Mold Allergens

☐	2.5%	Alternaria
☐	2.5%	Aspergillus
☐	2.5%	Aureobasidium
☐	2.5%	Bipolaris
☐	2.5%	Botrytis
☐	2.5%	Candida
☐	2.5%	Cladosporium
☐	2.5%	Epicoccum

☐	2.5%	Gibberella
☐	2.5%	Mucor
☐	2.5%	Penicillium
☐	2.5%	Rhodotorula
☐	2.5%	Saccharomyces
☐	2.5%	Sarocladium
☐	2.5%	Trichophyton

*Allergens are compounded from the highest glycerinated concentration available from the manufacturer, which is typically 1:20 w/v, except for the following allergens: Cat Hair 10,000 BAU/mL, Dog Epithelium 1:10w/v, Horse Epithelium 1:10w/v Mixed Feathers 1:10w/v , Rabbit Epithelium 1:10w/v, House Dust Mite Mix 10,000 AU/mL

4 Total Number of Allergens Selected (Maximum of 10) _____

5 Practitioner Name (If Not MD or DO): _____

Practitioner Signature: _____ Date: _____

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INNOVATION COMPOUNDING
6095 Pine Mountain Rd NW Suite 108
Kennesaw, GA 30152
Ph: (800) 547-1399 • Fax: (866) 635-2329
www.innovationcompounding.com

PCAB ACCREDITED Compounding Pharmacy

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4027

Allerscripts
allergy support

Custom Mixes - Set 1 Pollen Allergens

Complete all five (5) sections of prescription

℞ Fax Order To: 866-635-2329
For Questions Call: 800-547-1399

1. Practice Information

Physician Name: _____ Practice Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Patient Information

Patient Name: _____ Patient to Receive: ☐ Pollen ☐ Environmental ☐ Both

SLIT ONLY
Bill to: ☐ Office ☐ Patient
Ship to: ☐ Office ☐ Patient

Date of Birth: _____ Patient Phone: _____

2. Treatment Formulation (Select 1 Option)

Subcutaneous Immunotherapy (SCIT)* ☐ ☐

Vial #	Concentration	Vial Color	Build-Up Set	Refill
1	1:1 v/v	Red	6.0mL	6.0mL (x2)
2	1:10 v/v	Gold	4.5mL	4.5mL
3	1:100 v/v	Blue	4.5mL	
4	1:1,000 v/v	Green	4.5mL	
5	1:10,000 v/v	Silver	4.5mL	

*Vial 1 (Red, 1:1 v/v) contains allergenic extract at concentrations selected below and 0.5% with Normal Saline/Phenol 0.4% to a total volume of 6.0mL. Vials 2, 3, 4, & 5 contain diluent only.
Sig: Dilute vials and inject subcutaneously per established clinical protocol

Sublingual Immunotherapy (SLIT)** ☐ ☐

Vial #	Concentration	Vial Color	Build-Up Set	Refill
1	1:1 v/v*	Red	7.2mL	8.0mL (x2)
2	1:5 v/v	Yellow	3.2mL	
3	1:25 v/v	Blue	4.0mL	

**Vial 1 (Red, 1:1 v/v) for SLIT contains environmental & pollen allergens combined together at half the concentrations selected below and 0.5% with Glycerosaline to a total volume of 8.0mL.
Sig: Administer drops under tongue per attached protocol

3. Pollen Allergens*- Select the most reactive allergen first, then select in descending order of reaction until reaching maximum of 12

Tree Pollen

☐	4%	American Elm
☐	4%	American Sycamore
☐	4%	Bayberry
☐	4%	Black Walnut
☐	4%	Black Willow
☐	4%	Box Elder (Maple)
☐	4%	Eastern Cottonwood
☐	4%	Eastern Red Cedar
☐	4%	Mountain Cedar
☐	4%	Olive (Pollen)
☐	4%	Pecan (Pollen)
☐	4%	Red (River) Birch
☐	4%	Red Mulberry
☐	4%	Red Maple
☐	4%	Red Oak
☐	4%	Shagbark Hickory
☐	4%	Sweetgum
☐	4%	Western Juniper
☐	4%	White Alder
☐	4%	White Ash
☐	4%	White Birch
☐	4%	White Oak
☐	4%	White Pine
☐	4%	White Poplar

Grass Pollen

☐	3%	Bahia Grass
☐	4%	Bermuda Grass
☐	3%	Brome Grass
☐	3%	Johnson Grass
☐	4%	Perennial Rye Grass
☐	4%	Timothy Grass

Weed Pollen

☐	4%	Carelessweed
☐	4%	Cocklebur
☐	4%	Dock/Sorrel Mix
☐	4%	English Plantain
☐	4%	Kochia (Firebush)
☐	4%	Lambs Quarters
☐	4%	Lenscale
☐	4%	Mugwort
☐	5%	Ragweed (Short)
☐	5%	Ragweed (Tall)
☐	5%	Ragweed (Western)
☐	4%	Rough Marshelder
☐	4%	Rough Pigweed
☐	4%	Russian Thistle
☐	4%	Sagebrush

*Allergens are compounded from the highest glycerinated concentration available from the manufacturer, which is typically 1:20 w/v, except for the following allergens: Carelessweed 1:40 w/v, Bermuda Grass 10,000 BAU/mL, Perennial Rye Grass 100,000 BAU/mL, Timothy Grass 100,000 BAU/mL

4. Total Number of Allergens Selected: _____ (Maximum of 12)

5. Practitioner Name (If Not MD or DO): _____

Practitioner Signature: _____ Date: _____

All signatures must be unique (No Stamps or Photocopies). Electronically generated signatures are acceptable.

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4028

COVID-19 Prescription Template

ORDERS MUST BE RECEIVED BY 4:30 PM EST

(866) 635-2329 FAX

For Questions/Consult (800) 547-1399

Patient Name: _____ DOB: _____ Tel# (prefer cell): _____

Email Address: _____ ***Bill to:*** Office | Patient ***Ship to:*** Office | Patient

Please complete:

Does patient show symptoms of COVID-19? YES NO | Results of COVID Test[A]: + – N/A

Is the patient on medication(s) that could induce QTc Prolongation? YES NO

For patients with a confirmed diagnosis of COVID-19[A].

☐ Compounded Hydroxychloroquine 200 mg capsules
Take 3 capsules po BID x 1 day, then 2 capsules po QD days 2-5. #14 capsules; No Refills.

Check the applicable box for additional optional therapy.

☐ **OPTIONAL: Empiric treatment of secondary infections**
Azithromycin[B] 250 mg tablet (may be compounded into capsules if on commercial backorder)
Take 2 tablets po on Day 1, then 1 tablet po Days 2-5. #6 capsules; No Refills

☐ **OPTIONAL: For immune support/antiviral action**
Zinc gluconate 20mg Troche; Dissolve 1 troche between cheek and gum TID to QID daily. #30 troches; PRN Refills

By signing below, you the prescriber are confirming that you possess the medical expertise to initiate therapy to treat COVID-19. In addition, you have communicated risks of the therapy plan to your patient for further consideration.

Prescriber Signature (MD, DO, NP, PA only): _____
All signatures must be unique (no stamps or photocopies).

Prescriber NPI: _____ Date: _____

Telephone: _____ Name of Practice: _____

Innovation Compounding makes no claims of safety and/or efficacy as these compounded products have not been evaluated or approved by the FDA.

[A]See CDC Guidelines for appropriate diagnostic measures and tools.

[B]Azithromycin + HCQ may further increase QTc prolongation. Please assess risk.

Supervising Physician's Name(MD/DO Only)			Phone
Practice Address	City	State	Zip
Patient Name		DOB	

℞ Fax to: 866-635-2329

Bill To: Office | Ship To: Office

Methyl B12 1000mcg/mL ☐ 10ml ☐ 3x10mL Sig: Inject up to 0.05mL intradermally to each site per session	Methyl B12 5000mcg/mL ☐ 5ml ☐ 3x5mL Sig: Inject up to 0.05mL intradermally to each site per session	B - Complex 100* ☐ 10ml ☐ 3x10mL Sig: Inject up to 0.05mL intradermally to each site per session	Ascorbic Acid 500mg/mL ☐ 10ml ☐ 3x10mL Sig: Inject up to 0.05mL intradermally to each site per session	Folic Acid 2.5mg/mL ☐ 10ml ☐ 3x10mL Sig: Inject up to 0.05mL intradermally to each site per session
Pitcher Plant ☐ 10ml ☐ 3x10mL Sig: Inject up to 0.05mL intradermally to each site per session	Dimethyl Sulfone 10mg/mL (MSM)** ☐ 10ml ☐ 3x10mL Sig: Inject up to 0.05mL intradermally to each site per session	MIC + Super B (Methyl) ☐ 10ml ☐ 3x10mL Sig: Inject up to 0.05mL intradermally to each site per session	Glutathione 200mg/mL ☐ 10ml Sig: Inject up to 0.05mL intradermally to each site per session	

* B-Complex - Thiamine 100mg, Riboflavin 2.54mg, Niacinamide 100mg, Panthenol 5mg per milliliter of solution.
** (MSM) - Our MSM is preservative free; therefore the vial can only be punctured once and any remaining medication after initial puncture must be discarded.

Prescriber's Signature: _____ DEA#: _____ Date: _____

All signatures must be unique (no stamps or photocopies).

All of the above products are compounded preparations with the exception of anastrozole. Innovation Compounding makes no claims of safety and/or efficacy as these compounded products have not been evaluated or approved by the FDA.

INNOVATION COMPOUNDING
Custom Medications, Clinical Outcomes.

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4030

0319

GENERAL COMPOUNDED PREPARATIONS

(866) 635-2329 FAX
For Questions/Consult (800) 547-1399

Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
Practice Name & Address	City	State	ZIP
Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

LOW DOSE NALTREXONE (LDN)

Oral Capsules
☐ 30 ct ☐ 60 ct ☐ 90 ct

☐ 1.5 mg Capsules ☐ 3 mg Capsules ☐ 4.5 mg Capsules (LDN1) (LDN3) (LDN4)

SIG: *Take 1 capsule by mouth each night at bedtime as directed.*

NYSTATIN

Oral Capsules
☐ 60 ct ☐ 120 ct ☐ 180 ct

☐ 500k Unit Capsules ☐ 1 million Unit Capsules (NS00K) (N1M)

☐ SIG: *Take 1 capsule by mouth twice daily as directed.*
☐ SIG: *Empty contents of 1 capsule into 8oz. of water. Swish and swallow twice daily.*

SLEEP SUPPORT

Oral Capsules
☐ 30 ct ☐ 60 ct ☐ 90 ct

☐ Magnesium Glycinate 100 mg + Melatonin 3 mg + Theanine 100 mg (SLEEP)

SIG: *Take 1-2 capsules by mouth each night at bedtime as directed.*

ORAL CHELATION SUPPORT

Oral Capsules
3 Capsules with no refill.

☐ Dimercaptosuccinic (DMSA) Acid 250 mg Capsules (DMSA2) (DMSA5)
☐ Dimercaptosuccinic (DMSA) Acid 500 mg Capsules

SIG: *Take 3 tablets by mouth at once with heavy metal detoxification kit.*

METFORMIN

Topical Lotion
☐ 30 mL ☐ 60 mL ☐ 90 mL

☐ Metformin 100 mg/mL Lotion (MET100)

SIG: *Apply 0.5 mL (2 clicks) topically to skin twice daily as directed.*

FISSURE SUPPORT

Ointment
30 grams

☐ Nifedipine 0.3% + Lidocaine 1.5% Ointment (DFISS)

SIG: *Apply a pea-sized amount to anus 1-2 times daily as directed.*

OCULAR SUPPORT

Eye Drops
3.5 mL

☐ Atropine 0.01% Ophthalmic Solution (ATRO1)

SIG: *Instill 1 drop into each eye daily as directed.*

NASAL SPRAY

Solution
36 mL Bottle

To support MARCoNS eradication and biotoxin illness.

☐ BEG: Mupirocin 0.2% + EDTA 0.1% + Gentamicin 0.5% Solution (BEG)
☐ BEG-F: Fluconazole 0.2% + Mupirocin 0.2% + EDTA 0.1% + Gentamicin 0.5% Solution (BEGF)
☐ BEG-I: Itraconazole 0.2% + Mupirocin 0.2% + EDTA 0.1% + Gentamicin 0.5% Solution (BEGI)

SIG: *Instill 2 sprays (0.2mL) into each nostril three times daily as directed.*

GLUTATHIONE

Nebulizer

☐ 60 mL (20 nebules)
☐ 90 mL (30 nebules)
☐ 180 mL (60 nebules)

Glutathione 200 mg/mL (PF) Inhalation Solution for Nebulizer (Packaged in 3 mL nebules.) (GLUT1)

SIG: *Empty contents of 1 nebule (3mL) into nebulizer and inhale 1-2 times daily as directed.*

Suppositories
☐ 30 ct ☐ 60 ct ☐ 90 ct

Glutathione
☐ 250 mg Suppositories ☐ 500 mg Suppositories (GLU2) (GLU5)

Glutathione + Melatonin
☐ 250 mg/50 mg Suppositories ☐ 500 mg/100 mg Suppositories (GLUM2) (GLUM5)

SIG: *Insert 1 suppository rectally daily as directed.*

HYDROXYCHLOROQUINE

Oral Capsules
☐ 14 ct (max for COVID-19)
☐ 30 ct ☐ 60 ct ☐ 90 ct ☐ 120 ct
For Lupus and Rheumatoid Arthritis (RA) Patients

Hydroxychloroquine 200 mg Capsule (HCQ)

☐ SIG: *Take 1 capsule by mouth once daily as directed.*
☐ SIG: *Take 2 capsules by mouth once daily as directed.*

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date	Number of Refills ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ ___ ☐ PRN

INNOVATION COMPOUNDING

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GENERAL COMPOUNDED PREPARATIONS

(866) 635-2329 FAX
For Questions/Consult (800) 547-1399

Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
Practice Name & Address	City	State	ZIP
Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

LOW DOSE NALTREXONE (LDN)

Oral Capsules
☐ 30 ct ☐ 60 ct ☐ 90 ct

☐ 1.5 mg Capsules ☐ 3 mg Capsules ☐ 4.5 mg Capsules — LDN1 LDN3 LDN4

SIG: *Take 1 capsule by mouth each night at bedtime as directed.*

NYSTATIN

Oral Capsules
☐ 60 ct ☐ 120 ct ☐ 180 ct

☐ 500k Unit Capsules ☐ 1 million Unit Capsules — N500K N1M

☐ SIG: *Take 1 capsule by mouth twice daily as directed.*
☐ SIG: *Empty contents of 1 capsule into 8oz. of water. Swish and swallow twice daily.*

SLEEP SUPPORT

Oral Capsules
☐ 30 ct ☐ 60 ct ☐ 90 ct

☐ Magnesium Glycinate 100 mg + Melatonin 3 mg + Theanine 100 mg — SLEEP

SIG: *Take 1-2 capsules by mouth each night at bedtime as directed.*

ORAL CHELATION SUPPORT

Oral Capsules
3 Capsules with no refill.

☐ Dimercaptosuccinic (DMSA) Acid 250 mg Capsules — DMSA2
☐ Dimercaptosuccinic (DMSA) Acid 500 mg Capsules — DMSA5

SIG: *Take 3 tablets by mouth at once with heavy metal detoxification kit.*

METFORMIN

Topical Lotion
☐ 30 mL ☐ 60 mL ☐ 90 mL

☐ Metformin 100 mg/mL Lotion — MET100

SIG: *Apply 0.5 mL (2 clicks) topically to skin twice daily as directed.*

FISSURE SUPPORT

Ointment
30 grams

☐ Nifedipine 0.3% + Lidocaine 1.5% Ointment — DFISS

SIG: *Apply a pea-sized amount to anus 1-2 times daily as directed.*

OCULAR SUPPORT

Eye Drops
3.5 mL

☐ Atropine 0.01% Ophthalmic Solution — ATRO1

SIG: *Instill 1 drop into each eye daily as directed.*

NASAL SPRAY

Solution
36 mL Bottle

To support MARCoNS eradication and biotoxin illness.

☐ BEG: Mupirocin 0.2% + EDTA 0.1% + Gentamicin 0.5% Solution — BEG
☐ BEG-F: Fluconazole 0.2% + Mupirocin 0.2% + EDTA 0.1% + Gentamicin 0.5% Solution — BEGF
☐ BEG-I: Itraconazole 0.2% + Mupirocin 0.2% + EDTA 0.1% + Gentamicin 0.5% Solution — BEGI

SIG: *Instill 2 sprays (0.2mL) into each nostril three times daily as directed.*

GLUTATHIONE

Nebulizer
☐ 60 mL (20 nebules)
☐ 90 mL (30 nebules)
☐ 180 mL (60 nebules)

Glutathione 200 mg/mL (PF) Inhalation Solution for Nebulizer (Packaged in 3 mL nebules.) — GLUTI

SIG: *Empty contents of 1 nebule (3mL) into nebulizer and inhale 1-2 times daily as directed.*

Suppositories
☐ 30 ct ☐ 60 ct ☐ 90 ct

Glutathione
☐ 250 mg Suppositories ☐ 500 mg Suppositories — GLU2 GLU5

Glutathione + Melatonin
☐ 250 mg/50 mg Suppositories ☐ 500 mg/100 mg Suppositories — GLUM2 GLUM5

SIG: *Insert 1 suppository rectally daily as directed.*

HYDROXYCHLOROQUINE

Oral Capsules
☐ 14 ct (max for COVID-19)
☐ 30 ct ☐ 60 ct ☐ 90 ct ☐ 120 ct
For Lupus and Rheumatoid Arthritis (RA) Patients

Hydroxychloroquine 200 mg Capsule — HCQ

☐ SIG: *Take 1 capsule by mouth once daily as directed.*
☐ SIG: *Take 2 capsules by mouth once daily as directed.*

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date	Number of Refills ☐1 ☐2 ☐3 ☐4 ☐___ ☐PRR

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www.innovationcompounding.com

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COSMECEUTICAL CARE

(866) 635-2329 FAX
For Questions/Consult (800) 547-1399

Supervising Physician's Name (MD/DO Only)	DEA#	Phone #	Fax#
Practice Name & Address	City	State	ZIP
Patient Name	DOB	Phone (cell preferred)	
Patient Address	City	State	ZIP
Email Address	Known Allergies		
Bill to: ☐ Office ☐ Patient Ship to: ☐ Office ☐ Patient		If left blank, will be billed and shipped to the patient.	

BLEACHING & LIGHTENING AGENTS			FORMULA ID
☐ Triamcinolone + Hydroquinone + Retinoic Acid + Kojic Acid	☐ Triamcinolone 0.1% + Hydroquinone 4% + Retinoic Acid 0.05% + Kojic Acid 6% Cream	30 grams	185398
	☐ Triamcinolone 0.1% + Hydroquinone 8% + Retinoic Acid 0.1% + Kojic Acid 8% Cream		182901
	SIG: Apply up to 4 clicks (1 gram) topically to skin each night at bedtime. Wear sunscreen during the day.		
☐ Retinoic Acid	Retinoic Acid 0.1% Cream	30 grams	259162
	SIG: Apply up to 4 clicks (1 gram) topically to skin each night at bedtime. Wear sunscreen during the day.		
☐ Glutathione	Glutathione 5% Lotion	30 grams	259156
	SIG: Apply 2 clicks (0.5 grams) to affected area twice daily.		

FACIAL MASKS			FORMULA ID
☐ Sodium Hyaluronate + Vitamin E + Aloe Vera Facial Mask	Sodium Hyaluronate 0.1% + Vitamin E 1% + Aloe Vera 0.2% Facial Mask	30 grams	259099
	SIG: Apply 2 pumps (1 gram) to skin each night. Leave on for 20 minutes, then rinse.		
☐ DMAE Facial Mask	DMAE (Dimethylethanolamine) 3% Facial Mask	30 grams	259125
	SIG: Apply 2 pumps (1 gram) to skin each night. Leave on for 20 minutes, then rinse.		
☐ Face Wash	Glycolic Acid 0.5% Face Wash	30 grams	259126
	SIG: Use as a nightly facial cleanser. Apply to skin and rinse off.		

FACIAL PEELS* *WILL ONLY BE SHIPPED TO A PHYSICIAN'S OFFICE			FORMULA ID
☐ Superficial Peel - Jessner's Peel	Salicylic Acid 14% + Resorcinol 14% + Lactic Acid 14% Solution	30 mL	259095
	SIG: Apply 1-3 thin coats to skin. Allow to dry between each coat. No neutralization required. Wash off powder and apply moisturizer. Can be repeated monthly.		
☐ Superficial Peel - Glycolic Acid	Glycolic Acid 70% Solution	30 mL	182526
	SIG: Apply thin layer for 2-3 minutes, neutralize skin with sodium bicarbonate solution, then wash with water. Apply moisturizer/sunscreen after.		
☐ Superficial Peel - Trichloroacetic Acid (TCA)	Trichloroacetic Acid (TCA) 15% Solution	30 mL	262
	SIG: Apply a thin layer to skin using gauze. Wait 1 minute before applying next layer. Do not apply more than 3 layers. Wash with water once dry.		
☐ Superficial Peel - Salicylic Acid	Salicylic Acid 20% Solution	30 mL	183623
	SIG: Apply thin layer to face and second coat to papules and pustules. After 3-5 minutes, wash off. Repeat every 2-3 weeks.		
☐ Superficial Peel - Jessner's Peel + Hydroquinone	Jessner's Peel + Hydroquinone 2%	30 mL	257283
	SIG: Apply 1-3 coats to skin. Allow to dry between each coat. No neutralization required. Wash off powder and apply moisturizer. Can repeat monthly.		
☐ Medium Peels - Combo Pack	Jessner's Peel + TCA 35% Combo Pack	10 mL (each)	259173
	SIG: Apply a thin layer to skin using gauze. Wait 1 minute before applying next layer. Do not apply more than 3 layers. Wash with water once dry.		
☐ Medium Deep Peels - Combo Pack	Glycolic Acid 70% + TCA 35% Combo Pack	10 mL (each)	259174
	SIG: Glycolic acid 70% is applied to the face for 2 min and then washed off with water. A TCA 35% solution is applied in the usual manner. The patient will experience a burning sensation within a minute of TCA application. Once frosting is completed, the face is washed with water and an emollient applied.		

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date	Number of Refills ☐ 1 ☐ 2 ☐ 3 ☐ NR

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COSMECEUTICAL CARE

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FIRMING & ANTI-WRINKLE AGENTS			FORMULA ID
☐ DMAE + Panthenol Foam	DMAE 3.8% + Panthenol 1% Foam SIG: *Apply 2 pumps (1 mL) to face and rinse at night.*	30 mL	259089
☐ Sodium Hyaluronate + DMAE Gel	Sodium Hyaluronate 0.05% + DMAE 5% Gel SIG: *Apply 2 clicks (0.5 grams) to face twice daily.*	30 grams	259093
☐ Acetyl-D Glucosamine + Vitamin E + Hyaluronic Acid Topical Cream	Acetyl-D Glucosamine 5% + Vitamin E 5% + Hyaluronic Acid 1% Topical Cream SIG: *Apply 2 clicks (0.5 grams) to face twice daily.*	30 grams	259094
☐ Ascorbic + Hyaluronic Acid Cream	Ascorbic Acid 10% + Hyaluronic Acid 1% Cream SIG: *Apply 2 pumps (0.5 grams) to face twice daily. (Sleekline)*	30 grams	183316
☐ Ascorbic Acid + Hyaluronic Acid + Retinoic Acid Cream	Ascorbic Acid 10% + Hyaluronic Acid 0.55% + Retinoic Acid 0.05% Cream SIG: *Apply 2 clicks (0.5 grams) to face twice daily.*	30 grams	258547

MOISTURIZERS & UNDER EYE FORMULATIONS			FORMULA ID
☐ Urea Cream	Urea 8% Cream SIG: *Apply 4 clicks (1 gram) to face every night at bedtime.*	30 grams	259127
☐ Hyaluronic Acid + Vitamin E + Aloe Vera	Hyaluronic Acid 5 mg + Vitamin E 200IU/gm + Aloe Vera 3% SIG: *Apply 4 clicks (1 gram) to face every night at bedtime.*	30 grams	255825
☐ Day Cream	Ascorbic 10% + Hyaluronic Acid 1% SIG: *Apply up to 4 pumps (1 gram) to face each morning. (Sleekline)*	30 grams	183316
☐ Night Cream	Retinoic Acid 0.05% + DMAE 3% + Acetyl D Glucosamine 2% SIG: *Apply up to 4 pumps (1 gram) to face each evening. (Sleekline)*	30 grams	259134
☐ Innovation Day and Night Combo Pack	Day Cream: Ascorbic 10% + Hyaluronic Acid 1% Night Cream: Retinoic Acid 0.05% + DMAE 3% + Acetyl D Glucosamine 2% SIG: *Apply up to 4 pumps (1 gram) to face each morning/evening. (Sleekline)*	30 grams	259135

NUMBING PROCEDURAL CREAMS		FORMULA ID
Benzocaine + Lidocaine + Tetracaine (BLT) Cream ☐ 30 g ☐ 60 g	Benzocaine 20% + Lidocaine 6% + Tetracaine 4% Cream SIG: *Apply 1-2 pumps (1-2 grams) to the affected area 20 minutes prior to procedure. Do not cover area.*	867
Benzocaine + Lidocaine + Tetracaine + Phenylephrine Cream ☐ 30 g ☐ 60 g	Benzocaine 20% + Lidocaine 7% + Tetracaine 7% + Phenylephrine 0.01% Cream SIG: *Apply 1-2 pumps (1-2 grams) to the affected area 20 minutes prior to procedure. Do not cover area.*	259040
Lidocaine + Prilocaine + Phenylephrine (for those with ester allergy) ☐ 30 g ☐ 60 g	Lidocaine 6% + Phenylephrine 0.01% + Prilocaine 2% Cream SIG: *Apply 1-2 pumps (1-2 grams) to the affected area 20 minutes prior to procedure. Do not cover area.*	259047

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OTC OPTIONS

☐ Evening Primrose Oil	Evening Primrose Seed Oil 1300 mg + Gamma-Linolenic Acid (GLA) + Cis-Linoleic Acid + Oleic Acid + Palmitic Acid SIG: *Take 1 softgel by mouth 2-3 times daily with meals or as directed.*	60 Softgels	262381 10058
☐ Hyaluronic Acid	Hyaluronic Acid 40 mg + Sunflower Lecithin + Salvia Hispanica Powder SIG: *Take 1 capsule by mouth 1 to 2 times daily or as directed.*	60 Capsules	262382 10309
☐ Perfect E	Vitamin E 400 IU + Mixed Tocopherols + Tocotrienols SIG: *Take 1 softgel capsule by mouth daily with meals or as directed.*	30 Softgels	262383 10250
☐ Vitamin C with Bioflavonoid Complex	Vitamin C 1000 mg + Citrus Bioflavonoid Complex SIG: *Take 1 capsule by mouth 1 to 2 times daily as directed.*	100 Capsules	262384 10154
☐ Green Tea - 70	EGCG (Green Tea) + Epigallo-Catechin-3-Gallate SIG: *Take 1 capsule by mouth 1-2 times daily, or as directed.*	60 Capsules	262357 10320

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FACIAL PEELS* *WILL ONLY BE SHIPPED TO A PHYSICIAN'S OFFICE			FORMULA ID
☐ Post-Peel Prep	Sodium Bicarbonate 2% Topical Gel SIG: *Apply 4 clicks (1 gram) after facial peel procedure and daily to affected area of skin.*	30 grams	259098

SCLEROTHERAPY / VARICOSE VEINS* *WILL ONLY BE SHIPPED TO A PHYSICIAN'S OFFICE			FORMULA ID
☐ Dextrose + Sodium Chloride Qty: _____ *(Number of vials)*	Dextrose 25% + Sodium Chloride 10% Injection Solution Directions: _____	10 mL Vials	255726
☐ Polidocanol Qty: _____ *(Number of vials)*	Polidocanol 3% Injection Solution Directions: _____	5 mL Vials	256873
☐ Glycerin Qty: _____ *(Number of vials)*	Glycerin 72% Injection Solution Directions: _____	10 mL Vials	184413

SCAR THERAPY			FORMULA ID
GENERAL AND ATROPIC SCARS			
Hydrocortisone + Hydroquinone + Retinoic Acid ☐ 30 g ☐ 60 g	Hydrocortisone 1% + Hydroquinone 4% + Retinoic Acid 0.1% Ointment in Copasil SIG: *Apply 2-4 clicks (0.5 to 1 gram) to affected area twice daily.*		259054
Niacinamide + Retinoic Acid ☐ 30 g ☐ 60 g	Niacinamide 4% + Retinoic Acid 0.1% Ointment in Copasil SIG: *Apply 2-4 clicks (0.5 to 1 gram) to affected area twice daily.*		259055
Caffeine + Sodium Hyaluronate + Urea ☐ 30 g ☐ 60 g	Caffeine 1% + Sodium Hyaluronate 0.5% + Urea 10% Ointment in Copasil SIG: *Apply 2-4 clicks (0.5 to 1 gram) to affected area twice daily.*		259056
KELOIDS & HYPERTROPIC SCARS			
Urea + Verapamil ☐ 30 g ☐ 60 g	Urea 20% + Verapamil 10% Ointment in Copasil SIG: *Apply 2-4 clicks (0.5 to 1 gram) to affected area twice daily.*		259080
Gabapentin + Lidocaine + Prilocaine HCl ☐ 30 g ☐ 60 g	Gabapentin 15% + Lidocaine 3% + Prilocaine HCl 3% Ointment in Copasil SIG: *Apply 2-4 clicks (0.5 to 1 gram) to affected area twice daily.*		259083
Hydroquinone + Hydrocortisone + Kojic Acid + Retinoic Acid ☐ 30 g ☐ 60 g	Hydroquinone 6% + Hydrocortisone 0.5% + Kojic Acid 6% + Retinoic Acid 0.01% Ointment in Copasil SIG: *Apply 2-4 clicks (0.5 to 1 gram) to affected area twice daily.*		259090
STRETCH MARKS / STRIAE			
Aloe Vera + Vitamin E ☐ 30 g ☐ 60 g	Aloe Vera 0.5% + Vitamin E 200 IU/mL Ointment in Copasil SIG: *Apply 2-4 clicks (0.5 to 1 gram) to affected area twice daily.*		259091

OTC OPTIONS			FORMULA ID
☐ Hair, Skin, and Nails	Vitamin A (as palmitate) 5,000 IU + Vitamin C (as ascorbic acid) 60 mg + Vitamin D (as cholecalciferol) 200 IU + Vitamin E (as d-alpha tocopheryl succinate) 30 IU + Vitamin B-1 (as thiamin hydrochloride) 25 mg + + Vitamin B-2 (as riboflavin) 25 mg + Niacin (as niacinamide) 20 mg + Vitamin B-6 (as pyridoxine hydrochloride) 25 mg + Folic acid 400 mcg + Vitamin B-12 (as cyanocobalamin) 100 mcg + Biotin 1,200 mcg + Pantothenic acid (as d-calcium pantothenate) 100 mg + Calcium (as carbonate, amino acid chelate) 300 mg + Magnesium (as oxide, amino acid chelate) 60 mg + Zinc (as monomethionine) 5 mg + Selenium (as L-selenomethionine) 200 mg + Copper (as amino acid chelate) 1 mg + Manganese (as amino acid chelate) 5 mg + MSM (methylsulfonylmethane) 200 mg + Horsetail leaf extract 100 mg + Choline (as bitartrate) 25 mg + Inositol 25 mg + PABA (as para aminobenzoic acid) 10 mg + Boron (as citrate, aspartate, glycinate) 1 mg + L-Cysteine 300 mg + Citrus bioflavonoids 100 mg + Nettle leaf powder mg + L-Methionine 50 mg + Trace minerals 50 mg SIG: *Take 3 tablets daily by mouth with meals or as directed.*	90 Tablets	185412 10312

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date	Number of Refills ☐ 1 ☐ 2 ☐ 3 ☐ NR

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NEUROPATHIES

PERIPHERAL NEUROPATHY

Topical Gel (Moderate)

Amantadine 5% + Clonidine 0.1% + Gabapentin 6% + Lidocaine 6% + Nifedipine 8% Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

SIG: *Apply 1 pump (1 gram) to affected area(s) 4-6 times per day.*

Topical Gel (Strong)

Bupivacaine 4% + Clonidine 0.2% + Ketamine 10% + Nifedipine 10% Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

SIG: *Apply 1 pump (1 gram) to affected area(s) up to 3 times per day.*

PHANTOM LIMB PAIN

Topical Gel (Moderate)

Amantadine 5% + Baclofen 2% + Gabapentin 6% + Lidocaine 6% + Nifedipine 8% Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

SIG: *Apply 1 pump (1 gram) to affected area(s) 4-6 times per day.*

Topical Gel (Strong)

Baclofen 5% + Bupivacaine 5% + Ketamine 10% + Nifedipine 10% Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

SIG: *Apply 1 pump (1 gram) to affected area(s) up to 3 times per day.*

POST HERPETIC NEURALGIA

Topical Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

Moderate
☐ Bupivacaine 1% + Clonidine 0.1% + Ketamine 5% Gel

Strong
☐ Bupivacaine 1% + Clonidine 0.2% + Flurbiprofen 5% + Ketamine 10% Gel

SIG: *Apply 1 pump (1 gram) to affected area(s) 4-6 times per day.*

Dosing Caveats: If "band" is apparent, recommended that the patient apply 2 clicks (0.5 gram) to each dermatome found within each band. For mild formulas, patient can apply more frequently if necessary. Alternatively, compounds containing Ketamine (strong NMDA receptor antagonist) should be limited to no more than 3 applications per day.

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date	Number of Refills
			☐ 1 ☐ 2 ☐ 3 ☐ 6 ☐ 11 ☐ PRN

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COMBINATION NOCICEPTIVE NEUROPATHY

TEMPOROMANDIBULAR DISORDERS (TMD) & TRIGGER POINT THERAPIES (TP)

Topical Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

Moderate
☐ Baclofen 3% + Ketamine 5% + Flurbiprofen 5% Gel

Strong
☐ Baclofen 5% + Clonidine 0.2% + Ketamine 10% + Ketorolac 10% Gel

SIG: *Apply 2 clicks (0.5 grams) to each painful side of jaw 3 times daily as needed for pain. Do not occlude.*

Dosing Caveats: If patient reports shooting pain after applying "Strong Gel," recommend to add Verapamil 5%.
If patient reports muscle tension, recommend adding Orphenadrine 5%.

HEADACHES

MIGRAINES & CLUSTER HEADACHES

Topical Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

Mild
☐ Flurbiprofen 2% + Caffeine 1% Gel

Moderate
☐ Caffeine 1% + DMSO 2% + Flurbiprofen 5% Gel

Strong
☐ Caffeine 1% + DMSO 5% + Flurbiprofen 10% Gel

SIG: *Apply 1 pump (1 gram) to back of neck up to 6 times daily.*

Dosing Caveats: If migraine therapy is ineffective: May substitute NSAID with Ketorolac for short term use. If any NSAID fails (including Ketorolac) substitute with Tramadol 10% Cream.
If migraine therapy is somewhat effective: partially occlude or apply a larger amount.

TENSION HEADACHES

Topical Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

Mild
☐ Menthol 10% + Methyl Salicylate 10% Gel

Moderate
☐ Cyclobenzaprine 2% + Magnesium Chloride 10% + Nifedipine 3% Gel

SIG: *Apply 1 pump (1 gram) every 4-6 hours as needed for pain.*

Dosing Caveats: If therapy is ineffective, recommend Tramadol 10% Cream.

Topical Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

Strong
☐ Baclofen 5% + Diltiazem 2% + Orphenadrine 10% Gel

SIG: *Apply 1 pump (1 gram) to back of neck (near tense muscle) or closest hairless spot to affected area. Apply up to 6 times daily.*

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date	Number of Refills ☐ 1 ☐ 2 ☐ 3 ☐ 6 ☐ 11 ☐ PRR

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MUSCLE CONDITIONS

FIBROMYALGIA

Topical Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

Moderate
☐ Cyclobenzaprine 5% + Flurbiprofen 5% + Gabapentin 4% Gel

Strong
☐ Cyclobenzaprine 5% + Flurbiprofen 10% + Gabapentin 4% + Ketamine 2% Gel

SIG: Apply 1 pump (1 gram) to thin skin up to 3 times daily as needed for pain. May occlude after application.
Dosing caveats: For non-compliant patients, or patients who failed above therapy, recommend to substitute Flurbiprofen with Tramadol 10% Gel.

MUSCLE SPASM

Topical Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

Moderate
☐ Orphenadrine 5% + Verapamil 5% Gel

Strong
☐ Baclofen 10% + Orphenadrine 5% + Verapamil 5% Gel

SIG: Apply 1-2 pumps (1-2 grams) to muscle. Apply up to 4 times daily as needed for pain.

MUSCLE STRAIN

Topical Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

Mild
☐ Diclofenac 5% + DMSO 5% Gel

Moderate
☐ Baclofen 5% + Diltiazem 2% + Ketorolac 10% Gel

SIG: Apply 1-2 pumps (1-2 grams) to muscle. Apply up to 4-6 times daily as needed for pain.

MUSCLE SPASTICITY

Topical Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

Mild
☐ DMSO 2% + Magnesium Chloride 5% Gel

Moderate
☐ Baclofen 2% + Magnesium Chloride 10% + Orphenadrine 5% Gel

Strong
☐ Baclofen 5% + Clonidine 0.2% + DMSO 5% Gel

SIG: Apply 1-2 pumps (1-2 grams) to affected area(s). Apply up to 4 times daily.

COMBINATION NOCICEPTIVE NEUROPATHY

COMPLEX REGIONAL PAIN SYNDROME (CRPS)

Topical Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

Mild
☐ Bupivacaine 2% + DMSO 3% + Flurbiprofen 5% Gel

Moderate
☐ Amantadine 5% + DMSO 5% + Flurbiprofen 10% Gel

Strong
☐ Clonidine 0.2% + DMSO 5% + Flurbiprofen 10% + Ketamine 10% Gel

SIG: Apply 1-2 pumps (1-2 grams) to affected area(s) up to 4 times daily for pain.

Dosing Caveats: If the compound contains Ketamine, recommend to use no more than 1 gram. If patient reports breakthrough pain, add Doxepin 3% and Lidocaine 5%. Using Doxepin for >8 days may result in contact sensitization. For muscle spasms add Baclofen 3%. If medication is causing severe numbness and is bothersome, replace Amantadine, Ketamine, or Bupivacaine with Clonidine 0.2%.

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date	Number of Refills
			☐ 1 ☐ 2 ☐ 3 ☐ 6 ☐ 11 ☐ PRN

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BONE & JOINT CONDITIONS

OSTEOARTHRITIS

NO CABG Topical Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

Moderate
☐ Diclofenac 5% + DMSO 2% Gel ☐ Flurbiprofen 5% + DMSO 2% Gel

Strong
☐ Diclofenac 10% + DMSO 5% Gel ☐ Flurbiprofen 10% + DMSO 5% Gel

SIG: Apply 1-2 pumps (1-2 grams) to the most painful location, up to 4 times daily. If pain is multiple locations, apply smaller amounts to each spot. Dosing Caveats: If therapy is partially effective – partially occlude or apply larger amount.

For Gout: Replace NSAIDS with Indomethacin as the evidence is strongest supporting the use of this drug.

CABG Topical Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

☐ Menthol 10% + Methyl Salicylate 10% Gel

SIG: Apply 1-2 pumps (1-2 grams) up to 6 times daily to most painful sites.

RHEUMATOID ARTHRITIS

Topical Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

Moderate
☐ Bupivacaine 2% + DMSO 5% + Flurbiprofen 5% Gel

Strong
☐ Bupivacaine 2% + DMSO 5% + Flurbiprofen 10% Gel

SIG: Apply thin layer (1 click or 0.25 grams) to affected joint up to 6 times daily as needed for pain. Dosing Caveats: For non-compliant patients, or patients who failed above therapy, recommend Naburietone 15% Gel.

Short-Term Flares

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

☐ Ketorolac 2% Gel

SIG: Apply 1 pump (1 gram) four times daily for 5 days max; then 2 days off (may repeat cycle).

TRIGGER POINT INJECTIONS

Pitcher Plant

☐ 10 mL ☐ 30 mL (3x10 mL)

☐ Sarraceniaceae (Pitcher Plant) Distillate Salts (100%) Injection Solution*

SIG: Inject _____ mL(s) to affected area(s) _____ time(s) per week, up to 10 injection sites.

*Only shipped to clinic or practice.

Arnica

Arnica Injection Solution*

☐ Qty: _____ # of 2 mL ampules (Filter needles included in price; 1 per ampule.)

☐ Qty: 1 box (10x2 mL ampules)

SIG: Inject 1 to 2 mL to affected area(s) as needed.

*Only shipped to clinic or practice.

CARPAL TUNNEL SYNDROME

Topical Gel

☐ 120 g ☐ 90 g ☐ 60 g ☐ 30 g

Moderate
☐ Bupivacaine 1% + Diclofenac 5% + Ketamine 3% Gel

Strong
☐ Clonidine 0.1% + Flurbiprofen 10% + Ketamine 2% + Prilocaine 6% Gel
☐ (Scars) Clonidine 0.1% + Flurbiprofen 5% + Diltiazem 2% + Ketamine 2% + Prilocaine 6% Gel

SIG: Apply 2 clicks (0.5 grams) to affected wrist(s). Apply up to 4 times daily.

Dosing caveats: If muscle tension is present, add Orphenadrine 5%. If tissue is still inflamed after use of strong formulation, substitute formulations containing Diclofenac with Ketorolac.

JOINT PAIN

Lidocaine HCl + Hyaluronic Acid Injection Gel

Prefilled syringe(s)

Lidocaine HCl 2 mg + Hyaluronic Acid 15 mg/mL Injection Gel*

☐ Qty. 1 syringe (2.5 mL of gel)

☐ Qty. 5 syringes (1 series, 12.5 mL) Each syringe contains 2.5 mL of gel.

SIG: Inject up to 2.5 mL per joint once weekly.

*Only shipped to clinic or practice.

Prescriber's Signature (MD, DO, NP, or PA only)	DEA	Date	Number of Refills ☐ 1 ☐ 2 ☐ 3 ☐ 6 ☐ 11 ☐ PRR

INNOVATION COMPOUNDING — ACCREDITED

All signatures must be unique (no stamps or photocopies). Innovation Compounding makes no claims of safety and/or efficacy as these compounded products have not been evaluated or approved by the FDA.

6095 Pine Mountain Rd. NW, Suite 108 Kennesaw, GA 30152
www.innovationcompounding.com

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SUMMARY OF UNSATISFACTORY CONDITIONS

	DEFICIENCY	CHECK IF *
1)	Environment: Hazardous compounding occurs in positive pressure buffer room.	
2)	Garbing: Did not observe use of Avagard prior to donning sterile gloves when observing garbing technician.	
3)	Environmental Monitoring: Have contract with ARL to identify growth if exceeds action level. Perform weekly surface and gloved fingertip sampling – some growth below action level without organism identified.	
4)	Compounding Procedures: Have performed point in time potency testing on formulations with extended dating not supported by literation (i.e. testosterone cypionate in sesame oil, folic acid, Tri-mix) - not clear if these studies were stability indicating studies.	
5)		
6)		
7)		
8)		
9)		
10)		

IMMEDIATE CORRECTIVE ACTION IS REQUIRED (I.E., CONTINUING OPERATION WOULD CONSTITUTE A THREAT TO PUBLIC HEALTH AND WELFARE)

4042

Pharmacy Name: Innovation Compounding, Inc.

Pharmacy Address: 6095 Pine Mountain Road NW Ste 10B, Kennesaw, GA, 30152

NABP Facility e-Profile ID: 769340

VPP Inspection Date: Phone Call 10/14/2020, On-site 10/15/2020

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Clarification or Further Explanation	12	47.05	No. The pharmacy has not had any issue related to wholesale distributor purchases come up but would investigate the supply chain and API in each case as needed if an API necessary for patient care were otherwise unavailable. The quality of API (e.g. USP grade vs other) and full chain of custody would be investigated.	N/A	N	
Clarification or Further Explanation	12	47.08	Yes. The investigation process would depend on the type of product suspected (i.e. API, compounded product, or commercial product). The pharmacy would go through every step necessary to either quarantine and/or recall the product per company SOPs as needed and based on the individual case.	N/A	N	
Clarification or Further Explanation	13	47.11	Yes. We have all reporting capabilities for quarantining and related measures.	N/A	N	
Clarification or Further Explanation	13	50.00	Yes. The pharmacy follows DEA requirements of DEA Form 222.	N/A	N	
Clarification or Further Explanation	13	51.00	Yes. Schedule II invoices are filed separately from all other schedules. The pharmacy does not deal with schedule I substances. Yes, all invoices are checked for accuracy, signed, initialed, and dated by a technician and pharmacist upon check in.	N/A	N	
Updates/New SOPs or P&Ps	27	21.09	The pharmacy rarely repackages excipients. The BUD is still limited to the manufacturer's assigned BUD or 1 year, whichever is less. We have updated the SOPs and will review with employees as needed for inactive ingredient dating when repackaged.	11/30/2020	Y	SOP 3.10 V 3.0 Inventory Control, section 3.9.3.5
Clarification or Further Explanation	29	38.00	The pharmacy is currently pursuing plans for a new facility buildout and sourcing funds to complete the project to become USP 800-compliant, including proper negative pressure for hazardous compounding. In order to prevent cross-contamination, the pharmacy performs risk assessments on all drugs, does not compound hazardous and non-hazardous preparations simultaneously, and carries out thorough deactivating and decontaminating with Peridox followed by cleaning and disinfecting with sterile 70% isopropyl alcohol in the cleanrooms or 70% isopropyl alcohol in the nonsterile lab. Furthermore, the pharmacy does not compound with any antineoplastic drugs. Our new facility is planned to be completed 09/2021 and will be 800-compliant.	09/2021	N	
Clarification or Further Explanation	30	43.00	Frequent AC maintenance is performed to maintain compliant temperatures. Any temperatures falling below the indicated range are for compounding personnel comfort to prevent perspiration and soiling of garb. Additionally, the colder temperatures serve to further inhibit bacterial growth.	N/A	N	

This VPP inspection response and documentation has been provided directly by the pharmacy in response to its VPP inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

4043

Pharmacy Name: Innovation Compounding, Inc.

Pharmacy Address: 6095 Pine Mountain Road NW Ste 108, Kennesaw, GA, 30152

NABP Facility e-Profile ID: 769340

VPP Inspection Date: Phone Call 10/14/2020, On-site 10/15/2020

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Clarification or Further Explanation	47	45.03	The pharmacy is currently pursuing plans for a new facility buildout and sourcing funds to complete the project to become USP 800-compliant, including proper negative pressure for hazardous compounding. In order to prevent cross-contamination, the pharmacy performs risk assessments on all drugs, does not compound hazardous and non-hazardous preparations simultaneously, and carries out thorough deactivating and decontaminating with Peridox followed by cleaning and disinfecting with sterile 70% isopropyl alcohol in the cleanrooms or 70% isopropyl alcohol in the nonsterile lab. Furthermore, the pharmacy does not compound with any antineoplastic drugs. Our new facility is planned to be completed 09/2021 and will be 800-compliant.	09/2021	N	
Clarification or Further Explanation	56	93.00	A review of the attached current policy SOP 1.40 V 5.0 Compounding Area Requirements (Sterile) was performed with the techinician to ensure proper antiseptic hand cleansing procedures. Technician was observed again on 10/29/2020 and used Avagard surgical scrub with 6 hours of persistent activity prior to donning sterile gloves.	10/29/2020	Y	SOP 1.40 V 5.0 Compounding Area Requirements (Sterile)
Clarification or Further Explanation	59	106.06	Per USP 797: Pg 642 - "Counts of CFU are to be used as an approximate measure of the environmental microbial bioburden. Action levels are determined on the basis of CFU data gathered at each sampling location and trended over time. The numbers in Table 2 should be used only as guidelines. Regardless of the number of CFU identified in the pharmacy, further corrective actions will be dictated by the identification of microorganisms recovered (at least the genus level) by an appropriate credentialed laboratory of any microbial bioburden captured as a CFU **using an impaction air sampler.**" Based on the USP section shown and specifically the section underlined and in bold, USP only requires identification of CFU's to a genus level if the sample is captured via an impaction air sampler or the CFU level exceeds action levels on any other sample. Any air sample containing CFUs would be evaluated by a credentialed lab as part of the biannual sterile certification process. Surface and gloved fingertip sampling is performed every 2 weeks, above and beyond current USP standard requirements.	N/A	N	
Clarification or Further Explanation	63	129.00	The pharmacy obtains potency-over-time studies to extend dating for formulations. To the pharmacy's knowledge, current USP chapters do not outline or define stability-indicating methods for extended dating in relation to 503A pharmacies. The pharmacy is currently participating in a BUD task force along with other reputable individuals in the industry that aim to outline and define criteria for stability-indicating methods as they pertain to extending beyond-use-dates.	N/A	N	

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP Inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

4044

Pharmacy Name: Innovation Compounding, Inc.

Pharmacy Address: 6095 Pine Mountain Road NW Ste 108, Kennesaw, GA, 30152

NABP Facility e-Profile ID: 769340

VPP Inspection Date: Phone Call 10/14/2020, On-site 10/15/2020

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Clarification or Further Explanation	5	N/A	The initial shipping report provided to the NABP VPP inspector for "states into which the pharmacy mails/delivers prescription products and volume dispensed" erroneously included prescriber location addresses instead of the actual shipping addresses. The pharmacy has since updated the report and is attaching the updated copy.	11/11/2020	Y	Pharmacy Shipping Report

This VPP Inspection response and documentation has been provided directly by the pharmacy in response to its VPP Inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

3.10 Inventory Control

1.0 Purpose

1.1 The purpose of this procedure is to establish requirements for purchasing, receiving, and storing components or supplies used in prescription compounding at Innovation Compounding, Inc. to ensure quality of compounded preparations and safety of personnel.

2.0 Definitions

2.1 HD Hazardous Drugs

2.2 Components Any ingredient used in the compounding of a drug preparation, including any active ingredient or added substance that is used in its preparation.

2.3 COA Certificate of Analysis

2.4 SDS Safety Data Sheet

2.5 NIOSH National Institute for Occupational Safety and Health

2.6 OSHA Occupational Safety and Health Administration

2.7 PPE Personal Protective Equipment

2.8 PCAC FDA Pharmacy Compounding Advisory Committee

3.0 Procedure

3.1 This procedure applies to all staff involved with compounding activities.

3.2 Suppliers shall be FDA registered, if applicable, comply with current Good Manufacturing Practices and have licenses in good standing with applicable state and federal agencies. COA and SDS should be supplied with bulk chemicals.

3.3 USP or NF ingredients shall be used if available.

3.4 When USP or NF components are not available, APIs from bulk substances shall be components of FDA approved drugs or appear on the FDA Bulk Drug Substance list that can be used in pharmacy compounding.

3.4.1 The pharmacist-in-charge may employ professional judgment in choosing an alternative high quality component which may include:

3.4.1.1 Analytical Reagent (AR)

3.4.1.2 Certified American Chemical Society (ACS)

3.4.1.3 Food Chemicals Codex (FCC) (when appropriate)

3.4.1.4 Dietary and nutritional supplements that are "Generally

Recognized as Safe"

3.5 Devices, containers and closures used in compounding shall comply with applicable compendial standards.

3.6 All components listed in § 216.24 Drug products withdrawn or removed from the market for reasons of safety or effectiveness (FDA 'Negative' List) shall not be used in human compounding except for the exceptions provided on the list. (Attachment 1).

3.6.1 Components used only for veterinary compounding must be marked, "Vet Use Only".

3.7 No bulk drug substance that appear in 503A Category 2 on FDA's website at http://www.fda.gov/downlaods/Drugs/GuidanceComplianceRegulatoryInformation/PharmacyCompounding/UCM467373.pdf may be used in human compounding. These substances have been identified by FDA as presenting as significant safety risk and include: domperidone, quinacrine hydrochloride for intrauterine use, and germanium sesquioxide.

3.8 Compounding of dosage forms that appear on FDA Demonstrably Difficult list is not permitted.

3.9 Shipments shall be quarantined in the receiving area and released upon satisfactory inspection as follows:

3.9.1 Packaging and containers free from visual defects.

3.9.2 Packing slip, COA, SDS present and matching. Pedigree retrievable.

3.9.2.1 **COA** shall be reviewed by properly trained staff paying special attention to assay and any special considerations, such as impurities or unusual water content. Adjustments shall be made to the amount of chemical used when assay (on a hydrous basis) falls below 98%. Document any necessary adjustments in compounding software.

3.9.2.2 Once reviewed, pharmacist will document that COA was reviewed on the chemical label. COA will be retained electronically for 2 years.

3.9.3 Appropriate handling and storage determined by hazard code on label or SDS.

3.9.3.1 **SDS** shall be available and readily retrievable for all chemicals.

3.9.3.2 **NIOSH Sample list of drugs that should be handled as hazardous** (Attachment 2) must be stored in HD storage area (except as permitted by assessment of risk).

3.9.3.3 **Flammable Chemical Inventory** (Attachment 3) components in excess of ten gallons must be stored in an approved flammable cabinet.

3.9.3.4 **Corrosive Chemical Inventory** (Attachment 4) must be stored below eye level on a corrosive-resistant shelf.

3.9.3.4.1 Acids and bases should not be stored next to each other.

3.9.3.5 Upon receipt, chemicals may be divided into separate containers for use in multiple areas, and the expiration date assigned shall be the lesser of one year or the actual expiration from the original container. Chemical labels must contain:

3.9.3.5.1 Chemical name and grade

3.9.3.5.2 Manufacturer

3.9.3.5.3 Lot number

3.9.3.5.4 Expiration date

3.9.3.5.5 Hazard code or special handling

3.9.3.5.6 Special storage requirements

3.9.4 Date received shall be added to chemical label (Bar code label may contain this date. Do not allow bar code label to cover chemical label.).

3.9.4.1 Chemicals for nonsterile use without a manufacturer's expiration date shall be used for no more than three years from the date received. (Manufacturer's expiration date may sometimes be found on COA.)

3.10 Pharmacist-in-charge shall be notified if inspection is not satisfactory and:

3.10.1 Shipment shall be quarantined

3.10.2 Manufacturer or supplier shall be contacted for advice on return of shipment.

3.10.3 Log shall be kept of rejected shipments.

3.11 Components and applicable supplied shall be entered into compounding software and include the following information:

3.11.1 Name

3.11.2 Manufacturer

3.11.3 Quantity

3.11.4 COA information (if calculations are needed)

3.11.5 Lot number

3.11.6 Expiration

3.11.7 Hazard codes or special handling

3.11.3 Storage requirements

3.12 Pharmacist-in-charge must be notified if inspection is not satisfactory and:

3.12.1 Shipment must be quarantined

3.12.1 Manufacturer or supplier must be contacted for advice on return of shipment.

3.13 Gloves must be worn, and containers should be wiped with 70% isopropyl alcohol to prevent cross-contamination before storage.

3.14 Chemo gloves and appropriate PPE must be utilized when handling HDs.

3.15 Components and supplies must be stored off the floor and according to manufacturer's recommendation to maintain strength, quality, purity, and integrity.

3.16 Expiration dates must be checked on a monthly basis and documented on **Cleaning and Calibration Log** (SOP 1.30 Attachment 1) or equivalent log.

3.17 Pharmacist-in-charge shall make every effort to **prevent and detect drug diversion** through the following processes:

3.17.1 Controlled substances shall be stored according to state law.

3.17.2 Accountability inventory for controlled and noncontrolled substances shall be performed according to state law but at least every two years for controlled substances.

3.17.3 Loss or theft shall be reported as required by state and federal law.

4.0 References

4.1 Georgia Board of Pharmacy Regulations and Rules

4.2 *USP <795> Pharmaceutical Compounding – Nonsterile Preparations*

4.3 *USP <797> Pharmaceutical Compounding – Sterile Preparations*

4.4 *USP <800> Hazardous Drugs – Handling in Healthcare Settings*

4.5 Sections 503A(a) of the Federal Food, Drug, and Cosmetic Act

4.6 § 216.24 Drug products withdrawn or removed from the market for reasons of safety or effectiveness.

4.7 NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016

4.8 OSHA Technical Manual Controlling Occupational Exposure to Hazardous Drugs

5.0 Attachments

5.1 Attachment 1 § 216.24 Drug products withdrawn or removed from the market for reasons of safety or effectiveness (FDA 'Negative' List)

5.2 Attachment 2 NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016

5.3 Attachment 3 Flammable Chemical Inventory

5.4 Attachment 4 Corrosive Chemical Inventory

☐ Draft ☐ Final Approved by _____ This policy implemented on_____	Annual Policy Review Reviewer/Date _____ Reviewer/Date _____ Reviewer/Date _____

The following drug products were withdrawn or removed from the market because such drug products or components of such drug products have been found to be unsafe or not effective. The following drug products may not be compounded under the exemptions provided by section 503A(a) or section 503B(a) of the Federal Food, Drug, and Cosmetic Act:

PART 216—HUMAN DRUG COMPOUNDING

Drug products withdrawn or removed from the market for reasons of safety or effectiveness by the FDA. (Negative List)

Adenosine phosphate: All drug products containing adenosine phosphate.

Adrenal cortex: All drug products containing adrenal cortex.

Alatrofloxacin mesylate: All drug products containing alatrofloxacin mesylate.

Aminopyrine: All drug products containing aminopyrine.

Astemizole: All drug products containing astemizole.

Azaribine: All drug products containing azaribine.

Benoxaprofen: All drug products containing benoxaprofen.

Bithionol: All drug products containing bithionol.

Bromfenac sodium: All drug products containing bromfenac sodium (except ophthalmic solutions).

Butamben: All parenteral drug products containing butamben.

Camphorated oil: All drug products containing camphorated oil.

Carbetapentane citrate: All oral gel drug products containing carbetapentane citrate.

Casein, iodinated: All drug products containing iodinated casein.

Cerivastatin sodium: All drug products containing cerivastatin sodium.

Chloramphenicol: All oral drug products containing chloramphenicol.

Chlorhexidine gluconate: All tinctures for use as a patient preoperative skin preparation.

Chlormadinone acetate: All drug products containing chlormadinone acetate.

Chloroform: All drug products containing chloroform.

Cisapride: All drug products containing cisapride.

Cobalt: All drug products containing cobalt salts

Dexfenfluramine hydrochloride: All drug products containing dexfenfluramine hydrochloride.

Diamthazole dihydrochloride: All drug products containing diamthazole dihydrochloride.

Dibromsalan: All drug products containing dibromsalan.

Diethylstilbestrol: All oral and parenteral drug products containing 25 milligrams or more per unit dose.

Dihydrostreptomycin sulfate: All drug products containing dihydrostreptomycin sulfate.

Dipyrone: All drug products containing dipyrone.

Encainide hydrochloride: All drug products containing encainide hydrochloride.

Esmolol hydrochloride: All parenteral dosage form drug products containing esmolol hydrochloride that supply 250 milligrams/milliliter of concentrated esmolol per 10-milliliter ampule.

Etretinate: All drug products containing etretinate.

Fenfluramine hydrochloride: All drug products containing fenfluramine hydrochloride.

Flosequinan: All drug products containing flosequinan.

Gatifloxacin: All drug products containing gatifloxacin (except ophthalmic solutions).

Gelatin: All intravenous drug products containing gelatin.

Glycerol, iodinated: All drug products containing iodinated glycerol.

Gonadotropin, chorionic: All drug products containing chorionic gonadotropins of animal origin.

Grepafloxacin: All drug products containing grepafloxacin.

Mepazine: All drug products containing mepazine hydrochloride or mepazine acetate.

Metabromsalan: All drug products containing metabromsalan.

Methamphetamine hydrochloride: All parenteral drug products containing

Methapyrilene: All drug products containing methapyrilene.

Methopholine: All drug products containing methopholine.

Methoxyflurane: All drug products containing methoxyflurane.

Mibefradil dihydrochloride: All drug products containing mibefradil dihydrochloride.

Nitrofurazone: All drug products containing nitrofurazone (except dermatologic topical drug products)

Nomifensine maleate: All drug products containing nomifensine maleate.

Novobiocin sodium: All drug products containing novobiocin sodium.

Oxyphenisatin: All drug products containing oxyphenisatin.

Oxyphenisatin acetate: All drug products containing oxyphenisatin acetate.

Pemoline: All drug products containing pemoline.

Pergolide mesylate: All drug products containing pergolide mesylate.

Phenacetin: All drug products containing phenacetin.

Phenformin hydrochloride: All drug products containing phenformin hydrochloride.

Phenylpropanolamine: All drug products containing phenylpropanolamine.

Pipamazine: All drug products containing pipamazine.

Polyethylene glycol 3350, sodium chloride, sodium bicarbonate, potassium chloride, and bisacodyl: All drug products containing polyethylene glycol 3350, sodium chloride, sodium bicarbonate, and potassium chloride for oral solution, and 10 milligrams or more of bisacodyl delayed-release tablets.

Potassium arsenite: All drug products containing potassium arsenite.

Potassium chloride: All solid oral dosage form drug products containing potassium chloride that supply 100 milligrams or more of potassium per dosage unit (except for controlled-release dosage forms and those products formulated for preparation of solution prior to ingestion).

Povidone: All intravenous drug products containing povidone.

Propoxyphene: All drug products containing propoxyphene.

Rapacuronium bromide: All drug products containing rapacuronium bromide.

Reserpine: All oral dosage form drug products containing more than 1 milligram of reserpine.

Rofecoxib: All drug products containing rofecoxib.

Sibutramine hydrochloride: All drug products containing sibutramine hydrochloride.

Sparteine sulfate: All drug products containing sparteine sulfate.

Sulfadimethoxine: All drug products containing sulfadimethoxine.

Sulfathiazole: All drug products containing sulfathiazole (except for those formulated for vaginal use).

Suprofen: All drug products containing suprofen (except ophthalmic solutions).

Sweet spirits of nitre: All drug products containing sweet spirits of nitre.

Tegaserod maleate: All drug products containing tegaserod maleate.

Temafloxacin hydrochloride: All drug products containing temafloxacin hydrochloride.

Terfenadine: All drug products containing terfenadine.

3,3',4',5-tetrachlorosalicylanilide: All drug products containing 3,3',4',5-tetrachlorosalicylanilide.

Tetracycline: All liquid oral drug products formulated for pediatric use containing greater than 25 mg/ml.

Ticrynafen: All drug products containing ticrynafen.

Tribromsalan: All drug products containing tribromsalan.

Trichloroethane: All aerosol drug products intended for inhalation containing trichloroethane.

Troglitazone: All drug products containing troglitazone.

Trovafloxacin mesylate: All drug products containing trovafloxacin mesylate.

Urethane: All drug products containing urethane.

Valdecoxib: All drug products containing valdecoxib.

Vinyl chloride: All aerosol drug products containing vinyl chloride.

Zirconium: All aerosol drug products containing zirconium.

Zomepirac sodium: All drug products containing zomepirac sodium.

Dated: October 3, 2016.

Leslie Kux,

Associate Commissioner for Policy.

[FR Doc. 2016-24333 Filed 10-6-16; 8:45 am]

NIOSH List of Antineoplastic & Other Hazardous Drugs in Healthcare Settings, 2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health

Table 1. Group 1: Antineoplastic drugs, including those with the manufacturer's safe-handling guidance (MSHG)

	capecitabine	estramustine
abiraterone	carboplatin	etoposide
ado-trastuzumab emtansine	carfilzomib	everolimus
afatinib*	carmustine	exemestane
altretamine	chlorambucicisplatin	floxuridine
amsacrine	cladribine	fludarabine
anastrozole	clofarabine	fluorouracil
arsenic trioxide	crizotinib	flutamide
axitinib	cyclophosphamide	fulvestrant
azacitidine	cytarabine	gemcitabine
Bacillus	dabrafenib	gemtuzumab ozogamicin
belinostat	dacarbazine	goserelin
bendamustine	dactinomycin	histrelin
bexarotene	dasatinib	hydroxyurea
bicalutimide	daunorubicin	idarubicin
bleomycin	decitabine	ifosfamide
bortezomib	degarelix	imatinib
bosutinib	docetaxel	irinotecan
brentuximab vedotin	doxorubicin	ixabepilone
busulfan	enzalutamide	ixazomib
cabazitaxel	epirubicin	letrozole
cabozantinib	eribulin	leuprolide
Calmette Guerin (BCG)	erlotinib	lomustine

mechlorethamine
megestrol
melphalan
mercaptopurine
methotrexate
mitomycin
mitotane
mitoxantrone
nelarabine
nilotinib
omacetaxin
oxaliplatin
paclitaxel
panobinostat
pazopanib
pemetrexed
pentostatin
pertuzumab
pomalidomide
ponatinib
pralatrexate
procarbazine
regorafenib
romidepsin
sorafenib
streptozocin
sunitinib
tamoxifen
temozolomide
temsirolimus
teniposide
thioguanine
thiotepa
topotecan
toremifene
trametinib
trifluridine/tipiracil
(combination only)
triptorelin
valrubicin
vandetanib
vemurafenib
vinblastine
vincristine
vinorelbine
vismodegib
vorinostat
ziv-aflibercept

Table 2. Group 2: Non-antineoplastic drugs that meet one or more of the NIOSH criteria for a hazardous drug, including those with the manufacturer's safe-handling guidance (MSHG)

abacavir
alefacept
apomorphine
azathioprine
carbamazepine
chloramphenicol
cidofovir
cyclosporine
deferiprone
dexrazoxane
diethylstilbestrol
divalproex
entecavir
estradiol
estrogen/ progesterone combinations
estrogens, conjugated
estrogens, esterified
estropipate
fingolimod
fluoxymesterone
fosphenytoin
ganciclovir
leflunomide
lenalidomide
liraglutide
medroxyprogesterone acetate
methimazole
mipomersen
mycophenolate mofetil
mycophenolic acid
nevirapine
ospemifene
oxcarbazepine
palifermin
paliperidone
phenoxybenzamine
phenytoin
pipobroman
progesterone
progestins

propylthiouracil	sirolimus	tofacitinib
raloxifene	spironolactone	uracil mustard
rasagiline	tacrolimus	valganciclovir
recombinant	teriflunomide	zidovudine
risperidone	thalidomide	

Table 3. Group 3: Non-antineoplastic drugs that primarily have adverse reproductive effects

acitretin	ganirelix	ribavirin
alitretinoin	gonadotropin, chorionic	riociguat
ambrisentan	icatibant	telavancin
bosentan	lomitapide	temazepam
cabergoline	macitentan	testosterone
cetrorelix	mentropins	topiramate
choriogonadotropin	methyltestosterone	tretinoin
clomiphene	mifepristone	ulipristal
clonazepam	misoprostol	valproate/valproic acid
colchicine	nafarelin	vigabatrin
dinoprostone	oxytocin	voriconazole
dronedarone	pamidronate	warfarin
dutasteride	paroxetine	ziprasidone
ergonovine/methylergonovine	pasireotide	zoledronic acid
eslicarbazepine	peginesatide	zonisamide
finasteride	pentetate calcium trisodium	
fluconazole	plerixafor	

OSHA Appendix VI:2-1. Some Common Drugs Considered Hazardous

Chemical/Generic Name

Altretamine
Aminoglutethimide
Azathioprine
L-Asparaginase
Bleomycin
Busulfan
Carboplatin
Carmustine
Chlorambucil
Chloramphenicol
Chlorotianisene
Chlorozotocin
Cyclosporin
Cisplatin
Cyclophosphamide
Cytarrabine
Dacarbazine
Dactinomycin
Daunorubicin
Diethylstilbestrol
Doxorubicin
Estradiol
Estramustine
Ethinyl Estradiol
Etoposide
Floxuridine
Fluorouracil
Flutamide
Ganciclovir
Hydroxyurea
Idarubicin
Ifosfamide
Interferon-A
Isotretinoin
Leuprolide
Levamisole
Lomustine
Mechlorethamine
Medroxyprogesterone
Megestrol
Melphalan
Mercaptopurine
Methotrexate
Mitomycin
Mitotane
Mitoxantrone
Nafarelin
Pipobroman
Plicamycin
Procarbazine
Ribavirin
Streptozocin
Tamoxifen
Testolactone
Thioguanine
Thiotepa
Uracil Mustard
Vidarabine
Vinblastine
Vincristine
Zidovudine

OSHA Appendix VI:2-2. Some Aerosolized Drugs

Ribavirin
Pentamidine

Flammable Chemicals

*Highlighted drugs are routinely stocked.

Acetone
Arnica Flower Tincture
Base, PCCA DMAE Complex
Belladonna Tincture
Benzoyl Peroxide 70%
Boron Amorphous Fine Powder
Butyl Alcohol
Cajeput Oil
Camphor
Cascara Sagrada Fluid Extract
Coal Tar Topical Soln
Collodion
Compound Benzoin Tincture
DMAE
Dow Corning Silicone Elastomer Blend
Ether
Ethyl Acetate
Ethyl Alcohol 190 Proof
Ethyl Alcohol, Anhydrous 200 proof
Ethylene Glycol Monomethyl Ether
Ethylenediamine 99%
Flavor, Lemon Extract (Colorless)
Flavor, Vanilla Extract Pure
Flexible Collodion
Formaldehyde
Glacial Acetic Acid
Isopropyl Alcohol
Isosorbide Mononitrate
Limonene
Methanol
Methenamine
Molybdenum Powder
Mustard Oil Synthetic
Myrrh Gum Tincture
Niaouli Oil (Gomenol)
Paraformaldehyde 95-97%
Phenol
Pine Oil Steam Distilled
Pinene (L-Alpha)
Quanternium-15
Senna Fluid Extract (Leaf)
Sodium Lauryl Sulfate
Sulphur Colloidal
Sulphur Precipitated
Sulphur Sublimed
Turpentine Purified (Gum Spirits)
Uva Ursi Leaf Fluid Extract
Xylene

Corrosive Chemicals
*Highlighted drugs are routinely stocked.

Ammonia Strong 27-31%

Antimony Trichloride

Benzalkonium Chloride 50%

Carbamide Peroxide

Croton Oil

Cresol

Cupric Chloride Dihydrate

Dichloroacetic Acid

Diethanolamine

Ethanolamine (Monoethanolamine)

Ferric Chloride

Glycolic Acid

Hydrazine Sulfate

Hydrochloric Acid

Hydrofluoric Acid

Hyodrgen Peroxide 30%

Iodine Strong (Lugol's)

Iodine Sublimed

Lactic Acid

Maleic Acid

Methanesulfonic Acid

Nitric Acid

Oxalic Acid

Phenolsulfonic Acid

Phosphoric Acid

Potassium Hydroxide

Pyruvic Acid

Sodium Hydroxide

Sodium Hypochlorite

Stanous Chloride

Stannous Fluoride

Sulfruic Acid

Thymol

Trichloroacetic Acid

Zinc Cl

1.40 Compounding Area Requirements (Sterile)

Innovation Compounding, Inc.

Version 5.0

1.0 Purpose

1.1 The purpose of this procedure is to establish requirements for the sterile compounding area at Innovation Compounding, Inc. to ensure quality of compounded preparations and safety of personnel.

2.0 Definitions

2.1 HD Hazardous Drug

2.2 Ante Area An ISO Class 8 (or better transition area between the buffer area and nonsterile compounding area.

2.3 Buffer Area An ISO Class 7 or better area containing the Primary Engineering Control.

2.4 Primary Engineering Control (PEC) Laminar airflow workbenches (LAFWs), or Compounding Aseptic Isolators (CAIs) which provides an ISO Class 5 environment for sterile compounding.

2.5 CFU Colony forming unit

2.6 ACPHs Air Changes Per Hour

3.0 Procedure

3.1 This procedure applies to all staff involved with sterile compounding activities.

3.2 Innovation Compounding, Inc. shall perform sterile compounding in accordance with United States Pharmacopeia (USP) Chapter 797, standards of practice adopted by the Georgia Board of Pharmacy, and by national practices and standards adopted by government and non-government standard setting organizations.

3.3 Compounding and storage of HDs must not occur in sterile non-HD compounding areas except as permitted by assessment of risk.

3.4 Only authorized personnel must be permitted to enter the ISO-classified areas. No food or beverages may be consumed, and no lip balm or cosmetics may be applied or worn in these areas. Personal items must not be brought into these areas.

3.4.1 Sterile compounding staff shall be garbed according to task. Garb

must include scrubs (preferred), gowns, shoe covers, hair covering, beard cover (if applicable), mask, and eye protection (as needed). Sterile gloves must be worn in ISO-classified areas.

3.4.2 Before entering the ante area staff shall remove:

3.4.2.1. Bandanas, coats, hats, jackets, scarves, sweaters, vests, etc. Religious headwear should be cleaned daily.

3.4.2.2. Cosmetics.

3.4.2.3. Hand, wrist and other visible jewelry.

3.4.2.4. Remove nail polish and artificial nails. Natural nails should be kept neat and trimmed.

3.4.3 Staff shall don garb starting with beard covering (if applicable), mask, hair covering, eye protection (if applicable) and then dedicated shoes or shoe covers as stepping over line of demarcation, before hand washing.

3.4.3.1. Hand washing shall be performed by first cleaning fingernails under running water using a disposable nail pick, then vigorously washing all surfaces of hands and forearms for at least 30 seconds with soap (either non-antimicrobial or antimicrobial) followed by thorough rinsing from fingertips to elbows, and drying.

3.4.4 After hand washing, a nonshedding knee length gown closed at the wrists and neck shall be donned. Prior to donning sterile gloves, antiseptic hand cleansing shall be performed using waterless alcohol-based surgical hand scrub with persistent activity.

3.4.5. After donning sterile gloves, sterile 70% isopropyl alcohol (IPA) shall be used to disinfect gloves. Gloves must be disinfected periodically throughout the compounding process and whenever nonsterile surfaces are touched.

3.4.6. When compounding is complete, gown may be reused during the work shift if not visibly soiled but other garb (including coveralls) should be removed and discarded. Gown must remain the anteroom.

3.5 Sterile compounding shall be performed in a PEC situated in an ISO Class 7

or better buffer area with at least 30 ACPHs and a minimum pressure of 0.02 inches of water. LAFW must be turned on a minimum of thirty minutes prior to compounding. Document pressure each day of use on Sterile Prep Area Daily Monitoring Log (Attachment 1).

3.5.1 Presterilization procedures such as weighing and mixing of powders API's must be completed in a powder containment hood located in no worse than an ISO Class 8 environment.

3.5.2 ISO Classified areas must be certified under dynamic conditions by an authorized service provider before first use, when adding or removing fixtures or equipment, after maintenance, and at least every 6 months.

3.5.2.1 Viable and nonviable particle sampling

3.5.2.1.1 Viable particle sampling using impaction method must include testing for bacteria and fungus using two media (TSA and MEA or other suitable fungal medium. Document lot numbers and expiration dates of media. Collect 400-1000 liters of air per sample (1000 liters preferred, especially in PEC). Report results in cfu per cubic liter. Report control sample for each medium. Document time of day sampling was performed. Results must not exceed cfu >1 ISO Class 5, cfu>10 ISO Class 7, cfu >100 ISO Class 8 or be identified as highly pathogenic (regardless of number of cfu).

3.5.2.1.2 Any cfu count that exceeds its respective action level should prompt a re-evaluation of the adequacy of personnel work practices, cleaning procedures, operational procedures, and air filtration efficiency within the aseptic compounding location. An investigation into the source of the contamination must be conducted. Sources could include HVAC systems, damaged HEPA filters, and changes in personnel garbing or work practices. The source of the problem must be eliminated, the affected area cleaned, and resampling performed.

3.5.2.2 Filter integrity

3.5.2.2.1 Filter integrity testing must be performed on HEPA filters located in ceiling and PEC every 6 months.

3.5.2.3 Air exchanges

3.5.2.3.1 ACPH must be no less than 30.

3.5.2.4 Air pressure

3.5.2.4.1 Pressure must be equal or greater than 0.2 inches of water in positive pressure area and in the range of -0.01 to -0.03 inches of water in negative pressure areas.

3.5.2.5 Smoke testing

3.5.2.5.1 Perform smoke testing on rooms initially and after maintenance or moving equipment.

3.5.2.5.2 Perform and record smoke testing under most strenuous dynamic conditions on PEC every certification cycle.

3.5.2.6 Issues with clean room certification must be investigated and documented per SOP 6.20 Variances.

3.5 Since surfaces in ISO Class 5 work areas, including Laminar Air Flow Workbenches/Hoods (LAFW's), Compounding Aseptic Isolators (CAI's), Biological Safety Cabinets (BSCs), and Compounding Aseptic Containment Isolators (CACIs) are most intimate to the exposure of critical sites, they require disinfecting most frequently. These areas will be disinfected with sterile 70% IPA on a regular basis, which includes but is not limited to:

3.5.1 The beginning of each compounding shift;

3.5.2 Immediately prior to each batch;

3.5.3 Every 30 minutes throughout the compounding shift when ongoing compounding activities are occurring;

3.5.4 After spills

3.5.5 When microbial contamination is known to have been or is suspected of having been introduced.

3.6 Temperature should be maintained at 20°C (68°F) or cooler and humidity should be maintained under 60%. Document temperature and humidity of sterile compounding area on Ante and Buffer Room Refrigerator and Daily Monitoring Log

(Attachment 3). See SOP 1.30 Nonsterile Compounding Area for excursion allowances.

3.7 ISO-classified areas must be cleaned and organized to prevent mix-ups or cross contamination. Areas must be examined for signs of rust and if found, removed immediately. Cleaning shall be performed by using germicidal detergent and water using a low lint wipe. An appropriate disinfectant must be used allowing adequate contact time. See SOP 1.25 Cleaning Procedures for current cleaning agents in use.

3.7.1 Cleaning shall be documented on Ante and Buffer Room Cleaning and Calibration Log (Attachment 2).

3.7.2 **Primary engineering control** clean and disinfect from cleanest to dirtiest (i.e. top to bottom and back to front) each day of use at the beginning of each work shift, before each batch preparation, every 30 minutes during continuous compounding, when spills occur and when surface contamination is known or suspected. Document initial cleaning and disinfection on Sterile Prep Area Cleaning Log (Attachment 5). Document subsequent cleaning and disinfection on compounding record.

3.7.2.1 Sporicide must be used at least monthly.

3.7.2.2. Excess equipment for supplies must not be kept in PEC.

3.7.3 **Buffer and ante-rooms** Cleaning and disinfection must not occur at he same time as compounding.

3.7.3.1 **Work Surfaces** – Daily

3.7.3.2 **Sink** – Daily

3.7.3.3 **Floors** – Daily. Buffer room(s) first from far wall to door folloed by ante-room from far wall to door.

3.7.3.4 **Trash** – Must be removed daily and trash containers disinfected (if present)

3.7.3.5 **Ceiling – Monthly** Buffer room(s) first from far wall to door followed by ante-room from far wall to door. Ceiling tiles must be sealed.

3.7.3.6 **Walls – Monthly** Buffer room(s) first from far wall to door followed by ante-room from far wall to door.

3.7.3.7 **Storage areas and carts – Monthly**

3.7.3.8 Document cleaning and disinfection on Ante and Buffer Room Cleaning and Calibration Log (Attachment 2)

3.8 **Equipment and Supplies** – Remove supplies from shipping containers before entering ante-room. Stage equipment and supplies by wiping with sterile 70% isopropyl alcohol using a low lint wipe before entering each different ISO area. Only supplies needed for compounding must enter the buffer room. Corrugated cardboard must not enter the buffer room and paper should be kept to a minimum. Sterile syringes and similar items packaged in paper may be opened at the edge of the PEC rather than being wiped with disinfectant.

3.9 **Environmental monitoring** using surface testing must be performed to verify cleaning and disinfection processes. Obtain media (TSA with Lecithin and polysorbate 80), document lot number and expiration date. Aseptically remove cover and touch agar to surface then replace cover. Surface samples must be taken from PECs, buffer room, ante-room, pass-thrus and gloved fingertips upon completion of sterile compounding and prior to cleaning. Minimum initial requirements are weekly for three weeks then if below action level may perform every other week. Positive and negative controls must be performed.

3.9.1 Incubate TSA with Lecithin and polysorbate 80 at 30°-35°C for 48 to 72 hours. Document results on Sterile Compounding Area Cleaning and Environmental Monitoring Log (Attachment 8). Results must not exceed 3 CFU with Gloved Fingertips or ISO Class 5 surface samples, 5 CFU in ISO class 7 or 100 CFU ISO Class 8. All growth that exceeds these limits must be identified to at least the genus level.

3.9.2 If cfu's exceed limits, a thorough cleaning and/or review of aseptic technique and manipulative skills and/or appropriate review of disinfecting of nonsterile components when introducing them into the clean room should be performed and documented according to SOP 6.20 Variances.

3.9.2.1 Any actionable levels will be brought to the pharmacist in charge, compounding activities will cease in the classified area and the following will occur:

3.9.2.1.1 The need for a recall of the preparations compounded in the area will be assessed by the pharmacist in charge

3.9.2.1.2 A triple clean of the area will be promptly completed

3.9.2.1.3 An investigation will be launched to determine the cause of the failure

3.9.2.1.4 If needed, personnel retraining will occur and be documented

3.9.2.1.5 Once resolved, the classified area will be recertified or will pass 3 surface samplings on three different days prior to any compounding activity taking place in the area. Surface sampling in the classified space will continue weekly for 3 weeks with no actionable levels before returning to normal testing intervals.

3.10 **Aseptic technique** must be used at all times when working in the PEC. Use slow purposeful movements. Avoid coughing or sneezing over the work area. Minimize talking. Avoid leaning over the work area and resting hands on the work area. Work area begins six inches from the front edge of the PEC. Ensure critical sites receive first air from HEPA filter. Do not allow hands, equipment or supplies to come between (shadow) critical sites and first air. Do not allow critical sites to touch hands or any nonsterile surface. Critical sites include, but are not limited to needles; syringe tips, inner shafts and barrels,; rubber stoppers on vials and IV bags; ad open tops of vials and beakers. Disinfect sterile gloves with 70% isopropyl alcohol every time they leave the PEC before re-entering the PEC.

3.11 Three-Time Cleaning of Controlled Environments

3.11.1 Three-time cleaning may be performed when the following conditions occur:

3.11.1.1 Before the first use and testing of a new facility

3.11.1.2 Before the introduction of new furniture or equipment into controlled environments

3.11.1.3 After action levels are exceeded occurring during environmental monitoring air or surface sampling procedures

3.11.1.4 After any maintenance work performed in the cleanroom that would compromise environmental integrity

3.11.1.5 Power outages of greater than 59 minutes affecting the primary and secondary engineering controls (effectiveness validated through environmental sampling for your pharmacy).

3.11.1.6 Additionally at the discretion of the pharmacy manager

3.11.2 Three time cleaning will be performed using a germicidal detergent for the first two cleanings with the designated sporicidal agent used for the final cleaning. The sporicidal agent is used last to increase the dwell time on surfaces.

3.11.3 The areas cleaned in a Three Time Clean, unless otherwise noted include all surfaces inside the PECs as well as all surfaces in the controlled environment (all activities of both daily and monthly cleaning).

3.11.4 Perform and document all required cleaning as detailed on the Three Time Cleaning of Controlled Environments (Attachment 6)

3.12 Certification of ISO-classified areas

3.12.1 Certification of all ISO-classified areas must be completed by an outside vendor:

3.12.1.1 Minimum of every 6 months during normal operation

3.12.1.2 When the ante or buffer room are reconfigured or the introduction/replacement of PEC/SEC/equipment

3.12.1.3 After a recertification failure

3.12.2 During the recertification:

3.12.2.1 A designated person must audit the certification using the Sterile Area Certification Compliance Audit (Attachment 7)

3.12.2.2 Technicians will imitate the most rigorous compounding activities to allow for certification to be conducted under dynamic conditions

3.12.2.3 A designated person will video document critical certification processes, such as smoke studies under dynamic conditions, for review of the pharmacist in charge

3.12.3 Upon receipt of certification documents, the pharmacist in charge or a designated agent will conduct a thorough review of the report, smoke studies and compliance audit

3.12.3.1 Any actionable levels will be brought to the pharmacist in charge, compounding activities will cease in the classified area and the following will occur:

3.12.3.1.1 The need for a recall of the preparations compounded in the area will be assess by the pharmacist in charge

3.12.3.1.2 An investigation will be launched to determine the cause of the failure

3.12.3.1.3 If needed, personnel retraining will occur

3.12.3.1.4 Once resolved, the classified area will be recertified prior to any compounding activity taking place in the area.

3.12.3.1.5 All failures must be documented using variance forms per SOP policy

4.0 References

4.1 Georgia Board of Pharmacy Regulations and Rules

4.2 USP Chapter 797 Pharmaceutical Compounding – Sterile Preparations (current version)

4.3 Policy 304.4 Cleaning and Disinfecting of the compounding facility – from Clinical IQ, LLC

5.0 Attachments

5.1 Attachment 1 – Sterile Prep Area Daily Monitoring Log

5.2 Attachment 2 – Ante and Buffer Room Cleaning and Calibration Log

5.3 Attachment 3 – Ante and Buffer Room Refrigerator and Daily Monitoring Log

5.4 Attachment 4 – Allergy Product Daily Monitoring Log

5.5 Attachment 5 - Sterile Prep Area Cleaning Log

5.6 Attachment 6 – Three Time Clean of Controlled Environments Attachment

5.7 Attachment 7 – Sterile Area Certification Compliance Audit

5.8 Attachments 8 – Sterile Compounding Area Cleaning and Environmental Monitoring Log

☐ Draft ☐ Final Approved by _____ This policy implemented on_____	Annual Policy Review Reviewer/Date _____ Reviewer/Date _____ Reviewer/Date _____

Innovation Compounding, Inc
State Shipping report 10/1/2020 -11/11-2020

Row Labels	Sum of Package
AK	25
AL	81
AR	284
AZ	95
CA	60
CO	60
CT	17
DC	5
DE	11
FL	281
GA	2183
IA	71
ID	7
IL	220
IN	20
KS	21
KY	22
LA	30
MA	12
MD	46
ME	2
MI	225
MN	15
MO	166
MS	5
MT	10
NC	216
ND	12
NJ	118
NM	23
NV	41
NY	130
OH	235
OK	66
PA	273
RI	21
SC	196
SD	1
TN	211
TX	1000
UT	27
VT	3
WA	55

- Recent FDA Inspection from 02/01/2016



U.S. FOOD & DRUG ADMINISTRATION

Atlanta District
60 8th Street, NE
Atlanta, Georgia 30309

Tel: 404.253.2282
Fax: 404.253.1202

December 30, 2016

Shawn E. Hodges, Pharm.D.
Owner
Innovation Compounding, Inc.
6095 Pine Mountain Road NW, Suite 108
Kennesaw, GA 30152-3332

Dear Dr. Hodges:

We are enclosing a copy of the Establishment Inspection Report (EIR) for the inspection conducted at your facility, Innovation Compounding, Inc., located at 6095 Pine Mountain Road NW, Suite 108, Kennesaw, GA 30152-3332, from February 1, 2016, to June 9, 2016, by the U.S. Food and Drug Administration (FDA).

This letter is not intended as an endorsement or certification of your facility. It remains your responsibility to assure compliance with the requirements of federal law, including FDA regulations.

When the Agency concludes that an inspection is "closed" under 21 C.F.R. 20.64(d)(3), it will release a copy of the EIR to the inspected establishment.

The Agency continually works to make its regulatory process and activities more transparent for regulated industry. Releasing this EIR to you is part of this effort. The copy being provided to you comprises the narrative portion of the report; it may reflect redactions made by the Agency in accordance with the Freedom of Information Act (FOIA) and 21 C.F.R. Part 20. This, however, does not preclude you from requesting and possibly obtaining any additional information under FOIA.

If there is any question about the released information, please contact Janice L. King, 843-746-2990, x16 or by email at Janice.King@fda.hhs.gov.

Sincerely,

for Ingrid A. Zambrana
District Director
Atlanta District Office
Southeast Region, Office of Regulatory Affairs
U.S. Food & Drug Administration

Enclosure: EIR

WI	36
WV	5
WY	2
(blank)	
Grand Total	**6645**

Establishment Inspection Report	FEI:	**3011752738**
Innovation Compounding Inc.	EI Start:	2/1/2016
Kennesaw, GA 30152-3332	EI End:	6/9/2016

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SUMMARY (TJH)

A CDER-directed inspection of this producer of sterile and non-sterile human and animal drug products was made per eNSpect Operation ID #14890 and a memo from CDER OUDLC dated 11/11/15 (**Attachment #5**). This inspection was performed to determine the current operational status of the firm concerning drug production.

This was the initial inspection of this firm. The current inspection included a full inspection of the firm's operations relating to the production of drug products. Products covered included Calcium Gluconate 10% Preservative Free, Allergy Scit-Epithelium (Cat, Dog, Mold, Mite, Cockroach), and Bupivacaine/ Hyaluronic Acid 1.25 mg-12 mg/ml Injectable Gel. The following records relating to the above products were also covered: production, finished product testing, labeling, prescriptions, environmental monitoring, SOPs, cleaning and maintenance, complaints, adverse events, staff training, and distribution records.

The following verbal observations were discussed with Mr. Shawn E. Hodges, Owner: 1) Failure to apply sterile foil seals to sterile finished product within an ISO-5 environment, (2) Failure to document an investigation of a high CFU count for viable air sampling, (3) Lack of environmental monitoring test results and (4) Failure to have a procedure in place regarding power outages. No Form FDA 483, Inspectional Observations, was issued. During the closeout discussion, Mr. Hodges promised some corrective actions. A physical sample of Calcium Gluconate (**866980**) was also collected to document interstate commerce, analyze for sterility, and identify particulates. Prior to the closeout of this inspection, the sample was found to be sterile and the particulates were identified as calcium gluconate with a small amount of (b) (4) There were also numerous refusals

including failure to provide copies of documents, refusal to allow photographs, refusal to provide results from previous state inspections, and refusal to provide invoices of outgoing finished product.

ADMINISTRATIVE DATA (TJH)

Inspected firm:	Innovation Compounding Inc.
Location:	6095 Pine Mountain Rd NW Ste 108 Kennesaw, GA 30152-3332
Phone:	-
FAX:	
Mailing address:	
Dates of inspection:	2/1/2016, 2/3/2016-2/5/2016 , 2/8/2016, 2/10/2016, 5/5/2016, 6/9/2016
Days in the facility:	8
Participants:	**Tamara J Henderson, Investigator** **Rachael L Cook, Investigator**

Upon arrival at the firm on 2/1/16, Investigator Rachael L. Cook and I presented our credentials, explained the purpose of the inspection, and issued an FDA-482 to Mr. Shawn E. Hodges, Owner (**Attachment #1**) who identified himself as the most responsible individual at the firm. On 5/5/2016, a second FDA-482 was issued to Mr. Shawn E. Hodges, Owner (**Attachment #2**). A second 482 was issued during the inspection as additional time and inter-agency communication was needed to review and discuss pertinent information during the firm's ongoing audit.

On 6/9/16, we held a closeout meeting and issued another FDA-482 to Mr. Shawn E. Hodges (**Attachment #3**), who also signed Form FDA-463a (**Attachment #4**).

The author of each section in this report will be indicated by the Investigator's initials in each heading.

HISTORY (TJH)

Innovation Compounding Inc. opened in 2007 in the state of Georgia and does not have a parent corporation or any subsidiaries. According to Mr. Hodges, the firm has been producing sterile and non-sterile drug products since 2007. Prior to 6/2010, the firm was located at 431 Commerce Park Drive in Marietta, GA. The firm is not registered as a human and animal drug manufacturer.

Hours of operation for the firm are:
Monday – Thursday, 9:00AM - 6:00PM
Friday, 9:00AM – 5:00PM

Establishment Inspection Report	FEI:	**3011752738**
Innovation Compounding Inc.	EI Start:	2/1/2016
Kennesaw, GA 30152-3332	EI End:	6/9/2016

All FDA correspondences should be addressed to:
Mr. Shawn E. Hodges, Owner
6095 Pine Mountain Rd NW Ste 108
Kennesaw, GA 30152-3332

INTERSTATE COMMERCE (RLC)

Innovation Compounding Inc. ships both non-sterile and sterile drug products out of the state of Georgia. Mr. Hodges estimated that (b) (4) of drug products stay within the state of Georgia while (b) (4) are shipped outside of the state. (b) (4) Drug products are shipped to nearly all fifty states and the complete "States of Licensure" list can be found under the MANUFACTURING/DESIGN OPERATIONS section of this report under subsection "*Phase II: Determining the Nature of the Firm's Operations and Product*". Mr. Hodges said that no drug products are (b) (4).

The (b) (4) of the firm's raw materials and APIs include:

- (b) (4)
- (b) (4)
- (b) (4)

No shipping documents were collected because the firm refused to allow us to make copies of such documents.

JURISDICTION (TJH)

Innovation Compounding Inc. is a producer of sterile and non-sterile human and animal drug products. Due to the firm's refusal to provide any documents, we were unable to collect a list of products and corresponding production sheets. However, Investigator Cook compiled a list of products produced between (b) (4), see the subsection below titled "Phase II: Determining the Nature of the Firm's Operations and Product" under heading MANUFACTURING/DESIGN OPERATIONS for the compiled list of products produced by the firm. We randomly reviewed a substantial amount of prescriptions from the firm's production log covering the time period (b) (4) (b) (4) and confirmed that all drugs produced had corresponding prescriptions.

Promotional Materials:
According to Mr. Hodges, Innovation Compounding Inc. promotes its products through (b) (4) (b) (4) and through their website, http://innovationcompounding.com/.

INDIVIDUAL RESPONSIBILITY AND PERSONS INTERVIEWED (RLC)

Shawn E. Hodges, Pharm.D., President, CEO, and Owner – Mr. Hodges is the President, CEO, and Owner of Innovation Compounding Inc. He identified himself as the most responsible individual at the firm and this was evident as all other employees reported to Mr. Hodges and followed his instructions. Mr. Hodges has the duty, power, and responsibility to implement corrective actions in response to any deficiencies. He oversees operations and the direction of the firm. Mr. Hodges is responsible for overseeing SOP development and has the final approval authority of all SOPs and firm policies. Mr. Hodges assisted Investigator Henderson and I during the inspection by providing us with documents to review, answering questions related to sterile and non-sterile drug production, drug products, and SOPs. He also accompanied us as we observed aseptic drug production and toured the facility. Mr. Hodges refused to allow us to remove copies of documents reviewed onsite from the premises and refused to allow us to review the most recent inspection report from the Georgia State Board of Pharmacy.

John L. Woods, II, Pharm.D., Director of Sterile Compounding – Mr. Woods goes by the name of Lou Woods and is the Director of Sterile Compounding at Innovation Compounding Inc. He oversees all sterile drug operations and is responsible for supervising the pharmacy technicians who perform sterile drug production, maintaining and updating all SOPs related to sterile drug production, performing verification of sterile drug production logs, and inspecting all sterile drug products before they are released for dispensing to patients. Mr. Woods has the duty and responsibility to ensure that all sterile products released are of the quality purported. Mr. Woods assisted us by answering questions related to aseptic drug production, the clean room, sterile drug products, and all related SOPs. He also provided records for onsite review and accompanied us as we observed aseptic drug production and toured the facility.

Truman Mitchell Bell, Pharm.D., VP Pharmacy Operations – Mr. Bell goes by the name of Mitchell Bell and is the Vice President of Pharmacy Operations at Innovation Compounding Inc. He is involved in both non-sterile and sterile drug production operations. Mr. Bell manages daily drug production activities at the firm and helps develop new products. Mr. Bell assisted us by answering questions related to drug production and by providing records for onsite review. He accompanied me on my tour of the non-sterile drug production area and answered all of my questions related to non-sterile drug production.

FIRM'S TRAINING PROGRAM (RLC)

New employees of Innovation Compounding Inc. undergo a (b) (4) training program in which they are taught (b) (4) how to properly (b) (4) and how to (b) (4) Each employee must demonstrate that they are proficient in (b) (4) before they are allowed to do so independently. This assessment is documented by a training pharmacist. Additionally, (b) (4) the employee (b) (4) before the employee can produce that (b) (4) for patients. The products the employee produces

are sent to a (b) (4) In one instance I noted that an employee had (b) (4) but reviewed the follow-up documentation showing that the employee was retrained and a (b) (4) employees undergo this (b) (4) (b) (4)

Employees (b) (4) undergo (b) (4) training through (b) (4) (b) (4) in (b) (4). I reviewed SOP 1.60 Orientation and Training and confirmed that (b) (7)(C), (b) (6) Sterile Drug Production Pharmacy Technician, had completed all of the training outlined in the SOP, including (b) (4) Additionally, Pharmacy Technician (b) (4). I did not note any deficiencies with the training I reviewed for (b) (4) Pharmacy Technicians. All training was up-to-date and appeared sufficient for the duties performed.

MANUFACTURING/DESIGN OPERATIONS

The format for this section of the report will follow the CDER memo dated 11/11/2015 **(Attachment #3).**

Phase I: Visual Inspection/Interview (TJH)

Aspetic Technique/Potential for Mix-ups
On 2/4/16, we observed aseptic processing of "Bi-Mix" (Papaverine/phentolamine) Lot: 02012016@87. The firm uses sterile gowns, gloves, and wipes. No major deficiencies were noted, however the following minor concerns were observed: after processing and the removal of finished product the technician stuck [redacted] head under the hood and sterile foil seals were applied to the sterile finished product outside of an ISO-5 environment after the rubber vial stoppers were previously punctured.

Process and Facility Design
The facility was adequate with a classic clean room design that included an (b) (4) and (b) (4) with an ISO-5 Laminar Flow Hood. See **Attachment #6** for an illustration of the firm's clean room. The HEPA filters appeared to be in good condition with no damage, dirt, or discoloration noted. There were also no signs of filth, dirt, mold/mildew, insects, or other debris in the clean room. We reviewed the firm's cleaning SOP and cleaning logs for sterile drug production areas with no significant discrepancies noted. The firm uses (b) (4) (b) (4) and (b) (4) and (b) (4)

The firm's clean room area is currently certified every (b) (4) in (b) (4) Prior to 10/2015 the firm used (b) (4) for the certification of their clean room. Upon review of the certification for (b) (4) we noted that the certification report lacked documentation that smoke studies were performed and

HEPA filter integrity testing was conducted in the (b) (4) and (b) (4) room. During the inspection, Mr. Hodges was unaware of why the smoke study and HEPA filter testing was not conducted and/or documented. Mr. Hodges later contacted (b) (4) and stated that he was informed that the smoke studies were not conducted because smoke under the hood will contaminate the clean room. In addition, he stated that the (b) (4) told him that since viable and nonviable testing was performed under the hood a smoke study was not needed. Mr. Hodges stated he was not 100% sure if the contractors reasoning for not conducting the smoke study was accurate and will continue to research the justification. However, at the conclusion of the inspection Mr. Hodges did not have an adequate justification as to why the certification reports lacked any smoke study and HEPA filter integrity testing documentation.

Environmental and Personnel Monitoring

Viable and Non-viable Air Sampling is currently performed by (b) (4) (b) (4) The firm conducts (b) (4) surface and fingertip sampling (b) (4) onsite. We reviewed the testing results for personnel samples and no adverse trends were identified.

Product Inspection

Most of the firm's sterile products are packaged in glass vials, but the firm also pre-fills syringes of Bupivacaine Hyaluronic Acid. We examined the firm's inventory of about (b) (4) anticipatory products and found that about 25% of the firm's stock inventory of Calcium Gluconate lot#10022015@4 contained white particulates (**Exhibit #1**). We collected 25 out of (b) (4) of Calcium Gluconate (866980) to be analyzed for sterility and identification of the particulates. See the heading below titled "SAMPLES COLLECTED" for additional information related to the sample.

Mr. Hodges stated that the firm performs 100% visual checks of the finished product prior to distribution. However, he stated that he had never seen the white particulates in the sterile vials before. Minutes later, Mr. Hodges provided a product information sheet from (b) (4) that states that the Calcium Gluconate Injection, USP 10% may exhibit visible particles and if crystallization occurs, (b) (4) (**Exhibit #2**). Mr. Hodges stated that in the future, he plans to include a (b) (4) (b) (4)

Equipment, Containers, and Closures

The firm uses (b) (4) to sterilize and depyrogenate their glassware at (b) (4) for (b) (4) Following depyrogenation the glassware is labeled with the depyrogenation date and if the glassware is not used within (b) (4) I reviewed the glassware depyrogenation records and no major deficiencies were noted. However, the firm has not validated a (b) (4) for the depyrogenation of the glassware in the (b) (4)

Phase II: Determining the Nature of the Firm's Operations and Product (RLC)

Establishment Inspection Report	FEI:	3011752738
Innovation Compounding Inc.	EI Start:	2/1/2016
Kennesaw, GA 30152-3332	EI End:	6/9/2016

Nature of Firm's Activities

Initially we reviewed the complete log of all products (sterile and non-sterile) that the firm produced between (b)(4). The firm was unable to provide a complete list of all sterile products they produce because they make many variations of the same products and said they do not have any such list. I compiled the following product list based on the sterile products listed in the (b)(4) drug production log:

Innovation Compounding Inc. Sterile Product List

Drug Name/Strength (if Applicable)
Acetylcysteine (*PF) 100 mg/mL injectable
Allergy SCIT-Epithelium (CAT/DOG)-Mold-Mite & Cockroach
Allergy SCIT-HMR Stand Plus; 5 vial-10 fold injectable
Allergy SCIT-HMR Standard Mix – 6 vial liquid
Allergy SCIT-HMR Standard Mix; 5 vial-10 fold injectable
Allergy SCIT-Southeastern Coastal Plain; 5 vial-10 fold
Ascorbic Acid (PF) 250 mg/mL injectable
Bupivacaine/Hyaluronic acid 1.25 mg-12 mg/ml Injectable Gel
Buprenorphine 0.3 mg/mL (PF) injectable
Calcium Chloride (PF) 100 mg/mL inj. soln.
Chorionic Gonadotropin 1000 U/ML injectable
Cyanocobalamin (B12) 1000 mcg/ml injectable
Dexpanthenol 250 mg/mL (PF) injectable
Dimethyl Sulfone (MSM) PF 15% Injectable
DMSO 99.9% Injectable
Folic Acid (PF) 5 mg/mL injectable
Glutathione (PF) 200 mg/mL injectable

Hyaluronic acid NA Salt 120/50 mL injectable
Hydroxycobalamin (PF) 1 mg/mL injectable
Levocarnitine 100 mg/ml injectable
Lidocaine 2% Injectable
Magnesium Chloride (PF) 20% Injectable
Methionine/Inositol/Choline CL/B12 15 mg-50 mg-100 mcg-100 mcg
Methylcobalamin 1 mg/mL inj soln
PAP/PHEN 30-1 mg/mL injectable
PAP/PHEN/PGE 12-1-40 injectable PAP/PHEN/PGE 15-0.5-5 mcg/mL injectable PAP/PHEN/PGE 30-2-20mg/ml Injectable PAP/PHEN/PGE 40-3-40 mg/mL injectable
PAP/PHEN/PGE/Atropine 30-2-20-0.15 mg/ml injectable
Phosphatidylcholine 5% injectable
Pre-Pen Kit: Penicillin Testing Dry Goods Kit Contains: Pre-PEN ampule, Histamine 1 mg (made by Innovation Compounding Inc.), NaCl 0.9% (made by Innovation Compounding Inc.), one amoxicillin capsule (250 mg); four 27 ½ G needles, several alcohol prep pads, stickers for labeling injection sites, reaction guide, five skin test devices ((b) (4)), penicillin G (made by Innovation Compounding Inc.) Labeled AllerScripts Pre-Pen Kit
Prostaglandin 20 mcg/ml injectable
Pyridoxine HCl 50 mg/mL injectable
Pyridoxine HCl (PF) 100 mg/mL injectable
Selenium (PF) 1 mg/mL Injectable

Super B Complex:VITC; B1; B2; B3; B5: CYA-B12 + MIC + LIDO
Testosterone Cypionate 100 mg/mL injectable
Testosterone Cypionate (Sesame Oil) 200 mg/mL Injectable
Vitamin D 200,000 IU/ML injectable
Water for Injection

*PF – Preservative Free

The firm was unable to include patient names on the log of products produced over the (b) (4) period because their (b) (4) (b) (4) The list of products produced over the (b) (4) period included such information as drug name, strength, lot number, and date produced. I reviewed the (b) (4) log and randomly selected sterile drugs produced by the firm which I matched up with their corresponding prescriptions. All products selected at random had patient-specific prescriptions.

Upon returning to the firm on May 5, 2016, we requested to review the (b) (4) log of all sterile products produced between (b) (4) and the corresponding prescriptions for the products. The firm reiterated that the (b) (4) they use would not allow them to (b) (4) They provided us with a list of all sterile prescriptions distributed between (b) (4). This list included information such as the drug name, strength, patient name, physician name, and date filled. Investigator Henderson and I reviewed the log in its entirety and found no evidence that any sterile product had been dispensed for office-use. It appears that the firm only produces drug products pursuant to patient-specific prescriptions.

The firm did not allow us to collect copies of any documents, so we were unable to collect the (b) (4) (b) (4) production log and patient-specific prescriptions.

The firm reported that they have only received one report of an adverse event since they opened. This complaint was made regarding injectable Testosterone Cypionate 250 mg/mL lot number 07142015@6. I reviewed the complaint, the patient's prescription, the batch record, the variance report, and the investigation performed by the firm. The male complainant reported that after receiving an injection he experienced redness and tenderness at the injection site. I reviewed the batch record and found that the product passed all in-house tests as well as the sterility test performed by the contract laboratory. The batch was produced on 7/14/2015, totaled (b) (4) and had been divided into (b) (4) The patient had a valid prescription for the product and his prescription was filled on 7/28/2015. A variance report was initiated on 8/17/2015 and it stated that the complaint would be investigated within 72 hours. The complaint investigation stated that, "The pharmacist reviewed the patient's prescription and determined that the patient was using 250 mg/mL in sesame oil and that may be the cause for the patients complaints. He determined that

the 200 mg/mL may be another option for the patient to try." The complaint investigation made no mention of whether the batch record or sterility test results were reviewed. There were no other complaints associated with the use of the product.

The SOP covering complaints does not describe specifically which types of adverse events should be referred to the FDA but it did mention that adverse events should be reported to the State and the FDA. The adverse event that was reported for the testosterone injection was not reported to the State or the FDA.

The firm routinely produces some of their most commonly ordered sterile products in advance of receiving prescriptions. While in the firm's prep room, Investigator Henderson and I observed approximately (b) (4) products on the shelves that had been previously prepared. According to Mr. Hodges they don't like to let sterile products sit on the shelf for more than (b) (4) but the average is (b) (4) The firm assigns an expiration date of up to 365 days and tests their products using a potency over time in-house program to determine BUD and expiration dates.

The firm receives and fills approximately (b) (4) and approximately (b) (4) of these orders are for sterile drug products. Mr. Hodges said that they typically produce (b) (4) sterile drug products each day. Sterile drug production usually only takes place on (b) (4) The highest volume sterile products produced over the previous (b) (4) (b) (4) are (b) (4)

Batch sizes vary greatly depending upon the product and the demand but can range from (b) (4) (b) (4) Innovation Compounding Inc. holds licenses in many states. Please see table below for a complete listing of state licensure:

States of Licensure

State	License Type
Alabama	Non-Resident Pharmacy
Arizona	Pharmacy
Arkansas	Retail Pharmacy License
California	Non-Resident Pharmacy
Colorado	Prescription Drug Outlet-out-of-State
Connecticut	Non-Resident Pharmacy
Delaware	Non-Resident Pharmacy Controlled Substances
Florida	Pharmacy

	Non-Resident Sterile Compounding
Georgia	Retail Pharmacy
Idaho*	Mail Service Pharmacy
Illinois	Licensed Pharmacy Licensed Controlled Substance
Indiana	Non-Resident Pharmacy
Iowa	Non-Resident Pharmacy
Kansas	Non-Resident Pharmacy
Kentucky	Out-of-State
Maine	Mail Order Pharmacy
Maryland	Pharmacy
Michigan	Pharmacy Controlled Substance-Facility
Mississippi	Pharmacy Facility
Missouri	Pharmacy
Montana	Mail Order Pharmacy
Nevada	Pharmacy
New Jersey	Out of State Pharmacy
New Mexico	Pharmacy Controlled Substance-Facility
New York	Pharmacy-Out-of-State
North Carolina	Pharmacy

North Dakota	Pharmacy
Ohio	Non-Resident Pharmacy-Category Three (May distribute controlled substances)
Oklahoma**	Non-Resident Pharmacy
Rhode Island	Pharmacy-Non-Resident Controlled Substance Pharmacy-Non-Resident
South Carolina	Non-Resident Pharmacy
South Dakota	Compounding Only Nonresident Pharmacy
Tennessee	Pharmacy
Texas	Non Resident Sterile Compounding Pharmacy
Utah	Pharmacy Dispensing Controlled Substance Pharmacy-Class D (Out-of-state mail order)
Vermont	Non-Resident Pharmacy
Washington	Pharmacy Non-Resident
West Virginia	Mail-Order Distributor
Wisconsin	Pharmacy
Wyoming	Non-Resident Pharmacy Business Controlled Substance License

*License expired 6/30/2014 **License expired 9/30/2015

None of the states in which Innovation Compounding Inc. is licensed have taken disciplinary actions against the firm nor is the firm operating under restrictions imposed by any of the above states. Mr. Hodges reported that Innovation Compounding Inc. (b)(4) (b)(4) (b)(4) After reviewing the firm's records, no evidence was discovered to suggest otherwise.

The firm employs the services of a contract laboratory to test its sterile drug products for sterility, endotoxins, and potency. The firm is currently using (b)(4)

(b)(4) as their contract laboratory. The firm verifies all test results from (b)(4) before releasing a product from quarantine for distribution. According to the firm's SOP 4.30 V 2.0 Sterile Preparations, "Any positive results shall prompt a rapid and systematic investigation of aseptic technique, environmental control and other sterility assurance controls to identify sources of contamination and correct problems in methods or processes." The SOP dictates that upon receipt of a positive result the pharmacist in charge should be immediately notified, the investigation will be documented according to the Variances SOP, and the disposition of the sterile compounded preparation will be documented. These results are to be retained for a (b)(4) and the Sterility Preparation Compliance Log should be filled out. Mr. Hodges reported that since opening, the firm has not had any positive results so we were unable to determine whether the firm conducts such investigations.

Innovation Compounding Inc. keeps a binder with information about their contract laboratory. Mr. Hodges reports that the firm has not audited (b)(4) but that they have a quality agreement in place which outlines the laboratory's responsibilities, the procedures and testing processes they employ, and all methods and equipment that are used for testing. Mr. Hodges reported that the laboratory claimed they were registered with the FDA and admitted that that was one of the factors that helped him decide to use the laboratory. Investigator Henderson explained to Mr. Hodges that just because a firm is registered with the FDA does not mean the firm is compliant with FDA regulations or even that they have been inspected by the FDA.

Innovation Compounding Inc. primarily performs sterile and non-sterile drug production. Mr. Hodges reported that approximately (b)(4) of the firm's sales are from (b)(4) (b)(4) is from drugs produced by the firm. Nearly all of the firm's sterile products are produced, at least in part, using non-sterile ingredients. All sterile products the firm produces undergo (b)(4) for (b)(4) A review of batch records and a visual inspection of raw ingredient containers indicated that the firm is using all ingredients within their expiration date.

I inspected all raw ingredients in the sterile and non-sterile drug production areas as well as the (b)(4) production log and found no evidence that the firm produces any products that appear on the "Drug Products Withdrawn or Removed from the Market for Reason of Safety and Effectiveness" list. The only ingredient I found in the facility that appears on the list is tetracycline. When I requested that the firm run a report of all products they have compounded with tetracycline the firm explained that a prescriber requested that they make Magic Mouthwash for a patient. The pharmacy ordered the ingredients (including tetracycline) but the patient never brought the prescription to the pharmacy so the tetracycline was never used. I did not see any evidence that the firm produces products containing ephedra or domperidone.

Product and Process Risks
The firm produces products with beyond use dates that exceed the following criteria:

- Preservative-free products that have beyond use dates that exceed 24 hours at room temperature or 3 days at refrigerated conditions.

- Products with preservative that have beyond use dates that exceed 48 hours at room temperature, or 14 days at refrigerated conditions, or 45 days at frozen conditions.

The following table shows some examples of preservative-free products produced by the firm as well as the assigned beyond-use-dates.

Examples of Preservative Free Sterile Products and Assigned Beyond Use Dates

Drug	Date Produced	Beyond Use Date Assigned by Firm	Storage Recommendations on Product Label
Ascorbic Acid (PF) 250 mg/mL injectable	11/24/2015	3/23/2016	Refrigerate (2-8C)
Buprenorphine 0.3 mg/mL (PF) injectable	11/23/2015	1/07/2016	45 days frozen (-25C-10C) 72 hours refrigerated (2C-8C) Beyond Use Date 1/07/2016 Frozen or 72 hours from initial thawing of vial
Calcium Chloride (PF) 100 mg/mL inj. soln.	11/17/2015	1/01/2016	45 days frozen (-25C-10C) 72 hours refrigerated (2C-8C) Beyond Use Date: 01/01/2016 frozen or 72 hours from initial thawing of vial
Calcium Chloride (PF) 100 mg/mL inj. soln.	11/19/2015	3/18/2016	Could not relocate Logged Formula Worksheet
Dexpanthenol 250 mg/mL (PF) Injectable	11/24/2015	5/22/2016	Room Temp (67-77F)
Glutathione (PF) 200 mg/mL injectable	11/04/2015	2/02/2016	Refrigerate (2-8C)
Glutathione (PF) 200 mg/mL injectable	12/29/2015	3/28/2016	Vial label not attached to logged formula worksheet
Glycine (PF) 50 mg/mL injectable	12/18/2015	4/16/2016	Room Temp. (67-77F)
Hydroxycobalamin (PF) 1 mg/mL injectable	11/23/2015	3/22/2016	Refrigerate (2-8C)
Magnesium Chloride (PF) 20% injectable	11/17/2015	3/16/2016	Room Temp. (67-77F)
Magnesium Chloride (PF) 20% injectable	11/18/2015	1/02/2016	45 days frozen (-25C-10C) 72 hours refrigerated (2C-8C) 01/02/2016 frozen or 72 hours from initial thawing of vial
Pyridoxine Hydrochloride (PF) 100 mg/mL injectable	11/25/2015	2/23/2016	Room Temp (67-77F) Protect from light

Selenium (PF) 1 mg/mL injectable	11/30/2015	1/14/2016	Frozen for 45 Days (-25-10C) or 72 hours refrigerated (2-8C) from initial thawing of vial
Selenium (PF) 1 mg/mL injectable	11/16/2015	12/31/2015	Frozen for 45 Days (-25-10C) or 72 hours refrigerated (2-8C) from initial thawing of vial
Taurine (PF) 50 mg/mL injectable	12/18/2015	4/16/2016	Room Temperature (67-77F)

As previously mentioned, the firm is producing sterile products from non-sterile components. The firm does not lyophilize drug product. The firm uses commercially available products within the products' approved labeling and time limitations. They try to avoid (b) (4) whenever possible but (b) (4) this information is captured by their (b) (4) so they are able to easily see which lots were used.

Complaints and Adverse Events

As previously mentioned, the firm has only received one report of an adverse event which was associated with injectable testosterone cypionate. Please see "Nature of Firm's Activities" above under the subsection titled "Phase II: Determining the Nature of the Firm's Operations and Product" under heading MANUFACTURING/DESIGN OPERATIONS for a detailed description of the complaint and the firm's handling of the complaint. All units of this lot that were dispensed appeared to have valid prescriptions and no other complaints were associated with the lot.

The firm has a recall procedure in place that would allow them to recall any finished drug product or products that used a particular lot of a recalled ingredient. The recall procedure appeared sufficiently detailed to facilitate an efficient recall. However, the recall procedure did not require that the firm notify the FDA of all drug recalls. Mr. Hodges reported that the firm has not conducted any drug recalls since opening.

Phase III: Product-Specific Inspection and Record Review (TJH)

Product Stability

The firm assigns expiration dates up to 365 days beyond what is recommended by USP. (b) (4) the firm sends samples from each sterile batch produced to be tested for sterility. Mr. Hodges stated that he assigns extended BUDs past the USP 797 recommended dates using a (b) (4) program. He also stated that USP 797 states that BUD determination is done via product-specific experimental studies using TLC, HPLC, and titration methods, which are potency related methods and not sterility studies. I reviewed the firm's (b) (4) results for several of their products and no deficiencies were noted.

Validation of Sterilization Methods

The firm uses (b) (4) is only used for (b) (4) and all other products utilize (b) (4) The firm uses

(b) (4) and (b) (4) (b) (4) during (b) (4) I reviewed the firm's documentation for their trials (validation data) and distributed products utilizing (b) (4) in which they do not document and track their (b) (4). However, the lot # and expiration date of both the (b) (4) (b) (4) used in each sterilization (b) (4) are documented. In addition, the (b) (4) used for (b) (4)

I also reviewed the firm's records utilizing (b) (4) and incoming acceptance procedures with no deficiencies noted. The firm conducts a (b) (4) for each batch.

The firm conducts a validation study on all of their finished products before distributing. The validation protocol entails (b) (4) as well as performing a (b) (4) The firm employs the services of (b) (4) to (b) (4) (b) (4) performs the (b) (4) respectively. Following the review of all the test results, Innovation Compounding Inc. will then begin distribution if all the results are adequate.

Hold Times

The firm produces Bupivacaine Hyaluronic Acid (BP-HA), which is an injectable gel that is packaged into a syringe. The final production step of (b) (4) at (b) (4) (b) (4) the firm sends out samples of the finished product for endotoxin and sterility testing before distribution. In effort to support the (b) (4), the firm performs a (b) (4). I reviewed the firm's sterility, endotoxin, and (b) (4) with no deficiencies noted.

Equipment, Containers, and Closures

The firm uses (b) (4) to sterilize and depyrogenate their glassware at (b) (4) for (b) (4) Following depyrogenation the glassware is labeled with the depyrogenation date and if the glassware is not used within (b) (4) I reviewed the glassware depyrogenation records and validation study and no major deficiencies were noted. However, the firm has not validated a (b) (4) for the depyrogenation of the glassware in the (b) (4)

Record Review Facility Wide

I reviewed the firm's assay, sterility, and endotoxin test results with no deficiencies noted. Mr. Hodges stated that he has never had any OOS or failing results. We also watched the video of the smoke study performed under dynamic conditions by (b) (4) on (b) (4) with no discrepancies noted.

The firm only performs onsite monitoring of temperature (b) (4) humidity (b) (4) pressure differential (b) (4) (b) (4) surface sampling (b) (4) and fingertip sampling (b) (4). We reviewed the procedures and records for the firm's onsite environmental and personnel monitoring with no significant trends noted.

The firm's clean room area is currently certified every (b) (4) in (b) (4) in which the last recertification occurred on (b) (4) and there were no HEPA filter, viable, or non-viable failures detected. Mr. Hodges stated that USP 797 only requires non-viable and viable to be conducted every 6 months. He said that he is not required to monitor viable, non-viable, and total particulates daily. Upon review of the firm's recertification report by (b) (4) (b) (4) I found that the Laminar Flow Hood had a viable air sampling test result of 2 CFU/m^3. The action level for viable air sampling is (b) (4) I asked Mr. Hodges to provide any documentation relating to the investigation of the failed viable air sampling test and he was unable to provide any follow-up information relating to the high CFU count of the Laminar Flow Hood.

The clean room is disinfected (b) (4) (b) (4) (b) (4) I also reviewed the manufacturer's efficacy data, in which they demonstrated that the (b) (4) (b) (4)

REFUSALS (TJH)

The following refusals were encountered during the inspection of Innovation Compounding Inc.:

- Refusal to permit review of sales or shipping records (outgoing finished product)
- Refusal to permit photography
- Refusal to provide copies of all documents related to the manufacturing and distribution of sterile and non-sterile drug products.
- Refusal to permit review of the State Board of Pharmacy's inspection reports

GENERAL DISCUSSION WITH MANAGEMENT (TJH)

At the conclusion of the inspection we had a meeting with Shawn E. Hodges – Owner, John L. Woods – Director of Sterile Compounding, Truman M. Bell – VP of Pharmacy Operations, Stephen T. Snow – Attorney, and Robert W. Stannard – Attorney. An FDA 483, Inspectional Observations, was not issued.

The following verbal observations were discussed with management: (1) Failure to apply sterile foil seals to sterile finished product within an ISO-5 environment, (2) Failure to document an investigation of a high CFU count for viable air sampling, (3) Lack of environmental monitoring test results and (4) Failure to have a procedure in place regarding power outages. Management agreed with most of the above observations and promised corrective actions.

SAMPLES COLLECTED (TJH)

Establishment Inspection Report	FEI:	**3011752738**
Innovation Compounding Inc.	EI Start:	2/1/2016
Kennesaw, GA 30152-3332	EI End:	6/9/2016

During this inspection a physical sample of Calcium Gluconate (866980) was also collected to document interstate commerce, analyze for sterility, and identify particulates. Prior to the closeout of this inspection, the sample was found to be sterile and the particulates were identified as mainly composed of calcium gluconate with a small amount of (b) (4)

ATTACHMENTS (TJH)

1.	FDA-482 dated 2/1/16, issued to Shawn E. Hodges, Owner (3 pages)
2.	FDA-482 dated 5/5/16, issued to Shawn E. Hodges, Owner (3 pages)
3.	FDA-482 dated 6/9/16, issued to Shawn E. Hodges, Owner (3 pages)
4.	Copy of FDA-463a dated 6/9/16 signed by Shawn E. Hodges, Owner; Original attached to Sample CR # 866980 (2 pages)
5.	Memo from CDER dated 11/11/15 with Assignment Details (24 pages)
6.	Illustration of Clean Room and Prep Room (1 page)

EXHIBITS COLLECTED (TJH)

1.	Pictures of Calcium Gluconate, lot# 10022015@4 (2 pages)
2.	(b) (4) (1 page)

Tamara Henderson

Digitally signed by Tamara Henderson
DN: cn=Tamara Henderson, o=IB, ou=FDA/ORA, email=Tamara.Henderson@fda.hhs.gov, c=US
Date: 2016.08.26 12:12:43 -04'00'

Tamara J. Henderson, Investigator

Rachael L. Cook -S

Digitally signed by Rachael L. Cook -S
DN: c=US, o=U.S. Government, ou=HHS, ou=FDA, ou=People, 0.9.2342.19200300.100.1.1=2001783739, cn=Rachael L. Cook -S
Date: 2016.08.26 12:13:28 -04'00'

Rachael L. Cook, Investigator

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility
■ Ambulatory Surgical Center (ASC)
☐ Recovery Center (RC)

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*	_____	☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Kidney Specialists Surgical Center

Physical Address: 7326 W. Cheyenne Ave, Ste. 110

City: Las Vegas State: NV Zip: 89129

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-258-0078 Fax: 702-870-0731

Contact Email: awestgarth@ksosn.com Website www.ksosn.com

Nevada Business License # NV19761002452

Employed/Contracted Pharmacist Name: Mary Grear NV Pharmacist License #: 10687

Medical Director Name: Venugopal Botla, MD

Days of Operation

■ Monday	■ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): Bernstein, Pokroy, & Lehrner, LTD

Corporation/Organization Name: Kidney Specialists Surgical Center

Mailing Address: 500 S. Rancho Drive, Ste. 12

City: Las Vegas State: NV Zip: 89106

Telephone: 702-877-1887 Email: awestgarth@ksosn.com

Contact Person Name: Alvia Westgarth

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ■ Yes ☐ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Mary Grear, RPh NV Pharmacist License #: 10687

As the employed/contracted pharmacist, for (ASC/RC Name): Kidney Specialists Surgical Center :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
4/24/2002	May 2002	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
02-036-RPH-S	NV State Board of Pharmacy

Reason/Charge
Complaint concerning records of PRN,Inc

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Mary Grear	

Name of Business/Industry/Entity
PRN, Inc

Provide explanation below:

A complaint was made concerning grants made by the Board of Pharmacy to PRN, Inc to Mary Grear, Executive Divector. The Board of Pharmacy sent notice of a request for hearing to the wrong mailing address even though the correct address was on file at the Board Office. This resulted in my not being aware that I needed to appear until after the Board Meeting. I subsequesntly prepared the requested documents and submitted them to the Board Auditors who found no discrepencies in the funds granted by the Board of Pharmacy to PRN and the expense record under my administration. A rehearing was held and the case was closed finding all monies were accounted for the PRN, Inc grants.

Mary Grear, RPh
Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

5/25/2022
Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Venugopal Botla

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Venugopal Botla — 5-27-22

Original signature of Authorized Person (copies or stamps not accepted) — Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓

Effective Date : 01/01/2022
Expiration Date : 12/31/2022

State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health

License Number
9086-ASC-3

Please display tl

This license wa
licensing syster
VALID BY
nvdpbh.aithen
License Verific
Inspection Repc
up by licens
Number) to verif

Should you hav
Name, Adminis
of Ownership o
https://nvdpbh.

This Is To Certify That

KIDNEY SPECIALISTS SURGICAL CENTER

7326 W. CHEYENNE AVENUE SUITE 110
LAS VEGAS, NV 89129

Is hereby licensed as a(n)

SURGICAL CENTER FOR AMBULATORY PATIENTS

as provided for in Chapters 439 and 449 of the Nevada Revised Statutes and the Nevada Administrative Code and the standards, rules and regulations adopted by the Board of Health.

This facility is licensed to provide the following:

Facility Type : SURGICAL CENTER FOR AMBULATORY PATIENTS

Endorsement : CLASS - B

Bed Information : Medical/Surgical Beds - 5,Operating Room - B - 2

JENNIFER L EVANS / Administrator

ALL OWNERS <5%

Lisa Sherych / Administrator

If your license is
Please contact u
that we may res

4096

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BERNSTEIN, POKROY & LEHRNER, LTD.**, as a DOMESTIC PROFESSIONAL CORPORATION (89) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/28/1976, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/26/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202205262696819
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

BERNSTEIN, POKROY & LEHRNER, LTD.

Nevada Business Identification # NV19761002452

Expiration Date: 04/30/2023

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/14/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202204142582727
You may verify this certificate online at http://www.nvsos.gov

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

BERNSTEIN, POKROY & LEHRNER, LTD.

Entity Number:

C1579-1976

Entity Type:

Domestic Professional Corporation (89)

Entity Status:

Active

Formation Date:

04/28/1976

NV Business ID:

NV19761002452

Termination Date:

Perpetual

Annual Report Due Date:

4/30/2023

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

HOWARD & HOWARD ATTORNEYS PLLC

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Commercial Registered Agent

NV Business ID:

NV20131013456

Office or Position:

Jurisdiction:

NEVADA

Street Address:

3800 HOWARD HUGHES PKWY STE 1000, LAS VEGAS, NV, 89169, USA

Mailing Address:

Individual with Authority to Act:

JAMES KOHL

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
President	SYED SHAH M.D.	500 SOUTH RANCHO DRIVE, SUITE 12, Las Vegas, NV, 89106, USA	03/31/2020	Active
Secretary	VIVEK VEERAPANENI M.D.	500 SOUTH RANCHO DRIVE SUITE 12, Las Vegas, NV, 89106, USA	03/31/2020	Active
Director	SYED SHAH M.D.	500 SOUTH RANCHO DRIVE, SUITE 12, Las Vegas, NV, 89106, USA	03/31/2020	Active
Treasurer	JAY CHU M.D.	500 SOUTH RANCHO DRIVE, SUITE 12, LAS VEGAS, NV, 89106, USA	04/08/2019	Active

Page 1 of 1, records 1 to 4 of 4

CURRENT SHARES

Class/Series	Type	Share Number	Value

No records to view.

Number of No Par Value Shares:

2500

Total Authorized Capital:

2,500

Filing History Name History Mergers/Conversions

Return to Search Return to Results

List the top four stockholders and their percent ownership

- Venugopal Botla 3.57%
- Philip Ribeiro 3.57%
- Rizwan Qazi 3.57%
- Vivek Veerapaneni 3.57%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Kidney Specialists Surgical Center

Physical Address 7326 W Cheyenne Ave Ste 110

City Las Vegas State NV Zip 89129

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702.258.0078 Website www.ksosn.com

Licensing Company Email N/A

Section 2: Personal Information

First Vivek Middle _____ Last Veerapaneni

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 7236 W. Cheyenne Ave suite 110

City Las Vegas State NV Zip 89129

Telephone [redacted] Email VVeerapaneni@ksosn.com

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials V.V

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Lala Lajpat Rai Memorial Medical College		04/1992-09/1996	
Address	City	State	Zip
724, 6, near LLRM medical college Jagrati Vihar, Meeru	Uttar Pradesh	India	250004
Diploma/Degree obtained, if any			
M.D.			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Prestancia Ave	Las Vegas	NV	89144
From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Glen Port St	Las Vegas	NV	89135
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials NV

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Kidney Specialists Surgical Center			10.22.12 – Present
Business Address	**City**	**State**	**Zip**
7236 W. Cheyenne Ave suite 110	Las Vegas	NV	89129
Phone	**Title**		
(702) 877-1887	Physician		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials V.V

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

V. Vivek

Original Signature (electronic, copies or stamps not accepted)

5/26/22

Date

Applicant's initials V.V

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vivek Veerapaneni

Print Name (First, Last)

V. Vivek — 5/26/22

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Vivek Veerapaneni, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

V. Vivek — 5/26/22

Original Signature — **Date**

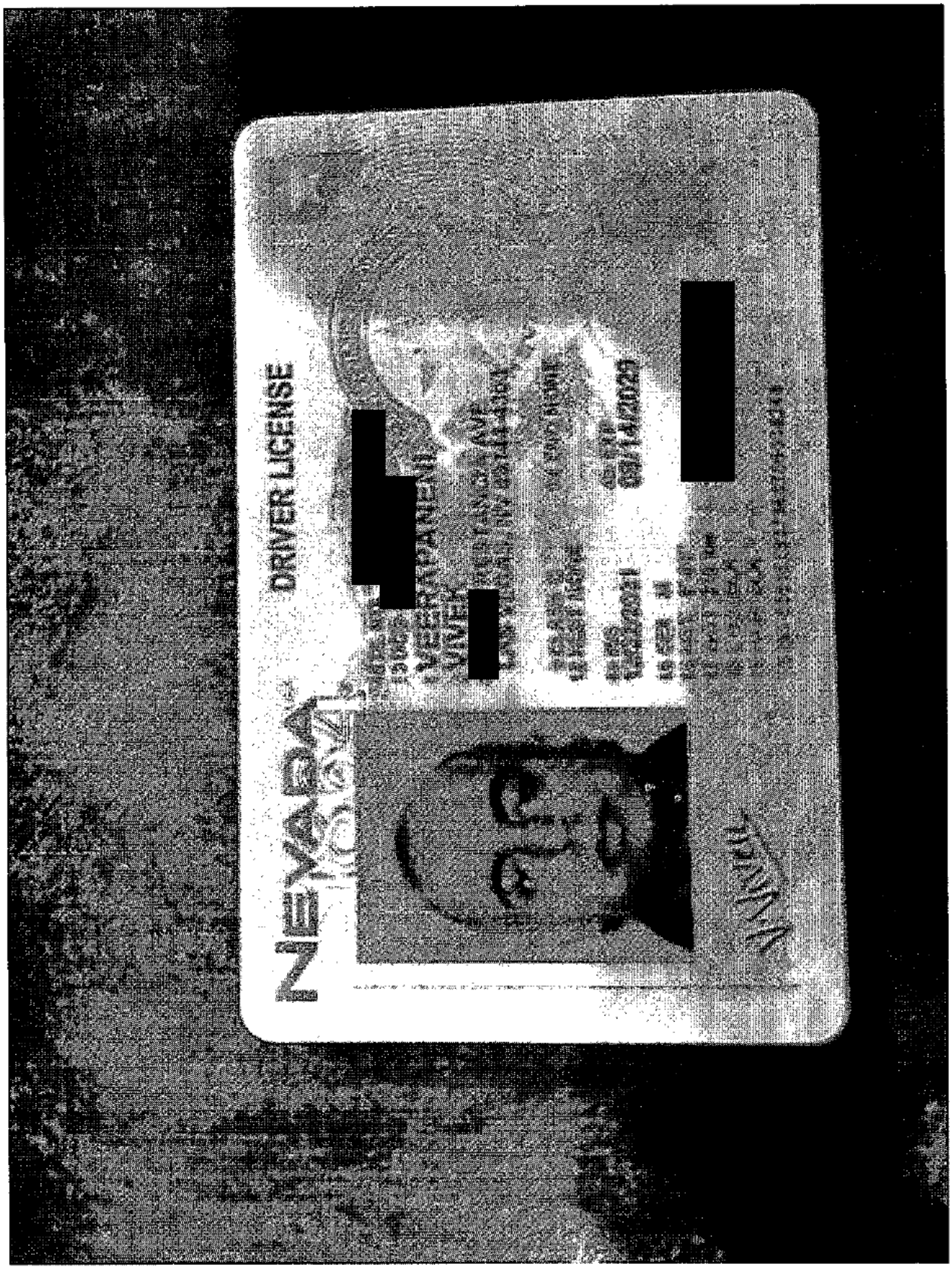
Subscribed and Sworn to before me this 26 day of May, 2022

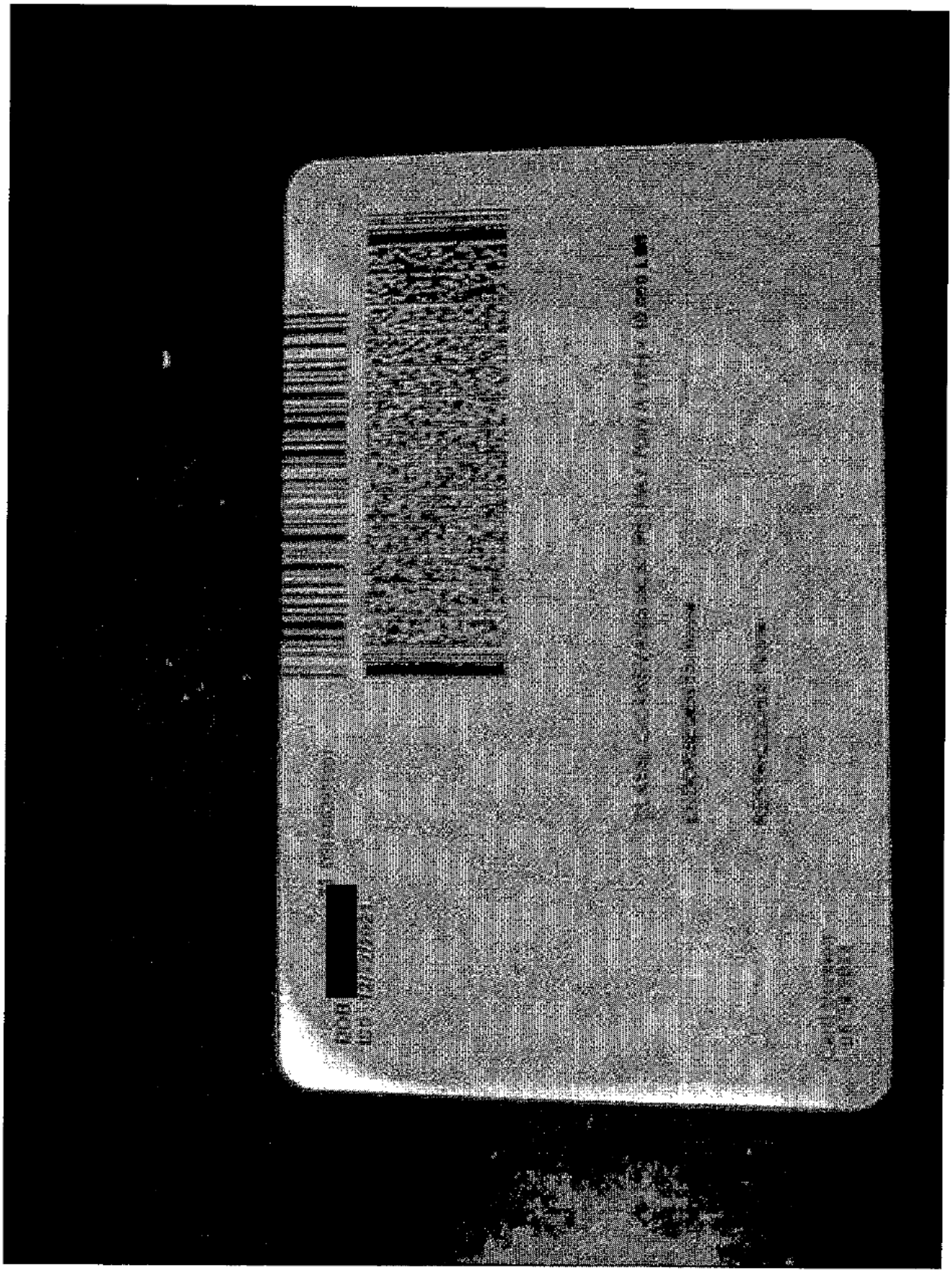
Notary Public Signature

DONNA R. MCCLURE
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 08-30-25
Certificate No: 21-4527-01

(Seal)

Applicant's initials _____


DRIVER LICENSE
NEVADA
[redacted]
VETERAN
[redacted]
08/14/2029
[redacted]



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Kidney Specialists Surgical Center

Physical Address 7326 W. Cheyenne Ave Ste 110

City Las Vegas State NV Zip 89129

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702.258.0078 Website www.ksosn.com

Licensing Company Email N/A

Section 2: Personal Information

First Rizwan Middle Arif Last Qazi

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 7236 W. Cheyenne Ave suite 110

City Las Vegas State NV Zip 89129

Telephone [redacted] Email RQazi@ksosn.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's Initials RQ

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
King Edward Medical College		02/1995-07/2000	
Address	City	State	Zip
Nila Gumbad Chowk. Neela Gumbad Lahore	Punjab	Pakistan	54000
Diploma/Degree obtained, if any			
M.B., B.S.			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Orchard Mist St	Las Vegas	NV	89135
	[redacted] N Ring Dove Drive	Las Vegas	NV	89144

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Kidney Specialists Sugical Center			9-1-10 – Present
Business Address	**City**	**State**	**Zip**
7236 W. Cheyenne Ave suite 110	Las Vegas	NV	89129
Phone	**Title**		
(702) 877-1887	Physician		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials RQ

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials RCQ

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials RQ

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/26/22
Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rizwan Arif Qazi

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/26/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Rizwan Arif Qazi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/26/22

Date

Subscribed and Sworn to before me this 26 day of May 2022.

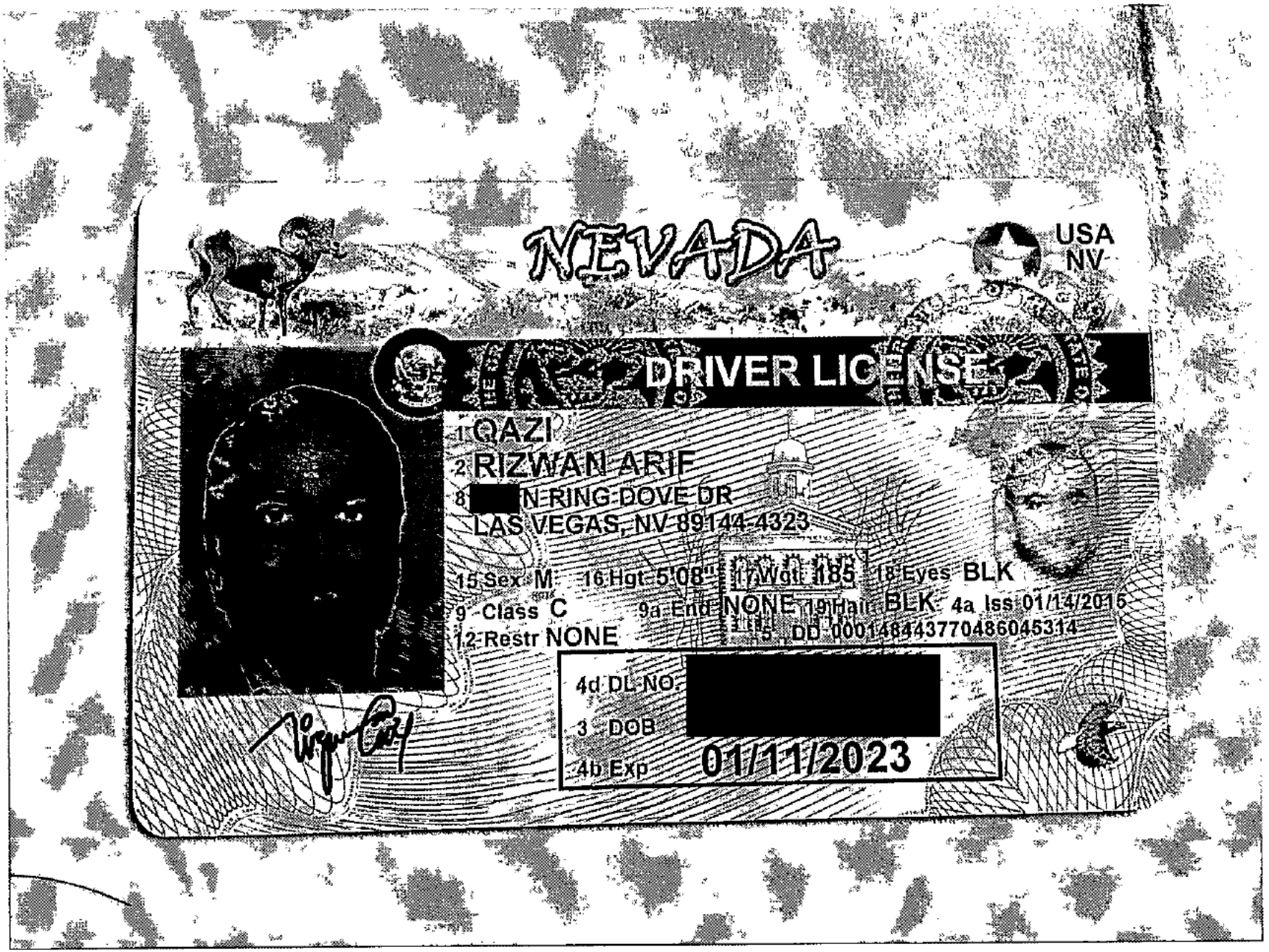
Notary Public Signature

DONNA R. MCCLURE
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 08 30-25
Certi te No: 21-4527-01

DONNA R. MCCLURE
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 08 30-25
Certi te No: 21-4527-01

(Seal)

Applicant's initials


NEVADA
USA
NV
DRIVER LICENSE
1 QAZI
2 RIZWAN ARIF
8 [redacted] N RING DOVE DR
LAS VEGAS, NV 89144-4323
15 Sex M 16 Hgt 5'08" 17 Wgt 185 18 Eyes BLK
9 Class C 9a End NONE 19 Hair BLK 4a Iss 01/14/2015
12 Restr NONE 5 DD 000148443770486045314
4d DL NO [redacted]
3 DOB [redacted]
4b Exp 01/11/2023

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Kidney Specialists Surgical Center

Physical Address 7326 W. Cheyenne Ave Ste 110

City Las Vegas State NV Zip 89129

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702.258.0078 Website www.KSOSN.com

Licensing Company Email N/A

Section 2: Personal Information

First Phillip Middle _____ Last Ribeiro

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 7236 W. Cheyenne Ave suite 1120

City Las Vegas State NV Zip 89129

Telephone [redacted] Email PRibeiro@ksosn.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Redlands High School			1999-2003
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Medical University of Lublin			2007-2014
Address	**City**	**State**	**Zip**
Aleje Raclawickie 1, 20-059	Publin	Poland	00000
Diploma/Degree obtained, if any			
Doctor of Medicine			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Glenlivet Lowland Ave	Las Vegas	NV	89138
From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Chatfield Drive	Las Vegas	NV	89128
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____ 2

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Kidney Specialists Surgical Center			8.5.19 – Present
Business Address	**City**	**State**	**Zip**
7326 W. Cheyenne Ave suite 110	Las Vegas	NV	89129
Phone	**Title**		
(702) 877-1887	Physician		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5-27-22

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Phillip Ribeiro

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5-27-22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Phillip Ribeiro, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5-27-22

Date

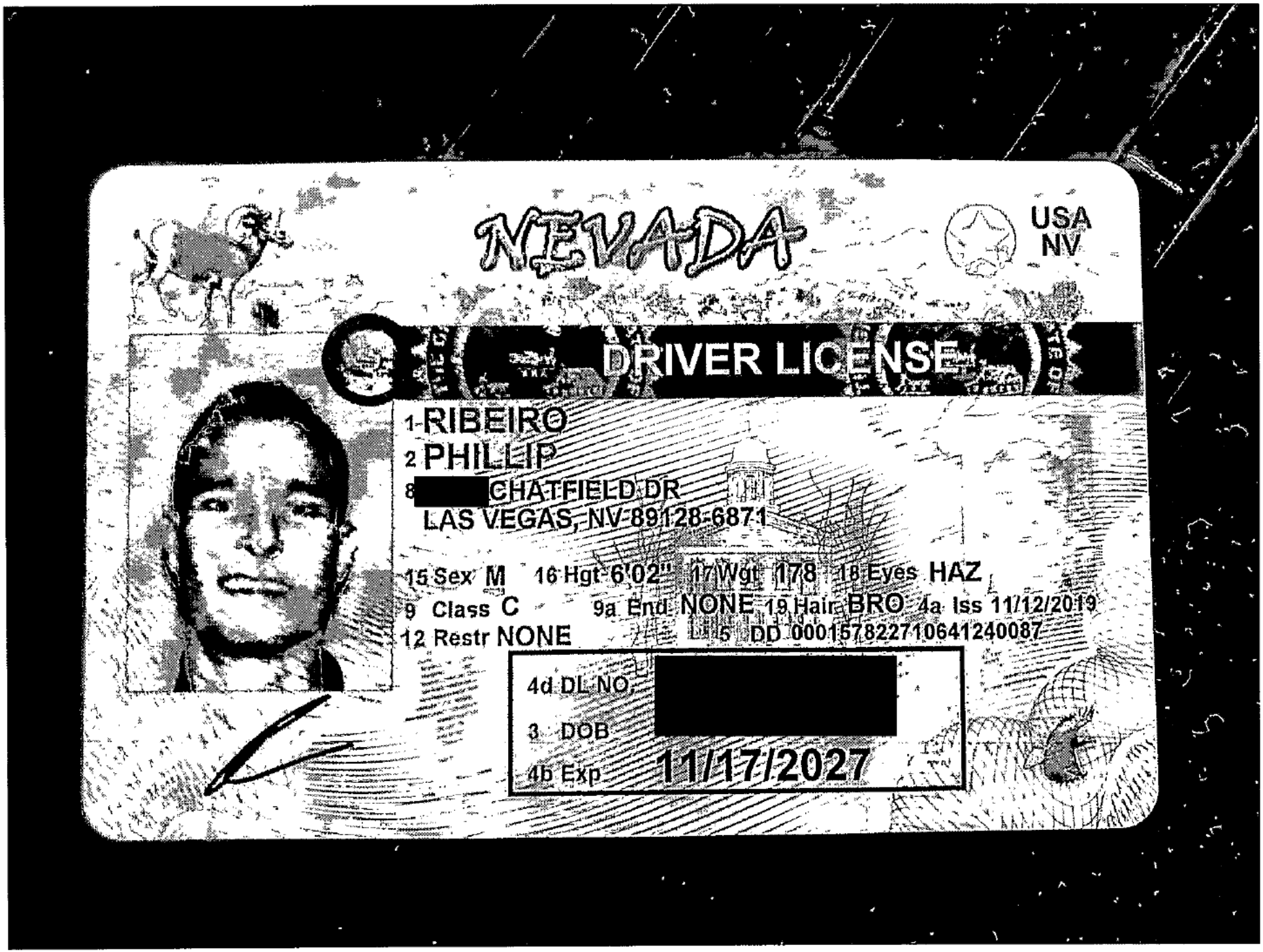
Subscribed and Sworn to before me this 27 day of May, 2022.

Notary Public Signature

DONNA R. MCCLURE
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 08-30-25
Certificate No: 21-4527-01

(Seal)

Applicant's initials


NEVADA
USA
NV
DRIVER LICENSE
1 RIBEIRO
2 PHILLIP
8 [redacted] CHATFIELD DR
LAS VEGAS, NV 89128-6871
15 Sex M
16 Hgt 6'02"
17 Wgt 178
18 Eyes HAZ
9 Class C
9a End NONE
19 Hair BRO
4a Iss 11/12/2019
12 Restr NONE
5 DD 000157822710641240087
4d DL NO [redacted]
3 DOB [redacted]
4b Exp 11/17/2027

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Kidney Specialists Surgical Center

Physical Address 7326 W Cheyenne Ave Ste 110

City Las Vegas State NV Zip 89129

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702.258.0078 Website www.ksosn.com

Licensing Company Email N/A

Section 2: Personal Information

First Venugopal Middle _____ Last Botla

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 7326 West Cheyenne Ave suite 110

City Las Vegas State NV Zip 89129

Telephone [redacted] Email VBotla@ksosn.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials VB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
Loyola Academy	08/87 - 5/91

Address	City	State	Zip
	Wilmette	IL	

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)
Northwestern University	09/91 - 06/94

Address	City	State	Zip
633 Clark St.	Evanston	IL	60208

Diploma/Degree obtained, if any: B.A. in Biological sciences with a concentration in physiology

School Name	From - To (MM/YY – MM/YY)
Northwestern University Medical School	08/94 - 5/98

Address	City	State	Zip
420 E. Superior St.	Chicago	IL	60611

Diploma/Degree obtained, if any: M.D.

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Torch Cactus Dr	Las Vegas	NV	89138
	[redacted] S. Town Center Drive Apt. [redacted]	Las Vegas	NV	89136

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Kidney Specialists Surgical Center			11/2015-current
Business Address	**City**	**State**	**Zip**
7326 W. Cheyenne Ave suite 110	Las Vegas	NV	89129
Phone	**Title**		
(702) 877-1887	Physician		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials VB

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials VB

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

V. Botta

Original Signature (electronic, copies or stamps not accepted)

5-27-22

Date

Applicant's initials VB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Venugopal Botla

Print Name (First, Last)

V. Botla

Original Signature (electronic, copies or stamps not accepted)

5-27-22

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

V. Botla

Original Signature

5-27-22

Date

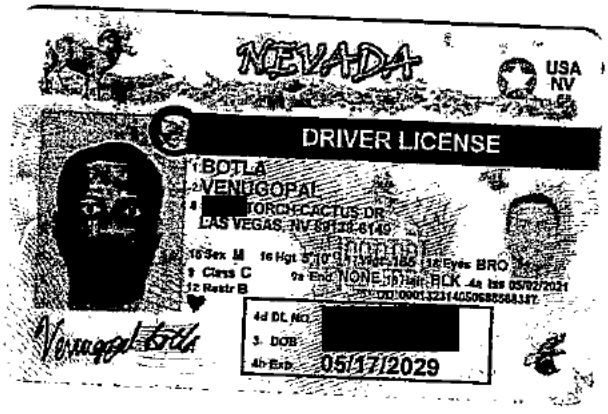
Subscribed and Sworn to before me this 27 day of May 2022

Notary Public Signature

DONNA R. MCCLURE
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 08-30-25
Certificate No: 21-4527-01

(Seal)

Applicant's initials VB


NEVADA
USA
NV
DRIVER LICENSE
BOTLA
VENUGOPAL
[redacted] TORCHCACTUS DR
LAS VEGAS, NV [redacted]
16 Sex M
9 Class C
12 Restr B
9a End NONE
4a Iss 05/02/2021
4d DL NO. [redacted]
3. DOB [redacted]
4b Exp 05/17/2029

13

13A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (06/22/2022)

Section 1: General Information

First: Amazi [redacted] Middle: Zamani Last: Harris

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Karst Pond Avenue

City: North Las Vegas State: NV Zip: 89084

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP-approved PT school or training program.):

Program/School Name: Northwest Career College

Address: 7398 Smoke Ranch Road

City: Las Vegas State: NV Zip: 89081

Name of Program Director: Danielle Mathews

Section 3: Application Qualifications (If you answer "NO" to any questions in this section, you CANNOT submit this application)	Yes	No
1. Are you 18 years of age or older?	✓	
2. Are you a high school graduate or the equivalent?	✓	

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		✓
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

07/26/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Jenaj Harris

Original Signature, no copies or stamps accepted

07/26/2022

Date

processed 9.13.22 LB

Board Use Only	Date Received: 9-12-22	Amount: 50.00 CK-1095730860

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Nevada Managing Pharmacist Certification of Training Hours for Pharmaceutical Technician in Training (PTT)

Rev (06/22/2022)

This form cannot be returned by fax or email.
We must have an original signature and fee to process.

Section 1: Certification of PTT (NAC 639.242) MUST BE COMPLETED BY THE PHARMACY MANAGER

Name of PTT: Amazi Harris PTT License #: PT26894

*Pharmacy Manager Name: DANIELLE K. MATHEWS *Pharmacy Manager License #: PT23825

Name of Pharmacy: Northwest Career College Pharmacy License #:

Pharmacy Address: 7398 Smoke Ranch Rd

City: Las Vegas State: NV Zip: 89128

Time period PTT employed (mm/yy-mm/yy): 10/21 - 7/22

I certify to the Board that the above-named PTT has successfully completed 840 hours of training and experience performing the tasks of a PT listed in NRS 639.1371 (3)(c) and NAC 639.245(2). The specific training and experience completed is listed below:

Student completed 600 hours of coursework under supervision and instruction. The 600 hours were divided into 7 months. The major topics covered were as follows: Intro to Pharmacy, Calculations, Sterile Preparation, Compounding, Body Systems 1 & 2, Pharmacy Administration, & Microsoft training. Students then completed 240 hours of Externship under the supervision of a licensed professional in a clinical setting. Where a variety of pharmacy-related activities were performed.

Do you certify that the PTT is competent to perform the duties of a pharmaceutical technician? ☒ Yes ☐ No (If you answered "No" please explain why below):

I certify under penalty of perjury that the information contained on this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this form and any portion thereof is a public record unless otherwise declared confidential by law, and may be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020.

* DANIELLE MATHEWS
Print Name (First, Last)

* [signature]
Original Signature of Managing Pharmacist, no copies or stamps accepted

7/28/22
Date

Board Use Only	Date Received:

northwest

CAREER COLLEGE

THIS CERTIFIES THAT

Amazi Harris

Has successfully completed the 840-Hour Entry-Level Pharmacy Technician program, and is therefore awarded this

DIPLOMA

ashp ACPE ACCREDITED

Given this 19th day of July, 2022

School Administrator

Northwest Career College Estd. 1997

Director, Dr. John Kenny

13B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (06/22/2022)

Section 1: General Information

First: Daynell [redacted] Middle: LaKeash Last: White

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Daltcrest Dr. Apt [redacted]

City: Las Vegas State: NV Zip: 89129

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP-approved PT school or training program.)

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Section 3: Application Qualifications (If you answer "NO" to any questions in this section, you CANNOT submit this application)	Yes	No
1. Are you 18 years of age or older?	X	
2. Are you a high school graduate or the equivalent?	X	

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	X	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		X
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7/2000		Ca	Victorville	San Bernardino
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
n/A		n/A		
Reason/Charge				
storage of safes I believe because it was my home				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below: I believe it was 7/2000 I lived with my now deceased kids father. He sold some narcotics to a undercover cop and was followed home. The following day while we lived together, was raided. He and I was arrested and I was later charged with a misdemeanor and to my understanding my record was expunged sometime in 2009.

Original Signature (electronic, copies or stamps not accepted)

9/29/22
Date

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		X
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/8/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Original Signature, no copies or stamps accepted

9/8/22
Date

Board Use Only	Date Received: 9-19-22	Amount: 50.00 CC

BOARD OF PHARMACY

LICENSING DETAILS FOR: TCH 91705

NAME: WHITE, DAYNELL LA KEASH

LICENSE TYPE: PHARMACY TECHNICIAN

LICENSE STATUS: CLEAR

ADDRESS NOT DISCLOSED

ISSUANCE DATE

FEBRUARY 26, 2010

EXPIRATION DATE

JUNE 30, 2023

CURRENT DATE / TIME

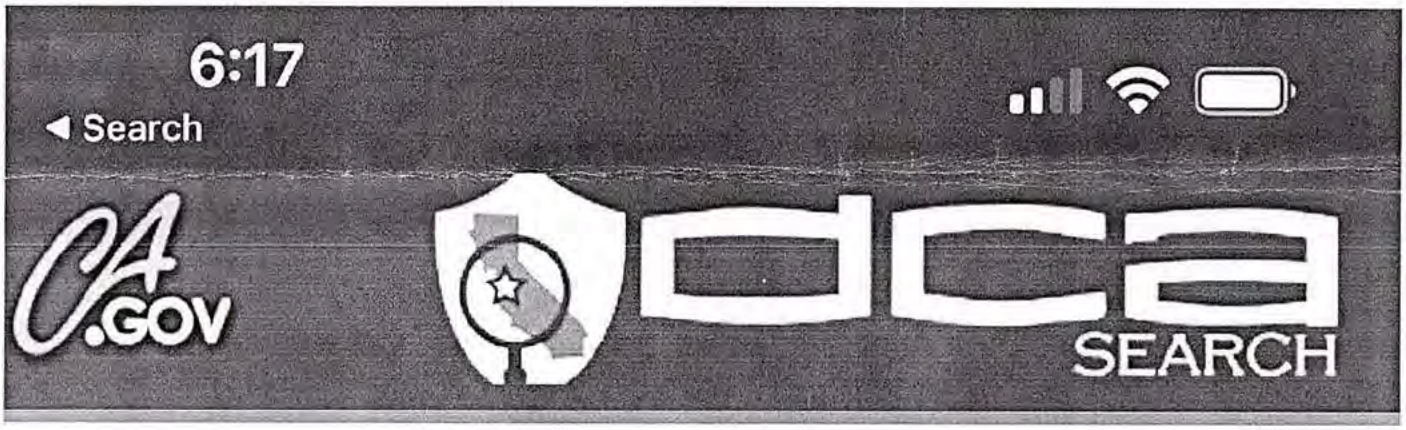
SEPTEMBER 20, 2022
7:40:12 AM

Gmail Nicole9 Estrada <nestrada8088@gmail.com>

Re: DAYNELL WHITE #1

1 message

Daynell White [redacted] Mon, Jul 25, 2022 at 2:21 PM
To: Nicole9 Estrada <nestrada8088@gmail.com>



BOARD OF PHARMACY

LICENSING DETAILS FOR: TCH 91705

NAME: WHITE, DAYNELL LA KEASH

LICENSE TYPE: PHARMACY TECHNICIAN

LICENSE STATUS: CLEAR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 · Reno, NV 89521 · (775) 850-1440

Out-of-State Managing Pharmacist Certification of Employment Hours for Pharmaceutical Technician (PT)

Rev (06/22/2022)

This form cannot be returned by fax or email.
We must have an original signature and fee to process.

Section 1: Certification of PT Employment Hours (NAC 639.240) MUST BE COMPLETED BY THE PHARMACY MANAGER

Name of PT: Daynell La Keash White — PT License # (if applicable): 91705

Pharmacy Manager Name: HOANG PHAM — Pharmacy Manager License #: 70151

Name of Pharmacy: WALMART PHARMACY — Pharmacy License #: 44098

Pharmacy Address: 1919 DAVIS ST

City: SAN LEANDRO — State: CA — Zip: 94577

Time period PT employed (mm/yy-mm/yy): 11/04 - 07/21

I certify to the Board that the above-named PT has successfully completed 250 hours of training and experience performing the tasks of a PT listed in NRS 639.1371 (3)(c) and NAC 639.245(2). The specific training and experience completed is listed below:

- Input
- Resolution: Insurance.
- Filling
- Bagging
- Register
- HIPPAA
- Compliance calls
- Hazardous Waste

Do you certify that the PT is competent to perform the duties of a PT? ☒ Yes ☐ No
(If you answered "No" please explain why below):

I certify under penalty of perjury that the information contained on this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this form and any portion thereof is a public record unless otherwise declared confidential by law, and may be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020.

HOANG PHAM
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/8/2022.
Date

DAYNELL WHITE FOR PHARMACIST JENNY GIANG

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Alameda

I, Tina Marie Phillips (your name), am the Notary Public (your title) for Jenny Giang (name of Pharmacy), located at 1919 Davis Street, San Leandro, CA 94577 (address of Pharmacy). I have worked with the pharmaceutical technician, Daynell White (name of technician) listed on this form, and I certify that the statements contained herein are true and correct and contain a full and true account of the information requested.

Original Signature

9/22/22
Date

Subscribed and Sworn to before me this 22nd day of September 2022

Notary Public Signature

TINA MARIE PHILLIPS
COMM. NO. 2407496
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
MY COMM. EXPIRES JUNE 8, 2026

(Seal)

Board Use Only	Date Received: 9-26-22

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Alameda)

On 9/22/2022 before me, Tina Marie Phillips, Notary Public
(insert name and title of the officer)

personally appeared Jenny Giang,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

TINA MARIE PHILLIPS
COMM. NO. 2407496
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
MY COMM. EXPIRES JUNE 8, 2026

Signature _____ (Seal)

Clear Form Print Form

14

14A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Y

Complete Name (**no abbreviations**):

First: Danniel Middle: Howerd Last Garibay

Home Address: [redacted] Rainy SKy ave Apt#:

City: North las vegas State: NV Zip Code: 89030

Telephone: [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: lakewood, CA Sex: ☒ M or ☐ F

E-mail Address: [redacted]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: Pima Medical Institute Store #: _____

Address: 3333 E Flamingo Rd

City: Las Vegas State: NV Zip Code: 89121

Signature of Managing Pharmacist: **Lorinda T Lohner** Lic #: PT 10792 Date: 2/17/22

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☐ No ☐
2. Are you a high school graduate or the equivalent? Yes ☐ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
	NV	/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	NV	07/11/2021	21CR032855	Clark County	Justice

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Daniel Garibay 02/17/22

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: _____ Amount: 50 MO # 19853183690

From: Danniel Garibay
To: Nevada State Board of Pharmacy

On the 11th of July 2021 I attended a friendly function and had too much to drink. I made the bad and very regrettable decision to drive home under the influence of alcohol, On the drive home I was stopped by law enforcement for not maintaining my lane was promptly arrested and transported to CCDC in downtown las Vegas. There I was given time to sober up and think about the selfish decision I made. I contemplated how selfish and irresponsible I was to have gotten behind the wheel and how this was affecting the people around me. My decision even though I didn't give it a second thought endangered and could have ended horrendously for anyone else driving on the road at that time. I'm incredibly thankful no one was hurt, I also thought of the people in my life who have been looking out for my best interest and how this road I was headed towards would only hurt those closest to me. I'm lucky to have such a wonderful support system consisting of my mother, father, brother and friends who have helped me reach goals I once thought impossible. Me and my brother are now looking to further our education at PIMA medical school where we are studying to become pharmacy technicians. I understand that the medical field demands great respect and responsibility, im changing so much about myself and I feel like i've matured so much from this prior experience and I'm continuing to do so every day. I've been sober for five months now and I plan on never drinking again although I know that's a difficult goal. I'm dedicated to bettering myself and I think since this incident i've proven that but i know people aren't so easily convinced. I'm giving my education top priority over everything else right now. I want nothing more in this world than to graduate and go on to succeed in a career I can be proud of and help others.

Danniel Garibay





NOTARIZED STATEMENT

Certified Driving Center LLC

$60 DUI School

775-562-0505

DMV License #DUI000049976

Email: Info@CertifiedDrivingCenter.com

To Whom It May Concern:

I Daniel Howard Garibay do hereby swear that I completed the **$60 DUI Course, quizzes, and final exam *without assistance* of any other person.**

Daniel Garibay
Student Signature

04.13.2022
Date

Print Students Name Daniel Howard Garibay

STATE OF: Nevada

COUNTY OF: Clark

In the state of Nevada, **and before me, a Notary Public in and for the above state and county (student)** Daniel Howard Garibay **personally appeared, known to me or proved to be the person named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.**

CARMEN A. HERNANDEZ
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 21-7797-01
My Appt. Expires April 4, 2025

Notary Public

My commission Expires April 4th, 2025

NOTICE OF INTENT TO USE AFFIDAVIT OR DECLARATION

Please be advised that, pursuant to NRS 50.315 and 50.325, upon the trial of this matter, the State of Nevada intends to offer into evidence the affidavit or declaration made under penalty of perjury of the person who withdrew the sample of whole blood from the Defendant for the purposes set forth in NRS 50.315(4). A copy of said affidavit or declaration is included in the discovery provided in this matter.

The person who withdrew the sample of whole blood in this matter is:

Z. BESNE

WELLPATH

Clark County Detention Center

330 South Casino Center Boulevard

Las Vegas, Nevada 89101

JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

-vs-

DANNIEL HOWERD GARIBAY
#7060507,

Defendant.

21CR032855

13

DA CASE NO: 202133602C

CRIMINAL COMPLAINT

The Defendant above named having committed the crime of DRIVING UNDER T INFLUENCE (Misdemeanor - NRS 484C.110, 484C.400, 484C.105 - NOC 53900), in manner following, to wit: That the said Defendant, on or about the 11th day of July, 2021 and within the County of Clark, State of Nevada, did then and there willfully and unlawfu drive and/or be in actual physical control of a motor vehicle on a highway or on premises which the public has access at Interstate 15 and Flamingo Road, Las Vegas, Clark Count Nevada, Defendant being responsible in one or more of the following ways and/or under or or more of the following theories, to wit: 1) while under the influence of intoxicating liqu to any degree, however slight, which rendered him incapable of safely driving and/c exercising actual physical control of a vehicle, 2) while he had a concentration of alcohol o .08 or more in his blood, and/or 3) when he was found by measurement within two (2) hour after driving and/or being in actual physical control of a vehicle to have a concentration o alcohol of .08 or more in his blood.

All of which is contrary to the form, force and effect of Statutes in such cases made and provided and against the peace and dignity of the State of Nevada. Said Complainant makes this declaration subject to the penalty of perjury.

12/21/21

/cw
NHP EV# 210700846
(TK08)

CERTIFIED DRIVING CENTER LLC

Victim Impact Panel
Certificate of Completion

Name: Danniel Howerd Garibay

To recognize completion of the 90-minute Victim Impact Panel in the State of Nevada

Date of Completion: 3/26/2022

Case Number: 21cr032855

Denise Langis
Lic. DUI000049976

Date: 3/26/2022

Ph.# 775-562-0505

info@CertifiedDrivingCenter.com

Justice Court, Las Vegas Township

200 LEWIS AVENUE, 2nd FLOOR
LAS VEGAS, NEVADA 89155

NAME: _____ CASE NO. _____

You are required to return to this Court on

04-14, 2022 At 8.

FOR:

- [x] VIP and DUI School
- [ ] Coroner's DUI Program
- [ ] Confirmation of Attorney (Attorney To Be Present)
- [ ] Trial/Preliminary Hearing
- [x] Stay Out of Trouble
- [x] Payment of Fine $ 685 or Community Service 69
- [ ] Payment of Restitution $_____
- [ ] Other: _____

JUDGE ANN E. ZIMMERMAN
JUSTICE OF THE PEACE

DEPT. 8
COURTROOM: 8D 1B

APPROPRIATE COURTROOM ATTIRE REQUIRED
NO SHORTS, HALTER TOPS OR TANK TOPS
SHOES ARE REQUIRED
(NO FOOD OR DRINK PERMITTED)

REV. 09/21

14B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Complete Name (**no abbreviations**):

First: latrice Robinson Middle: _____ Last Robinson

Home Address: [redacted] N. becctur blvd Apt#: [redacted]

City: Las Vegas State: NV Zip Code: 89130

Telephone [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: [redacted] Sex: ☐ M or ☒ F

E-mail Address: [redacted]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: N/A

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 4197

Address: 8500 W Cheyenne

City: Las Vegas State: NV Zip Code: 89129

Signature of Managing Pharmacist: Dayna Pares Lic #: 19412 Date: 5/25/22

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation: please see paper

Board Administrative Action:	State	Date: / /	Case #:

Criminal Action:	State	Date: / /	Case #:	County	Court

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☒

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

latrice Robinson 7/20/2022

Original Signature, no copies or stamps accepted Date:

Board Use Only Date Processed: _____ Amount: 50.00 MO-31-8793904

I latrice Robinson have been charged with 2 misdemeanors In the State of nevada and only In the State Of Nevada.

On 10/13/2012 case # 12F16704X
Domestic Violence

On 3/26/2018 case # 18M1021X
Domestic Violence

I have no Other cases

thank You

L. Robinson

C5082421
J5082421-REPORT 2A

PAGE: 224
05/09/2018

JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY REGIONAL JUSTICE CENTER
200 LEWIS AVENUE
LAS VEGAS, NEVADA 89101
COURT 128
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 18M10121X

STATE VS: ROBINSON, LATRICE ID #: [redacted]

AKA: ROBINSON, LATRICE DR NUMBER: 105712381

START DATE: 03/26/2018

ARRESTED BY: MIR, FARHAT ZAHOOR ARREST DATE: 03/26/2018

SUBMITTED BY: NO SUBMITTING OFFICER SUBMIT DATE: 04/19/2018

PROSECUTOR: WILLIAM MERBACK DISPO DATE: 05/07/2018

001 CHARGE: 200.481.2A M BATTERY
DISPOSITION: ---GUILTY--- M BATTERY

SENTENCED: 05/07/2018
FINED: $ 250 EXCUSED: $ 0
JAIL TIME: MOS DAYS HRS CONS/CONC:
CTS : MOS DAYS HRS
COMM SERV: DAYS HRS MIN
RESTITUTION: $ 0 CONTRIBUTION: $ 0 DRUG FEE: $ 0
EDUCATION: IMPULSE CONTROL COUNSELING

NONE
STAY OUT OF TROUBLE; 25 HOURS COMM/SERV IN LIEU OF FINE

CITATION: 105712381 PCN: 0030446537 SEQ: 001

JUSTICE OF THE PEACE - DEPT. 01

CERTIFIED COPY
The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in Justice Court of Las Vegas Township, in and for the County of Clark, State of Nevada.
By Deputy
Date: 4-26-22

C5082421
J5082421-REPORT 2A

JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY REGIONAL JUSTICE CENTER
200 LEWIS AVENUE
LAS VEGAS, NEVADA 89101
COURT 128
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 12F16704X

STATE VS: ROBINSON, LATRICE ID #: [redacted]

AKA: ROBINSON, LATRICE DR NUMBER:

START DATE: 10/13/2012

ARRESTED BY: COYNE, DANIEL P ARREST DATE: 10/13/2012

SUBMITTED BY: NO SUBMITTING OFFICER SUBMIT DATE: 10/13/2012

PROSECUTOR: ROB STEPHENS DISPO DATE: 10/31/2012

001 CHARGE: 200.4812E F BATTERY WITH A DEADLY WEAPON DOMESTIC VIOLENC
DISPOSITION: ----GUILTY---- BATTERY (DOMESTIC VIOLENCE)

SENTENCED: 10/31/2012
FINED: $ 345 EXCUSED: $ 208
JAIL TIME: MOS DAYS 2 HRS CONS/CONC: NOT APPLIC
CTS : MOS DAYS 002 HRS
COMM SERV: DAYS HRS 48 MIN
RESTITUTION: $ 0 CONTRIBUTION: $ 0 DRUG FEE: $ 0
EDUCATION: DOMESTIC VIOLENCE COUNSELING

NONE
CTS FOR $208 -$137 AA FEES DUE. 6 MONTHS DOMESTIC VIOLENCE COUNSELING,

CITATION: 1210133738 PCN: 0025390156 SEQ: 001

Melissa A. Saragosa
JUSTICE OF THE PEACE - DEPT. 04

CERTIFIED COPY
The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in Justice Court of Las Vegas Township, in and for the County of Clark, State of Nevada.
By [signature] Deputy
Date: 4-26-22

15

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Hakyung Middle: _____ Last: Kim

Mailing Address: [redacted] Estoril Dr. Unit [redacted]

City: Diamond Bar State: CA Zip Code: 91765

Telephone: [redacted] E-mail Address: [redacted]

Date of Birth: [redacted] Place of Birth: Los Angeles, CA

SS# or ITIN: [redacted] Sex: X M or ☐ F

(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam; State: California Date of Issuance: 9/15/2021

College of Pharmacy Information

Graduation Date: 5/14/2021 (mm/dd/yy)

Degree Received: X PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Keck Graduate Institute School of Pharmacy

Location of School: Claremont, CA

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: 7-21-22 Amount: 250.00 CK-18291 Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
CA	85173	Yes ☒ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	X	
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	X	
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	X	

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
Probation	CA	10/24/2016	SI20150057 4700

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes No X
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes No

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.



Original Signature, no copies or stamps accepted

6/23/22

Date

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

May 24, 2022

CERTIFIED MAIL

Hakyung Kim
[redacted] Estoril Dr #[redacted]
Diamond Bar, CA 91765

RE: Petition for Early Termination of Probation
Hakyung Kim, RPH 85173

Dear Mr. Kim:

Attached is the Decision and Order of the Board of Pharmacy (Board) regarding the above-referenced matter. Your attention is directed to page 6 of the Decision.

Effective June 23, 2022, the Petition for Early Termination of Probation of Pharmacist License No. RPH 85173 issued to Hakyung Kim is granted.

If you have any questions concerning this matter, you may contact me at (916) 518-3008.

Sincerely,

ANNE SODERGREN
Executive Officer

By Susan Cappello

Susan Cappello
Enforcement Manager

cc: Kristina T. Jarvis, DAG

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Petition for Early Termination of Probation
Hakyung Kim, RPH 85173

I am over 18 years of age, and not a party to the within cause; my business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed as follows:

NAME	CERTIFIED NO.
Hakyung Kim [redacted] Estoril Dr [redacted] Diamond Bar, CA 91765	7017 0190 0000 4213 1367

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on May 24, 2022, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on May 24, 2022, at Sacramento, California.

Susan Cappello, Enforcement Manager

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for Early Termination of Probation of:

HAKYUNG KIM, Petitioner

Agency Case No. 5747

OAH No. 2022030325

DECISION

This matter was heard on March 16, 2022, before a quorum of the Board of Pharmacy (Board), Department of Consumer Affairs, State of California, by WebEx from Sacramento, California. Administrative Law Judge Coren D. Wong, Office of Administrative Hearings, State of California, presided.

Kristina T. Jarvis, Deputy Attorney General, appeared pursuant to Government Code section 11522.

Petitioner Hakyung Kim represented himself at the hearing.

Evidence was received, the record closed, and the matter submitted for decision on March 16, 2022.

FACTUAL FINDINGS

Jurisdictional Matters

1. The Board received petitioner's application for an intern pharmacist license on September 14, 2015. The Board denied the application, and petitioner filed an appeal. A former Board Executive Officer signed a Statement of Issues alleging cause to deny the application because petitioner was convicted of a crime substantially related to the qualifications, functions, or duties of a pharmacist and violated a statute regulating controlled substances by possessing marijuana on October 16, 2009, and May 24, 2014.

2. Petitioner resolved the Statement of Issues by entering into a Stipulated Settlement and Disciplinary Order agreeing that his application would be granted and an intern pharmacist license issued, the license revoked, the revocation stayed, and the license placed on probation for five years. Terms of probation included participating in the Pharmacists Recovery Program operated by Maximus Recovery (PRP), undergoing random screenings for drugs and alcohol, and abstaining from drugs and alcohol. Additionally, if petitioner was issued a pharmacist license during probation, any remaining probationary period would apply to that license. The Board adopted the Stipulated Settlement on September 23, 2016.

3. The Board issued petitioner Intern Pharmacist License Number INT 39412 on January 25, 2018 (Intern License). The license was canceled when the Board issued petitioner Registered Pharmacist License Number RPH 85173 on January 15, 2021 (Pharmacist License). The license expires September 30, 2023, unless renewed.

Petition for Early Termination of Probation

4. The Board received petitioner's Petition for Early Termination of Probation on June 10, 2020. He included letters of support written by two of his former pharmacy professors, his preceptor during a clinical rotation, and his Alcoholics Anonymous (AA) sponsor. Each author described petitioner in laudatory terms and supports early termination of his probation.

5. Lupe Baltazar, an Administrative Case Analyst with the Board, forwarded the petition to the Board members with a cover memo confirming petitioner's compliance with all terms of probation. She also stated that she spoke with each of the authors of the letters of support and they all confirmed they wrote their letters and were familiar with the probationary status of petitioner's license.

Additional Evidence at Hearing

6. Petitioner testified openly and honestly about his struggles with drugs and alcohol. He used to deny having a problem with drugs and alcohol and saw asking for help as a "weakness." Now, he readily admits he is an "addict" and an "alcoholic" and recognizes asking for help as a "strength." He obtained sobriety from drugs on May 25, 2014, and from alcohol on March 2, 2018.

7. Petitioner was in his second year at the Keck Graduate Institute School of Pharmacy and Health Sciences (Keck) when he initially enrolled in the PRP in 2016. One month into the program, he tested positive for alcohol, dropped out of school, and started inpatient treatment at Social Model Recovery Systems. He continued treatment in the American Recovery Center's Intensive Outpatient Program and then its aftercare program. Petitioner re-enrolled at Keck in 2019. He graduated with honors two years

later. He has worked as a pharmacist for Central Drugs, a compounding pharmacy in La Habra, California, since October 2021.

8. Petitioner is still enrolled in the PRP. He attends AA meetings four times a week, has completed the 12 steps of recovery, and has worked with a sponsor for four years. He attends support group meetings for healthcare professionals weekly. He has attended individual psychotherapy sessions one or two times a month since June 2018. The therapist confirmed in a letter that petitioner has learned to identify triggers for his anxiety and desire to relapse, developed healthy coping skills, and improved his interpersonal communication skills. Petitioner is randomly tested for drugs and alcohol two to five times a month and has not tested positive since the month after enrolling in the PRP. He is committed to a sober lifestyle for the remainder of his life. He understands the Board's obligation to protect the public, recognizes it is a privilege to practice pharmacy and not a right, and is aware he has "so much to lose" if he relapses.

LEGAL CONCLUSIONS

Applicable Standard/Burden of Proof

1. Petitioner has the burden of proving eligibility for early termination of probation by clear and convincing evidence. (*Hippard v. State Bar of California* (1990) 49 Cal.3d 1084, 1091-1092.) "The courts have defined clear and convincing evidence as evidence which is so clear as to leave no substantial doubt and as sufficiently strong to command the unhesitating assent of every reasonable mind. [Citations.] It has been said that a preponderance calls for probability, while clear and convincing proof

demands a *high probability* [citations]." (*In re Terry D.* (1978) 83 Cal.App.3d 890, 899; italics original.)

Applicable Law

2. A licensee whose license has been placed on probation for three years or longer may petition the Board to terminate probation after two years from the effective date of the disciplinary order. (Bus. & Prof. Code, § 4309, subd. (a)(2).) Petitioner's probation began on January 25, 2018, and the Board received his petition more than two years later. Therefore, the petition is timely.

3. The Board must give notice to the Attorney General when a petition for early termination of probation is received, and the Attorney General and the petitioner must be provided an opportunity to present oral or written argument to the Board. (Gov. Code, § 11522.) When deciding a petition for early termination, the Board may consider the petitioner's activities prior to and after discipline was imposed, his reputation for truth and professional responsibility, the factual basis for discipline, and documented evidence of rehabilitation. (Bus. & Prof. Code, § 4309, subd. (d).) The Board's overriding consideration when deciding a petition is "protection of the public." (Bus. & Prof. Code, § 4001.1.)

Conclusion

4. Petitioner presented clear and convincing evidence of his ability to continue practicing pharmacy without further Board oversight. He testified credibly and persuasively about his struggles with addiction and the steps he has taken to overcome his addiction. He has been sober from alcohol for more than four years and from marijuana for almost eight. He showed significant insight into his disease and the

consequences of relapsing such that he is unlikely to relapse. Therefore, petitioner's probation should be terminated early.

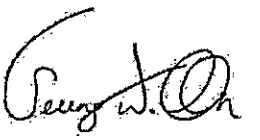
ORDER

Hakyung Kim's Petition for Early Termination of Probation is GRANTED.

This Decision shall become effective on June 23, 2022.

It is so ORDERED on May 24, 2022.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By 

Seung W. Oh, Pharm.D.
Board President

KAMALA D. HARRIS
Attorney General of California
LINDA K. SCHNEIDER
Senior Assistant Attorney General
MARC D. GREENBAUM
Supervising Deputy Attorney General
State Bar No. 138213
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 897-2579
Facsimile: (213) 897-2804
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Statement of Issues Against: **HAKYUNG KIM** **[redacted] Estoril Drive. Unit [redacted]** **Diamond Bar, CA 91765** **Intern Pharmacist Registration** Respondent.	Case No. 5747 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Board of Pharmacy of the Department of Consumer Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will be submitted to the Board for approval and adoption as the final disposition of the Statement of Issues.

PARTIES

1. Virginia Herold (Complainant) is the Executive Officer of the Board of Pharmacy. She brought this action solely in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, by Marc D. Greenbaum, Supervising Deputy Attorney General.

2. Respondent Hakyung Kim ("Respondent") is representing himself in this proceeding and has chosen not to exercise his right to be represented by counsel.

3. On or about September 14, 2015, Respondent filed an application dated August 18, 2015, with the Board of Pharmacy to obtain an Intern Pharmacist Registration.

JURISDICTION

4. Statement of Issues No. 5747 was filed before the Board of Pharmacy (Board), Department of Consumer Affairs, and is currently pending against Respondent. The Statement of Issues and all other statutorily required documents were properly served on Respondent on July 26, 2016.

5. A copy of Statement of Issues No. 5747 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, and understands the charges and allegations in Statement of Issues No. 5747. Respondent has also carefully read, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Statement of Issues; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in Statement of Issues No. 5747.

10. Respondent agrees that his Intern Pharmacist Registration is subject to denial and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

///

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that, upon satisfaction of statutory and regulatory requirements for issuance thereof, an Intern Pharmacist License shall be issued to Respondent Hakyung Kim and shall be immediately revoked. The revocation shall be stayed and Respondent is placed on probation for five (5) years (unless extended), on the following terms and conditions.

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IT IS FURTHER HEREBY ORDERED that, should Respondent Hukyung Kim subsequently be issued a Pharmacist License by the Board, any remaining probation period shall apply to that Pharmacist License. That is, upon satisfaction of statutory and regulatory requirements for issuance thereof, a Pharmacist License shall be issued to Respondent Hukyung Kim and shall be immediately revoked, with the revocation stayed and Respondent placed on probation for the remainder of the five (5) years originally ordered (plus any extensions), on the following terms and conditions.

1. **Obey All Laws**

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the board, in writing, within seventy-two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty or nolo contendere in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- disciplinе, citation, or other administrative action filed by any state or federal agency which involves respondent's Intern Pharmacist Registration or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report such occurrence shall be considered a violation of probation.

2. **Report to the Board**

Respondent shall report to the board quarterly, on a schedule as directed by the board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation. Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency

in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the board.

3. **Interview with the Board**

Upon receipt of reasonable prior notice, respondent shall appear in person for interviews with the board or its designee, at such intervals and locations as are determined by the board or its designee. Failure to appear for any scheduled interview without prior notification to board staff, or failure to appear for two (2) or more scheduled interviews with the board or its designee during the period of probation, shall be considered a violation of probation.

4. **Cooperate with Board Staff**

Respondent shall cooperate with the board's inspection program and with the board's monitoring and investigation of respondent's compliance with the terms and conditions of his probation. Failure to cooperate shall be considered a violation of probation.

5. **Continuing Education**

Respondent shall provide evidence of efforts to maintain skill and knowledge as a pharmacist as directed by the board or its designee.

6. **Notice to Employers**

During the period of probation, respondent shall notify all present and prospective employers of the decision in case number 5747 and the terms, conditions and restrictions imposed on respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment, respondent shall cause his direct supervisor, pharmacist-in-charge (including each new pharmacist-in-charge employed during respondent's tenure of employment) and owner to report to the board in writing acknowledging that the listed individual(s) has/have read the decision in case number 5747, and terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that his employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the board.

If respondent works for or is employed by or through a pharmacy employment service,

respondent must notify his direct supervisor, pharmacist-in-charge, and owner at every entity licensed by the board of the terms and conditions of the decision in case number 5747 in advance of the respondent commencing work at each licensed entity. A record of this notification must be provided to the board upon request.

Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment by or through a pharmacy employment service, respondent shall cause his direct supervisor with the pharmacy employment service to report to the board in writing acknowledging that he has read the decision in case number 5747 and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that his employer(s) and/or supervisor(s) submit timely acknowledgment(s) to the board.

Failure to timely notify present or prospective employer(s) or to cause that/those employer(s) to submit timely acknowledgments to the board shall be considered a violation of probation.

"Employment" within the meaning of this provision shall include any full-time, part-time, temporary, relief or pharmacy management service as a pharmacist or any position for which a pharmacist license is a requirement or criterion for employment, whether the respondent is an employee, independent contractor or volunteer.

7. **No Supervision of Interns, Serving as Pharmacist-in-Charge (PIC), Serving as Designated Representative-in-Charge, or Serving as a Consultant**

During the period of probation, respondent shall not supervise any intern pharmacist, be the pharmacist-in-charge or designated representative-in-charge of any entity licensed by the board nor serve as a consultant unless otherwise specified in this order. Assumption of any such unauthorized supervision responsibilities shall be considered a violation of probation.

8. **Probation Monitoring Costs**

Respondent shall pay any costs associated with probation monitoring as determined by the board each and every year of probation. Such costs shall be payable to the board on a schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

9. **Status of License**

Respondent shall, at all times while on probation, maintain an active, current license with the board, including any period during which suspension or probation is tolled. Failure to maintain an active, current license shall be considered a violation of probation.

If respondent's license expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof due to tolling or otherwise, upon renewal or reapplication respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

10. **License Surrender While on Probation/Suspension**

Following the effective date of this decision, should respondent cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, respondent may tender his license to the board for surrender. The board or its designee shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent will no longer be subject to the terms and conditions of probation. This surrender constitutes a record of discipline and shall become a part of the respondent's license history with the board.

Upon acceptance of the surrender, respondent shall relinquish his pocket and wall license to the board within ten (10) days of notification by the board that the surrender is accepted. Respondent may not reapply for any license from the board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the board, including any outstanding costs.

11. **Notification of a Change in Name, Residence Address, Mailing Address or Employment**

Respondent shall notify the board in writing within ten (10) days of any change of employment. Said notification shall include the reasons for leaving, the address of the new employer, the name of the supervisor and owner, and the work schedule if known. Respondent shall further notify the board in writing within ten (10) days of a change in name, residence

address, mailing address, or phone number.

Failure to timely notify the board of any change in employer(s), name(s), address(es), or phone number(s) shall be considered a violation of probation.

12. **Employment Requirement: Tolling of Probation**

Except during periods of suspension, respondent shall, at all times while on probation, be employed for the following minimum number of hours per calendar month in California: If he holds only an intern pharmacist license, he shall be employed as an intern pharmacist for a minimum of ten (10) hours per month. If he holds a pharmacist license, she shall be employed as a pharmacist in California for a minimum of forty (40) hours per month.

Any month during which the applicable minimum is not met tolls the period of probation, i.e., the period of probation is extended by one month for each month in which the minimum is not met. During any period of tolling, respondent must comply with all terms and conditions of probation. Should respondent, regardless of residency, for any reason (including vacation) cease practicing for the applicable minimum number of hours per calendar month in California, respondent must notify the board in writing within ten (10) days of the cessation of practice, and must further notify the board in writing within ten (10) days of the resumption of practice.

Any failure to provide such notification(s) shall be considered a violation of probation.

It is a violation of probation for respondent's probation to remain tolled pursuant to the provisions of this condition for a total period, counting consecutive and non-consecutive months or smaller time periods, exceeding thirty-six (36) months.

"Cessation of practice" means any calendar month during which respondent is not practicing as an intern pharmacist or pharmacist as defined by Business and Professions Code section 4000 et seq. for the applicable minimum number of hours. "Resumption of practice" means any calendar month during which respondent is practicing as an intern pharmacist or pharmacist as defined by Business and Professions Code section 4000 et seq. for the applicable minimum number of hours.

13. **Violation of Probation**

If a respondent has not complied with any term or condition of probation, the board shall

have continuing jurisdiction over respondent, and probation shall automatically be extended, until all terms and conditions have been satisfied or the board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed.

If respondent violates probation in any respect, the board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. Notice and opportunity to be heard are not required for those provisions stating that a violation thereof may lead to automatic termination of the stay and/or revocation of the license. If a petition to revoke probation or an accusation is filed against respondent during probation, the board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

14. **Completion of Probation**

Upon written notice by the board or its designee indicating successful completion of probation, respondent's license will be fully restored.

15. **Pharmacists Recovery Program (PRP)**

Within thirty (30) days of the effective date of this decision, respondent shall contact the Pharmacists Recovery Program (PRP) for evaluation, and shall immediately thereafter enroll, successfully participate in, and complete the treatment contract and any subsequent addendums as recommended and provided by the PRP and as approved by the board or its designee. The costs for PRP participation shall be borne by the respondent.

If respondent is currently enrolled in the PRP, said participation is now mandatory and as of the effective date of this decision is no longer considered a self-referral under Business and Professions Code section 4362(c)(2). Respondent shall successfully participate in and complete his current contract and any subsequent addendums with the PRP.

Failure to timely contact or enroll in the PRP, or successfully participate in and complete the treatment contract and/or any addendums, shall be considered a violation of probation.

Probation shall be automatically extended until respondent successfully completes the PRP. Any person terminated from the PRP program shall be automatically suspended by the board.

Respondent may not resume the practice of pharmacy until notified by the board in writing.

Any confirmed positive test for alcohol or for any drug not lawfully prescribed by a licensed practitioner as part of a documented medical treatment shall result in the automatic suspension of practice by respondent and shall be considered a violation of probation. Respondent may not resume the practice of pharmacy until notified by the board in writing.

During suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs and controlled substances. Respondent shall not resume practice until notified by the board.

During suspension, respondent shall not engage in any activity that requires the professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a designated representative for any entity licensed by the board.

Subject to the above restrictions, respondent may continue to own or hold an interest in any licensed premises in which he holds an interest at the time this decision becomes effective unless otherwise specified in this order.

Failure to comply with this suspension shall be considered a violation of probation.

Respondent shall pay administrative fees as invoiced by the PRP or its designee. Fees not timely paid to the PRP shall constitute a violation for probation. The board will collect unpaid administrative fees as part of the annual probation monitoring costs if not submitted to the PRP.

16. **Random Drug Screening**

Respondent, at his own expense, shall participate in random testing, including but not limited to biological fluid testing (urine, blood), breathalyzer, hair follicle testing, or other drug screening program as directed by the board or its designee. Respondent may be required to

participate in testing for the entire probation period and the frequency of testing will be determined by the board or its designee. At all times, respondent shall fully cooperate with the board or its designee, and shall, when directed, submit to such tests and samples for the detection of alcohol, narcotics, hypnotics, dangerous drugs or other controlled substances as the board or its designee may direct. Failure to timely submit to testing as directed shall be considered a violation of probation. Upon request of the board or its designee, respondent shall provide documentation from a licensed practitioner that the prescription for a detected drug was legitimately issued and is a necessary part of the treatment of the respondent. Failure to timely provide such documentation shall be considered a violation of probation. Any confirmed positive test for alcohol or for any drug not lawfully prescribed by a licensed practitioner as part of a documented medical treatment shall be considered a violation of probation and shall result in the automatic suspension of practice of pharmacy by respondent. Respondent may not resume the practice of pharmacy until notified by the board in writing.

During suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs and controlled substances. Respondent shall not resume practice until notified by the board.

During suspension, respondent shall not engage in any activity that requires the professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a designated representative for any entity licensed by the board.

Subject to the above restrictions, respondent may continue to own or hold an interest in any licensed premises in which he holds an interest at the time this decision becomes effective unless otherwise specified in this order.

Failure to comply with this suspension shall be considered a violation of probation.

17. **Abstain from Drugs and Alcohol Use**

Respondent shall completely abstain from the possession or use of alcohol, controlled substances, dangerous drugs and their associated paraphernalia except when the drugs are lawfully prescribed by a licensed practitioner as part of a documented medical treatment. Upon request of the board or its designee, respondent shall provide documentation from the licensed practitioner that the prescription for the drug was legitimately issued and is a necessary part of the treatment of the respondent. Failure to timely provide such documentation shall be considered a violation of probation. Respondent shall ensure that he is not in the same physical location as individuals who are using illicit substances even if respondent is not personally ingesting the drugs. Any possession or use of alcohol, controlled substances, or their associated paraphernalia not supported by the documentation timely provided, and/or any physical proximity to persons using illicit substances, shall be considered a violation of probation.

18. **Prescription Coordination and Monitoring of Prescription Use**

Within thirty (30) days of the effective date of this decision, respondent shall submit to the board, for its prior approval, the name and qualifications of a single physician, nurse practitioner, physician assistant, or psychiatrist of respondent's choice, who shall be aware of the respondent's history with the use of alcohol, controlled substances, and/or dangerous drugs, and who will coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs. The approved practitioner shall be provided with a copy of the board's Statement of Issues and decision. A record of this notification must be provided to the board upon request. Respondent shall sign a release authorizing the practitioner to communicate with the board about respondent's treatment(s). The coordinating physician, nurse practitioner, physician assistant, or psychiatrist shall report to the board on a quarterly basis for the duration of probation regarding respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances. The board may require that the single coordinating physician, nurse practitioner, physician assistant or psychiatrist be a specialist in addictive

medicine, or consult a specialist in addictive medicine. Should respondent, for any reason, cease supervision by the approved practitioner, respondent shall notify the board immediately and, within thirty (30) days of ceasing treatment, submit the name of a replacement physician, nurse practitioner, physician assistant, or psychiatrist of respondent's choice to the board or its designee for its prior approval. Failure to timely submit the selected practitioner or replacement practitioner to the board for approval, or to ensure the required reporting thereby on the quarterly reports, shall be considered a violation of probation.

If at any time an approved practitioner determines that respondent is unable to practice safely or independently as a pharmacist, the practitioner shall notify the board immediately by telephone and follow up by written letter within three (3) working days. Upon notification from the board or its designee of this determination, respondent shall be automatically suspended and shall not resume practice until notified by the board that practice may be resumed.

During suspension, respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs and controlled substances. Respondent shall not resume practice until notified by the board.

During suspension, respondent shall not engage in any activity that requires the professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a designated representative for any entity licensed by the board.

Subject to the above restrictions, respondent may continue to own or hold an interest in any licensed premises in which he holds an interest at the time this decision becomes effective unless otherwise specified in this order.

Failure to comply with this suspension shall be considered a violation of probation.

19. **Supervised Practice**

During the period of probation, respondent shall practice only under the supervision of a licensed pharmacist not on probation with the board. Upon and after the effective date of this decision, respondent shall not practice pharmacy and his license shall be automatically suspended until a supervisor is approved by the board or its designee. The supervision shall be, as required by the board or its designee, either:

Continuous – At least 75% of a work week

Substantial - At least 50% of a work week

Partial - At least 25% of a work week

Daily Review - Supervisor's review of probationer's daily activities within 24 hours

Within thirty (30) days of the effective date of this decision, respondent shall have his supervisor submit notification to the board in writing stating that the supervisor has read the decision in case number 5747 and is familiar with the required level of supervision as determined by the board or its designee. It shall be the respondent's responsibility to ensure that his employer(s), pharmacist-in-charge and/or supervisor(s) submit timely acknowledgement(s) to the board. Failure to cause the direct supervisor and the pharmacist-in-charge to submit timely acknowledgements to the board shall be considered a violation of probation.

If respondent changes employment, it shall be the respondent's responsibility to ensure that his employer(s), pharmacist-in-charge and/or supervisor(s) submit timely acknowledgement(s) to the board. Respondent shall have his new supervisor, within fifteen (15) days after employment commences, submit notification to the board in writing stating the direct supervisor and pharmacist-in-charge have read the decision in case number 5747 and is familiar with the level of supervision as determined by the board. Respondent shall not practice pharmacy and his license shall be automatically suspended until the board or its designee approves a new supervisor. Failure to cause the direct supervisor and the pharmacist-in-charge to submit timely acknowledgements to the board shall be considered a violation of probation.

Within ten (10) days of leaving employment, respondent shall notify the board in writing.

During suspension, respondent shall not enter any pharmacy area or any portion of the

licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of drugs which is licensed by the board, or any manufacturer, or where dangerous drugs and devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall respondent manage, administer, or be a consultant to any licensee of the board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs and controlled substances. Respondent shall not resume practice until notified by the board.

During suspension, respondent shall not engage in any activity that requires the professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or a designated representative for any entity licensed by the board.

Subject to the above restrictions, respondent may continue to own or hold an interest in any licensed premises in which he holds an interest at the time this decision becomes effective unless otherwise specified in this order.

Failure to comply with this suspension shall be considered a violation of probation.

20. **No Ownership of Licensed Premises**

Respondent shall not own, have any legal or beneficial interest in, or serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90) days following the effective date of this decision and shall immediately thereafter provide written proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide documentation thereof shall be considered a violation of probation.

21. **Criminal Probation/Parole Reports**

Respondent shall provide a copy of the conditions of any criminal probation/parole to the board, in writing, within ten (10) days of the issuance or modification of those conditions. Respondent shall provide the name of his probation/parole officer to the board, in writing, within ten (10) days after that officer is designated or a replacement for that officer is designated.

Respondent shall provide a copy of all criminal probation/parole reports to the board within ten (10) days after respondent receives a copy of such a report. Failure to timely make any of the submissions required hereby shall be considered a violation of probation.

12. Ethics Course

Within sixty (60) calendar days of the effective date of this decision, respondent shall enroll in a course in ethics, at respondent's expense, approved in advance by the board or its designee. Failure to initiate the course during the first year of probation, and complete it within the second year of probation, is a violation of probation.

Respondent shall submit a certificate of completion to the board or its designee within five days after completing the course.

ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the stipulation and the effect it will have on my Intern Pharmacist Registration. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 8-22-2016

HAKYUNG KIM
Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

Dated: 8/23/2016

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
LINDA K. SCHNEIDER
Senior Assistant Attorney General

MARC D. GREENBAUM
Supervising Deputy Attorney General
Attorneys for Complainant

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Statement of Issues Against: **HAKYUNG KIM** **Intern Pharmacist Registration Applicant** Respondent.	Case No. 5747 **STATEMENT OF ISSUES**

Complainant alleges:

PARTIES

1. Virginia Herold (Complainant) brings this Statement of Issues solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about September 14, 2015, the Board of Pharmacy, Department of Consumer Affairs received an application for an Intern Pharmacist Registration from Hakyung Kim (Respondent). On or about August 18, 2015, Hakyung Kim certified under penalty of perjury to the truthfulness of all statements, answers, and representations in the application. The Board denied the application on December 3, 2015.

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JURISDICTION

3. This Statement of Issues is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 118, subdivision (a) states:

"(a) The withdrawal of an application for a license after it has been filed with a board in the department shall not, unless the board has consented in writing to such withdrawal, deprive the board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground."

5. Section 4300 of the Code states, in pertinent part:

"(c) The board may refuse a license to any applicant guilty of unprofessional conduct. The board may, in its sole discretion, issue a probationary license to any applicant for a license who is guilty of unprofessional conduct and who has met all other requirements for licensure. The board may issue the license subject to any terms or conditions not contrary to public policy, including, but not limited to, the following:

"(1) Medical or psychiatric evaluation.

"(2) Continuing medical or psychiatric treatment.

"(3) Restriction of type or circumstances of practice.

"(4) Continuing participation in a board-approved rehabilitation program.

"(5) Abstention from the use of alcohol or drugs.

"(6) Random fluid testing for alcohol or drugs.

"(7) Compliance with laws and regulations governing the practice of pharmacy.

"(d) The board may initiate disciplinary proceedings to revoke or suspend any probationary certificate of licensure for any violation of the terms and conditions of probation. Upon satisfactory completion of probation, the board shall convert the probationary certificate to a regular certificate, free of conditions."

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STATUTORY PROVISIONS

6. Section 480 of the Code states, in pertinent part:

"(a) A board may deny a license regulated by this code on the grounds that the applicant has one of the following:

"(1) Been convicted of a crime. A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4, 1203.4a, or 1203.41 of the Penal Code.

. . .

"(3) (A) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.

"(B) The board may deny a license pursuant to this subdivision only if the crime or act is substantially related to the qualifications, functions, or duties of the business or profession for which application is made."

7. Section 4301 of the Code states, in pertinent part:

"The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

. . .

"(j) The violation of any of the statutes of this state, or any other state, or of the United States regulating controlled substances and dangerous drugs.

. . .

"(l) The conviction of a crime substantially related to the qualifications, functions, and duties of a licensee under this chapter. The record of conviction of a violation of Chapter 13 (commencing with Section 801) of Title 21 of the United States Code regulating controlled substances or of a violation of the statutes of this state regulating controlled substances or

dangerous drugs shall be conclusive evidence of unprofessional conduct. In all other cases, the record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime, in order to fix the degree of discipline or, in the case of a conviction not involving controlled substances or dangerous drugs, to determine if the conviction is of an offense substantially related to the qualifications, functions, and duties of a licensee under this chapter. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this provision. The board may take action when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment."

CONTROLLED SUBSTANCES

8. Marijuana is a Schedule I controlled substance as designated by Health and Safety Code section 11054, subdivision (d)(13).

FACTUAL ALLEGATIONS

9. On or about October 26, 2009, in Case No. 9PK07103 in Los Angeles County Superior Court, Respondent was charged with possessing one ounce of marijuana or less (Health & Saf. Code, § 11357, subd. (b)). On or about December 29, 2009, the court dismissed the case. The underlying circumstances are that on or about October 16, 2009, Los Angeles County Sheriff's Department officer observed Respondent in a vehicle in a park after hours, smelled marijuana emanating from the vehicle, searched Respondent's wallet, and found a substance resembling marijuana in the wallet .

10. On or about May 6, 2014, in *People v. Hakyung Kim*, Case No. 3480715HK in San Bernardino County Superior Court, the court convicted Respondent of possession of one ounce of marijuana or less (Health & Saf. Code, § 11357, subd. (b)) and fined him $510. Respondent paid the fine in full. The underlying circumstances are that on or about May 24, 2014, the San

Bernardino County Sheriff's Department cited Respondent for possessing one ounce or less of marijuana.

FIRST CAUSE FOR DENIAL OF APPLICATION
(Conviction of a Crime)
(Bus. & Prof. Code, § 480, subd. (a)(1))

11. Respondent's application for an Intern Pharmacist Registration is subject to denial because he has been convicted of a crime. (Bus. & Prof. Code, § 480, subd. (a)(1).) The circumstances are set forth in paragraph 9, above.

SECOND CAUSE FOR DENIAL OF APPLICATION
(Unprofessional Conduct: Violation of a Statute Regulating Controlled Substances)
(Bus. & Prof. Code, §§ 480, subd. (a)(3), 4301, subd. (j); Health & Saf. Code, § 11054, subd. (d)(13))

12. Respondent's application for an Intern Pharmacist Registration is subject to denial because he engaged in unprofessional conduct by violating a statute regulating controlled substances. (Bus. & Prof. Code, § 480, subd. (a)(3), 4301, subd. (j); Health & Saf. Code, § 11054, subd. (d)(13)).) The circumstances are set forth in paragraphs 8 and 9, above.

THIRD CAUSE FOR DENIAL OF APPLICATION
(Unprofessional Conduct: Conviction of a Substantially Related Crime)
(Bus. & Prof. Code, §§ 480, subd. (a)(3), 4301, subd. (*l*); Health & Saf. Code, § 11054, subd. (d)(13))

13. Respondent's application for an Intern Pharmacist Registration is subject to denial because he engaged in unprofessional conduct by being convicted of a substantially related crime involving a controlled substance. (Bus. & Prof. Code, § 480, subd. (a)(3), 4301, subd. (*l*); Health & Saf. Code, § 11054, subd. (d)(13)).) The circumstances are set forth in paragraphs 8 and 9, above.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters alleged in this Statement of Issues, and that following the hearing, the Board of Pharmacy issue a decision:

1. Denying the application of Hakyung Kim for a Intern Pharmacist Registration; and

///

///

2. Taking such other and further action as deemed necessary and proper.

DATED: 7/19/16

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

LA2016600829
52144934.docx

16

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist Application

Non-Refundable $250 fee

Rev (06/28/2022)

Section 1: Select how will you be obtaining your Nevada Pharmacist Registration

☐ **Examination**

☒ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

☐ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or MPJE? ☒ Yes ☐ No

Section 2: General Information

First: Cesar Middle: Burguillos Last: Cabrera

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Via Navarra

City: Mission Viejo State: CA Zip: 92691

Telephone: [redacted] Email: [redacted]

Section 3: Employment Information

Pharmacy Name: South Coast Pharmac NV Pharmacy License # (if applicable): _____

Address: 31852 Pacific Coast Highway

City: Laguna Beach State: CA Zip: 92651

Telephone: 949-499-0885 Email: _____

Section 4: College of Pharmacy Information

School Name: University of the Pacific School of Pharmacy

Address: 3601 Pacific Ave

City: Stockton State: CA Zip: 95211

Country/Territory/Province: United States

Graduation Date: 6/1987 Degree: ☒ PharmD ☐ BS in Pharmacy ☐ Other

Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE).

State: _____ License #: _____ Date of Issuance: _____ Expiry Date: _____

Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.

State	License/ Registration #	Issued Date	Expiry Date	License/Registration Status (check applicable box)				
				Active	Inactive	Expired	Revoked	Surrendered
CA	41132	1987	2007		✔		✔	✔

Section 7: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 8: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 9: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?	✔	
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 24. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
2003	2006	CA	Laguna Niguel	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
	Orange County Sheriff

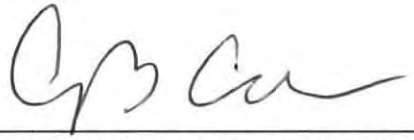
Reason/Charge
Possession of controlled substance (2003)

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Cesar B. Cabrera	

Name of Business/Industry/Entity

Provide explanation below:

On 1/8/2003, I was arrested for possession of controlled substance. I plead guilty to the charges and the case was adjudicated on 12/17/2006. See the attached for further details



Original Signature (electronic, copies or stamps not accepted)

7/21/2022

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3-4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/21/2007	7/22/2021	CA	Sacramento	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
	California Board of Pharmacy

Reason/Charge	
Revocation / Reinstatement	

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Cesar B. Cabrera	

Name of Business/Industry/Entity

Provide explanation below:

My CA pharmacist license was revoked on 2/21/2007. I have not practiced pharmacy for 14 years and I petitioned the California Board of Pharmacy for reinstatement which was granted on 7/22/2021. Please see attached for further details

C B C

Original Signature (electronic, copies or stamps not accepted)

7/21/2022

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1/15/2009	6/01/2015	CA	Laguna Niguel	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
09sm01679	Orange County Sheriff

Reason/Charge
DUI

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Cesar B. Cabrera	

Name of Business/Industry/Entity

Provide explanation below:

See attached for case details

Original Signature (electronic, copies or stamps not accepted)

7/21/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Cesar B. Cabrera

Print Name

Original Signature, no copies or stamps accepted

7/21/2022

Date

Board Use Only	Date Received: _____	Amount: 250.00 cc
	NAPLEX: _____	MPJE: _____

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

June 22, 2021

CERTIFIED MAIL

Cesar B. Cabrera
[redacted] Via Navarra
Mission Viejo, CA 92691

RE: Petition for Reinstatement of Pharmacist License
Cesar B. Cabrera, RPH 41132

Dear Mr. Cabrera:

Attached is the Decision and Order of the Board of Pharmacy (Board) regarding the above-referenced matter. Your attention is directed to pages 7-8 of the Decision.

Effective July 22, 2021, your petition for reinstatement of Pharmacist License No. RPH 41132, is granted. Upon satisfaction of the following conditions, your pharmacist license shall be reinstated:

a. Take and pass the California Pharmacist Jurisprudence Examination (CPJE) and Northern American Pharmacist Licensure Examination (NAPLEX) within one (1) year of the effective date of this decision. Failure to take and pass the examinations within one (1) of the effective date of this Order shall invalidate the order granting the petition for reinstatement, petitioner shall be deemed to have failed the conditions precedent to re-licensure and your pharmacist license shall remain revoked.
b. You shall pay all costs of the examinations required by the Board.
c. You are required to be fingerprinted as part of the re-licensure process. Live scan information can be found on the Board's website as part of the pharmacist licensure and examination application packet. Please submit a copy of the completed live scan form with a copy of this letter. Upon written notice by the Board indicating fulfillment of these conditions, your license will be fully reinstated. In addition, upon successful passing the examinations you shall pay the licensing fee of $527.00 ($505 renewal fee, $22 CURES fee).

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Petition for Reinstatement of Pharmacist License
Cesar B. Cabrera, RPH 41132

I am over 18 years of age, and not a party to the within cause; my business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed as follows:

NAME	CERTIFIED NO.
Cesar B. Cabrera [redacted] Via Navarra Mission Viejo, CA 92691	7019 2970 0002 2050 1357
Adam B. Brown, Esq. 3848 W. Carson Street, Suite 206 Torrance, CA 90503	7019 2970 0002 2050 1364

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on June 22, 2021, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on June 22, 2021, at Sacramento, California.

Susan Cappello, Enforcement Manager

If you wish to file a petition for reconsideration pursuant to Government Code section 11521, the petition must be received prior to the effective date of the decision. However, please be aware the Board needs approximately five days to process a petition for reconsideration. Attached is a copy of the Government Code section for your review.

If you have any questions concerning this matter, you may contact me at (916) 518-3008.

Sincerely,

Anne Sodergren
Executive Officer

By

Susan Cappello
Enforcement Manager

cc: Kristina Jarvis, DAG
Adam B. Brown, Esq.

BEFORE THE
CALIFORNIA STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for Reinstatement of:

CESAR B. CABRERA, Petitioner

Agency Case No. 2949

OAH No. 2021030370

DECISION

This matter was heard on March 18, 2021, before a quorum of the California State Board of Pharmacy (Board), Department of Consumer Affairs, by WebEx. Administrative Law Judge Coren D. Wong, Office of Administrative Hearings, State of California, presided.

Kristina T. Jarvis, Deputy Attorney General, appeared pursuant to Government Code section 11522.

Adam B. Brown of the Law Office of Brown & Brown represented petitioner Cesar B. Cabrera, who was present throughout the hearing.

Evidence was received, the record closed, and the matter submitted for written decision on March 18, 2021.

SUMMARY

Petitioner seeks reinstatement of his license to practice pharmacy, which was revoked because he violated the conditions of his probation. When all the evidence is considered, petitioner established that he has been sufficiently rehabilitated to justify reinstating his license after he completes the licensing examinations and pays the outstanding costs he owes the Board. Therefore, his petition is granted.

FACTUAL FINDINGS

License History

1. The Board issued petitioner Pharmacist License Number RPH 41132 on August 18, 1987.

PRIOR ACCUSATION

2. On July 27, 2004, a former Executive Officer of the Board signed an Accusation seeking to discipline petitioner's license because he was convicted of a crime substantially related to the qualifications, functions, or duties of a pharmacist – possession for sale of hydrocodone. Petitioner signed a stipulated settlement placing his license on probation for five years. Conditions of probation included: 1) a 90-day license suspension; 2) reimbursing the Board $6,300 for its costs of investigation and enforcement; 3) completing a rehabilitation program; and 4) abstain from drugs and alcohol.

3. The Board adopted the stipulated settlement on February 4, 2005. Petitioner's five-year probation period began March 5, 2005.

PETITION TO REVOKE PROBATION

4. On April 21, 2006, a former Executive Officer of the Board filed a Petition to Revoke petitioner's probation. The Petition to Revoke alleged that petitioner: 1) practiced pharmacy while his license was suspended; 2) failed to reimburse the Board for its costs of investigation and enforcement; 3) failed to comply with the requirements of a rehabilitation program by being terminated from the Pharmacist Recovery Program (PRP), testing positive for alcohol, returning to work without having a worksite monitor agreement, working at a facility with a relative, failing to enter inpatient chemical dependency treatment, returning to work after relapse, returning to work after being suspended by the PRP, and failing to comply with his PRP contract; and 4) tested positive for alcohol.

5. Petitioner signed a stipulated settlement revoking his license. The Board issued a Decision and Order adopting the stipulated settlement on January 22, 2007, and the effective date of petitioner's license revocation was February 21, 2007.

Petition for Reinstatement

6. On November 26, 2019, petitioner signed a Petition for Reinstatement, which the Board received three months later.

7. Petitioner has been sober from alcohol since July 17, 2009. He obtained his sobriety by attending a 28-day residential treatment program at Hoag Hospital Addiction Treatment, completing an intensive outpatient program at Pacific Hills Treatment, participating in group therapy at Addiction Treatment for Health Care Professionals, and completing a nine-month/500-hour residential treatment program at Residential Drug Abuse Program. Petitioner continues to attend Alcoholics Anonymous meetings to help maintain his sobriety.

8. Petitioner obtained his drug and alcohol counselor certificate from Saddleback College in 2014, and has been working in the recovery field since then. He has worked as a Case Manager/Certified Counselor at Sobertec, LLC, a Case Manager/Behavioral Technician at SoCal Detox, LLC, and the Clinical Director/Program Director for Beachside Recovery, LLC.

9. Petitioner was the Executive Director of Milestone Addiction Centers from August 2016 to June 2019. He was responsible for overseeing the day-to-day operations of a 52-bed residential treatment center in Costa Mesa, California. He has been the Assistant Clinical Director and Compliance Officer for Inspire Health Center since June 2019. Inspire Health Center is a residential drug and alcohol treatment facility in Newport Beach, California. He is responsible for overseeing the clinical aspect of the treatment program and assisting with administrative duties. Additionally, he helps develop, initiate, maintain, and revise policies and procedures to ensure the program remains in compliance with the Joint Commission on Accreditation of Health Care Organizations and state licensing requirements.

10. Petitioner discovered a new passion working with those addicted to drugs and/or alcohol. He estimated the number of people he has counseled since 2014 to be "in the hundreds." He explained that working with others battling addictions keeps him "grounded." If his license is reinstated, he intends to continue serving those in recovery by working at a retail pharmacy that serves detox facilities and residential treatment homes.

11. Petitioner completed 62.5 hours of continuing education between June 14, 2017, and February 5, 2021. However, only 30.5 hours were Board-approved programs, all of which were completed on February 4 and 5, 2021. At hearing,

petitioner explained the remaining 32 hours were completed as part of the requirements for maintaining his drug and alcohol counselor certificate.

12. Petitioner submitted four letters of recommendation that were subsequently verified by Board staff – two from licensed pharmacists and two from citizens. Although the two licensed pharmacists were aware of petitioner's disciplinary history, neither of the citizens were. However, all four authors wrote in favor of reinstating petitioner's license.

13. At hearing, petitioner recognized that his license could be reinstated on a probationary basis, and unhesitatingly expressed his willingness to comply with any terms and conditions imposed by the Board. He explained he did not understand his obligation to reimburse the Board for its costs of investigation and enforcement prior to his license being revoked, but now recognizes his obligation to do so. He owed $3,137.50 as of the date of hearing.

Analysis

14. The conduct underlying the Board's revocation of petitioner's license was serious. He violated the Pharmacy Law (Bus. & Prof. Code, § 4000 et seq.), and the Board deemed it appropriate to place him on five years' probation. He violated numerous conditions of probation, including the temporary suspension of his license. Petitioner's license was revoked on February 21, 2007, and he has not practiced pharmacy for more than 14 years.

15. Petitioner spent the first few years after his license was revoked focusing on obtaining sobriety from alcohol. He achieved sobriety on July 17, 2009, and has maintained his sobriety ever since. He obtained certification as a drug and alcohol counselor in 2014 and committed himself to helping others battling addiction. He

confirmed his commitment at hearing by describing his plans to work in a retail pharmacy serving detox facilities and residential treatment homes if his license is reinstated.

16. Petitioner's evidence and testimony was credible. He demonstrated insight into the misconduct which led to his license being revoked. He showed remorse for that conduct. When all the evidence is considered, petitioner produced clear and convincing evidence of his ability to return to the practice of pharmacy in a manner consistent with public health, safety, and welfare, subject to the conditions precedent specified below.

LEGAL CONCLUSIONS

Applicable Burden/Standard of Proof

1. Petitioner has the burden of proving his eligibility for reinstatement, and he must do so by clear and convincing evidence. (*Hippard v. State Bar of California* (1990) 49 Cal.3d 1084, 1091-1092.) "The courts have defined clear and convincing evidence as evidence which is so clear as to leave no substantial doubt and as sufficiently strong to command the unhesitating assent of every reasonable mind. [Citations.] It has been said that a preponderance calls for probability, while clear and convincing proof demands a high probability [citations]." (*In re Terry D.* (1978) 83 Cal.App.3d 890, 899; italics omitted.)

Applicable Law

2. A pharmacist may petition the Board for reinstatement after three years have elapsed since the effective date of the disciplinary order. (Bus. & Prof. Code, §

4309, subd. (a)(1).) When deciding a petition, the Board may consider factors such as the petitioner's actions since discipline was imposed, the offenses for which discipline was opposed, and the petitioner's rehabilitation. (Bus. & Prof. Code, § 4309, subd. (d)(1), (2) & (4).)

The Attorney General must be given notice of any petition filed, and "shall be afforded an opportunity to present either oral or written argument before the" Board. (Gov. Code, § 11522.)

Conclusion

3. Petitioner met his burden of producing clear and convincing evidence of sufficient rehabilitation to justify reinstatement for the reasons explained in Factual Findings 14 through 16. Therefore, his Petition for Reinstatement is granted.

ORDER

It is hereby ordered that petitioner Cesar B. Cabrera's petition for reinstatement is GRANTED. Upon satisfaction of the following conditions precedent, Pharmacist License Number RPH 41132 shall be reinstated:

1. Petitioner shall take and pass The North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) within one (1) year of the effective date of this Order. Failure to take and pass the examinations within one (1) year of the effective date of this Order shall invalidate the order granting the petition for reinstatement, petitioner shall be deemed to have failed the conditions precedent for re-licensure, and Pharmacist License Number RPH 41132 shall remain revoked.

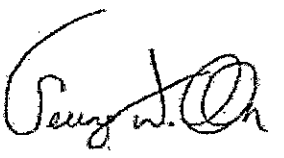
2. Petitioner shall pay the fees in place at the time for these examinations.

3. Petitioner shall pay all applicable application and licensing fees as well as any outstanding costs of investigation and enforcement.

This Decision shall become effective at 5:00 p.m. on July 28, 2021.

It is so ORDERED on June 28, 2021.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By 

Seung W. Oh, Pharm.D.
Board President

Case Summary

Case Number: 09SM01679
OC Pay Number: 5318857
Originating Court: Harbor - Laguna Niguel Facility
Pay or Appear by:
Traffic School Completion Date:
Next Payment Date:
Defendant: Cabrera, Cesar Burguillos
Demographics:

Eyes:	Brown
Hair:	Black
Height(ft/in) :	5'7"
Weight (lbs):	165

Names:

Last Name	First Name	Middle Name	Type
Cabrera	Cesar	Burguillos	Alias
Cadrera	Cesar	Burguillos	Alias
CABERA	CESAR	BURGUILLOS	Court True Name
Cabrera	Cesar	Burguillos	Real Name
Cadrera	Cesar	Burguillos	Alias

Case Status:

Status:	Convicted
Case Stage:	Entered
Release Status:	Released on Own Recognizance
Warrant:	N
DMV Hold :	N
Charging Document:	Complaint
Mandatory Appearance:	Y
Owner's Resp:	N
Amendment #:	0

Counts:

Seq	S/A	Violation Date	Section Statute	OL	Violation	Plea	Plea Date	Disposition	Disposition Date
1	0	01/15/2009	23152(a) VC	M	Driving Under the Influence of Alcohol or Drugs	GUILTY	12/09/2009	Pled Guilty	12/09/2009
2	0	01/15/2009	20002(a) VC	M	Hit and run with property damage	GUILTY	12/09/2009	Pled Guilty	12/09/2009
3	0	01/15/2009	14601.2(a) VC	M	Driving when privilege suspended or revoked (DUI)	GUILTY	12/09/2009	Pled Guilty	12/09/2009
4	0	01/15/2009	4060 BP	M	Possess controlled substance without prescription	GUILTY	12/09/2009	Pled Guilty	12/09/2009

Participants:

Role	Badge	Agency	Name	Vacation Start	Vacation End
Retained Attorney		RETAT	Pohlson, Gary M.		
Retained Attorney		RETAT	Bethune, Lisa		
District Attorney		OCDA	Zimmer, Richard Anthony		
District Attorney		OCDA	Goodman, Kristin R		
District Attorney		OCDA	Brar, Paul Singh		
District Attorney		OCDA	Gold, Cheryl		
District Attorney		OCDA	Carr, Sharon		
District Attorney		OCDA	O'Hara, Kathleen J		

Heard Hearings:

Date	Hearing Type - Reason	Courtroom	Hearing Status	Special Hearing Result
05/26/2009	Arraignment -	H10	Heard	
05/27/2009	Arraignment -	H10	Heard	Waives arraignment today
05/27/2009	Arraignment -	H10	Heard	waives statutory time for
05/27/2009	Arraignment -	H10	Heard	Waives arraignment today
05/27/2009	Arraignment -	H10	Heard	waives statutory time for
06/10/2009	Arraignment -	H10	Cancel	

06/10/2009	Arraignment -	H7	Heard	waives statutory time for
07/13/2009	Pre Trial -	H7	Cancel	
07/13/2009	Pre Trial -	H13	Heard	waives statutory time for
08/12/2009	Pre Trial -	H13	Heard	waives statutory time for
08/12/2009	Pre Trial -	H13	Heard	waives statutory time for
09/23/2009	Pre Trial -	H13	Heard	waives statutory time for
09/23/2009	Pre Trial -	H13	Heard	waives statutory time for
11/04/2009	Pre Trial -	H13	Heard	
11/13/2009	Pre Trial -	H10	Heard	waives statutory time for
12/02/2009	Pre Trial -	H13	Heard	waives statutory time for
12/09/2009	Pre Trial -	H13	Heard	waives statutory time for
03/08/2010	Sentencing -	H13	Heard	
03/09/2010	Sentencing -	H13	Heard	waives statutory time for
06/02/2010	Sentencing -	H13	Heard	
06/07/2010	Chambers Work -	HJA	Heard	
06/08/2010	Motion Modification of Probation	H10	Cancel	
06/08/2010	Motion Modification of Probation	H13	Heard	
07/02/2010	Financial Evaluation -	HNBCOL	Cancel	
08/25/2010	Hearing Proof of enrollment	H12	Cancel	
08/25/2010	Hearing Proof of enrollment	H4	Cancel	
08/25/2010	Financial Evaluation -	HNBCOL	Cancel	
08/25/2010	Hearing Proof of enrollment	H10	Heard	
08/26/2010	Hearing Proof of enrollment	H10	Heard	
12/16/2010	Hearing Progress Review	H10	Heard	

Bond:

Bail Date	Post Amount	Bondsman	Bondsman Address	Surety	Surety Address	Details		
						Action	Action Date	Amount
01/26/2009	10000.0	1st Class Bail Bonds, Inc	null	International Fidelity Insurance Company	null	Active	01/26/2009	10000
						Exonerated	03/03/2009	10000

Sentences:

Seq #	Sentence Date	Sentence	Due Date
1	06/02/2010	5 years Probation	
2	08/26/2010	8 days Jail in lieu of fine	
3	08/26/2010	6 days Jail in lieu of fine	
4	06/02/2010	Restitution	
5	06/02/2010	18 months Multiple Offender Alcohol Program	
6	06/02/2010	90 days Jail	
7	06/02/2010	10 days Jail	

Probation:

Sent Seq #	Type	Term	End Date
1	INFORMAL	5 years	06/01/2015

History:

Status	Status Date	End Date
Active	06/02/2010	06/01/2015
Expired	06/01/2015	06/01/2015

Case Summary

Case Number: 03SF0050
OC Pay Number: 1812831
Originating Court: Harbor - Laguna Niguel Facility
Pay or Appear by:
Traffic School Completion Date:
Next Payment Date:
Defendant: Cabrera, Cesar Burguillos
Demographics:

Eyes:	Brown
Hair:	Black
Height(ft/in) :	5'7"
Weight (lbs):	165

Names:

Last Name	First Name	Middle Name	Type
Cabrera	Cesar	Burguillos	Alias
Cadrera	Cesar	Burguillos	Alias
CABERA	CESAR	BURGUILLOS	Court True Name
Cabrera	Cesar	Burguillos	Real Name
Cadrera	Cesar	Burguillos	Alias

Case Status:

Status:	Closed
Case Stage:	Entered
Release Status:	
Warrant:	N
DMV Hold :	N
Charging Document:	Complaint
Mandatory Appearance:	Y
Owner's Resp:	N
Amendment #:	0

Counts:

Seq	S/A	Violation Date	Section Statute	OL	Violation	Plea	Plea Date	Disposition	Disposition Date
1	0	01/08/2003	11351 HS	F	Possession of controlled substance with intent to sell Sale or transport	NOT GUILTY	02/05/2003	Dismissed	12/18/2003

2	0	01/08/2003	11352(a) HS	F	of controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003
3	0	01/08/2003	11351 HS	F	Possession of controlled substance with intent to sell	NOT GUILTY	02/05/2003	Dismissed	12/18/2003
4	0	01/08/2003	11352(a) HS	F	Sale or transport of controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003
5	0	01/08/2003	11375(b) (2) HS	M	Possession controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003

Participants:

Role	Badge	Agency	Name	Vacation Start	Vacation End
Retained Attorney		RETAT	Pohlson, Gary M.		
District Attorney		OCDA	Jacobs, Tammy		
District Attorney		OCDA	Marangi, Stefanie		
District Attorney		OCDA	Selin, Anne		
District Attorney		OCDA	Sullens, Jack		

Heard Hearings:

Date	Hearing Type - Reason	Courtroom	Hearing Status	Special Hearing Result
02/05/2003	Arraignment -	S2	Heard	
02/19/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
03/19/2003	Pre Trial -	S2	Heard	10 court days
04/30/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
05/29/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
07/23/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
08/07/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
09/04/2003	Pre Trial -	S2	Heard	
10/08/2003	Pre Trial -	S2	Heard	
11/13/2003	Pre Trial -	S2	Heard	
12/04/2003	Pre Trial -	S2	Heard	
12/18/2003	Pre Trial -	S1	Cancel	
12/18/2003	Pre Trial -	S2	Heard	

Bond:

Bail Date	Post Amount	Bondsman	Bondsman Address	Surety	Surety Address	Details		
						Action	Action Date	Amount
01/14/2003	25000.0	Creative Bail Bonds	null	Lexington National Insurance Corporation	null	Active	01/14/2003	25000
						Exonerated	12/18/2003	25000

Sentences:

Seq #	Sentence Date	Sentence	Due Date
1	12/18/2003	3 years Probation	
2	12/18/2003	90 days Jail	
3	12/18/2003	Restitution	

Probation:

Sent Seq #	Type	Term	End Date
1	FORMAL	3 years	12/17/2006

History:

Status	Status Date	End Date
Active	12/18/2003	12/17/2006
Expired	12/17/2006	12/17/2006

California State Board of Pharmacy
1625 N. Market Boulevard, N219
Sacramento, California 95834

June 3, 2019

To the Reinstatement Committee:

It is my pleasure to provide support of the application for reinstatement for Dr. Cesar Cabrera, Pharm. D. Our families have known each other for over 15 years. We were members at the Cabrera's martial arts school. We also attend the same church and have supported each other's children in spiritual mission trips. During this time I came to know Dr. Cabrera as a professional colleague. I have personally witnessed Dr. Cabrera's de-escalate an agitated patient with his demeanor and professionalism at his previous pharmacist position prior to the revocation. I am fully aware of the details for case numbers: 2949 and 2777 and understand the Board of Pharmacy's disciplinary penalties imposed upon Dr. Cabrera.

Over the period of revocation, I have observed Dr. Cabrera making improvements in his personal and professional struggles and continues to provide the best he can for his family. Dr. Cabrera has attended our church's support group for chemical dependency as well as other outside support and recovery programs.
Professionally, Dr. Cabrera has acquired a certificate as an addiction counselor and has been counseling patients and is currently working as an administrator for an addiction center. His current knowledge in addiction treatment exceeds the knowledge of general practicing pharmacists.

With his specialized knowledge and experience, and my observed performance, I would support the reinstatement of Dr. Cabrera's pharmacist license.
I believe Dr. Cabrera has much to offer and contribute to the care and safety of the public and the profession.

Sincerely,

Mark Chew, Pharm.D.
Chief Pharmacist
Orange County Emergency Medical Services
405 W. Fifth Street, Suite 301A Santa Ana, CA 92701
714-560-6129 Fax: ***(714) 437-5767*** Mob: [redacted]

California State Board of Pharmacy
1625 N. Market Blvd., N219
Sacramento, CA. 95834

June 17, 2019

To the Reinstatement Committee:

I am writing this letter of recommendation on behalf of Cesar Cabrera. I have known Cesar personally since 2015 and have worked with him as a colleague since 2016. I am a client advocate/case manager for Milestone Addiction Centers in Costa Mesa and Cesar is my supervisor. It is with much enthusiasm that I recommend and support Cesar Cabrera for reinstatement.

On a personal level, Cesar and I share similar stories as it relates to substance use issues and recovery in the past and he has shared his trials and tribulations that resulted in the loss of his pharmacy license. As a result, we have become very close and we have even attended 12 step meetings on occasion. As a counselor, Cesar has vast knowledge of the addiction field because of his pharmacy background and he is able to connect and build rapport with the clients that need help.

I have seen the growth and transformation of Cesar in his recovery over the years I have known him. He is humble in so many ways and he is grateful for all the things that sobriety has brought in his life. It is with great pleasure that I recommend Cesar for reinstatement.

Sincerely,
Rick Hughes
[redacted]

California State Board of Pharmacy
1625 N. Market Boulevard, N219
Sacramento, California 95834

July 13, 2019

To the Reinstatement Committee:

I am writing this letter on behalf of my colleague Cesar Cabrera. I have known Dr. Cabrera for 2 years through Milestone Recovery. He has consistently been a hardworking and highly successful colleague.

Dr. Cabrera has always provided me with a great example of what hard work and dedication looks like. Dr. Cabrera is currently working a fulltime job, maintains his busy schedule, and still finds time to balance his family time and his time for self-care. Since meeting Dr. Cabrera, I have looked up to him and his constant motivation to make improvements to not only his work life and relationships, but also his personal life and relationships. He strives to make others' lives better on a daily basis. When asked for help, Dr. Cabrera always helps without hesitation.

I know Dr. Cabrera to be dependable, reliable and to maintain his integrity. He has exhibited a high level of patience and understanding when dealing with others. Dr. Cabrera has never turned down a challenge and is always willing to work with a team to accomplish goals. My experience with him has been nothing less than uplifting.

It is both my personal and professional opinion that Dr. Cabrera should have his license reinstated. Dr. Cabrera maintains the capacity to help many people change their lives in a positive direction.

Please feel free to contact me with any questions or concerns.

Best regards,



Corine M. Charm, PhD, LMFT #52333

[redacted]

5/27/2019

Tien Minh Vo
[redacted]Amber

Aliso Viejo, CA 92656

California State Board of Pharmacy
1625 N. Market Blvd N219

Sacramento, CA 95834

Dear California State Board of Pharmacy,

It is with great pleasure that I write this letter recommending Cesar Cabrera for reinstatement to practice pharmacy. I am aware that Cesar surrendered his License in 2007 because of his issues with substance abuse. I've known Cesar and his wife for 2 years now and he has been able to overcome that addiction by seeking help at a treatment center. From his stay at the treatment center he was able to stay grounded and humble. Then after successful graduation from the treatment realized that this is the world that Cesar is interested in so he went back to school to receive a certification for Drug and Alcohol studies. From there he used his pharmacy background to help open and develop Detox and residential programs at several recovery centers. Cesar currently serves as the Executive Director at Milestone Addiction Centers. Cesar understands the troubles that addiction causes and nothing makes him happier than to be able to help people who are struggling with this. Since he is so involved with patients Cesar is constantly reminded that he does not want to fall back into the world of addiction and abuse. I truly believe that Cesar has learned from his past mistakes and will not partake in any future faults.

Thank you for taking the time toread my letter. I can be reached at [redacted] or at [redacted]

Sincerely,

Tien Minh Vo

RPH 59546

February 8, 2021

Craig Hitchman
[redacted] Birch Suite [redacted]
Newport Beach, CA. 926600

California State Board of Pharmacy
1625 N. Market Blvd. N219
Sacramento, CA. 95834

To the Reinstatement Committee:
California Board of Pharmacy,

I am writing on behalf of Cesar Cabrera. I have known Cesar Cabrera for the past 2 years and it is with great pleasure to write a letter recommending for his reinstatement to practice pharmacy once again. I have known Cesar as a hard-working individual with dedication to the clients he helps at Inspire Health Center as the Assistant Clinical Director. He is reliable and he is always there to help anyone that is in need.

I am aware of the unfortunate situation Cesar has gone through with his substance use and that he had to surrender his pharmacy license some 14 years ago. I've known Cesar through communication with Inspire Health Centers and through his wife who is a colleague at the pharmacy. Cesar Cabrera went back to school to study and obtain a certification in Drug and Alcohol studies. With the use of his pharmacy background, he has helped open several Detox and Residential treatment centers, his latest being Inspire Health Centers as an Assistant Clinical Director.

I believe Cesar Cabrera will be an asset in the practice of pharmacy by gaining experience in the process of addiction because he will be able to recognize the patient who are struggling with substances and he will be able to offer help. We are in a time where substance use is increasing and causing untimely deaths to many. With Cesar's experience in the field of addiction, he plays a big part in the prevention of this uncanny disease of addiction. It is this reason why I strongly recommend the reinstatement of Cesar as a pharmacist.

Sincerely,

Craig Hitchman
[redacted]
craig@ca-rx.com

Case Summary

Case Number: 09SM01679
OC Pay Number: 5318857
Originating Court: Harbor - Laguna Niguel Facility
Pay or Appear by:
Traffic School Completion Date:
Next Payment Date:
Defendant: Cabrera, Cesar Burguillos
Demographics:

Eyes:	Brown
Hair:	Black
Height(ft/in) :	5'7"
Weight (lbs):	165

Arrest 6
1/15/2009

Names:

Last Name	First Name	Middle Name	Type
Cabrera	Cesar	Burguillos	Alias
Cadrera	Cesar	Burguillos	Alias
CABERA	CESAR	BURGUILLOS	Court True Name
Cabrera	Cesar	Burguillos	Real Name
Cadrera	Cesar	Burguillos	Alias

Case Status:

Status:	Convicted
Case Stage:	Entered
Release Status:	Released on Own Recognizance
Warrant:	N
DMV Hold :	N
Charging Document:	Complaint
Mandatory Appearance:	Y
Owner's Resp:	N
Amendment #:	0

Counts:

Seq	S/A	Violation Date	Section Statute	OL	Violation	Plea	Plea Date	Disposition	Disposition Date
1	0	01/15/2009	23152(a) VC	M	Driving Under the Influence of Alcohol or Drugs	GUILTY	12/09/2009	Pled Guilty	12/09/2009
2	0	01/15/2009	20002(a) VC	M	Hit and run with property damage	GUILTY	12/09/2009	Pled Guilty	12/09/2009
3	0	01/15/2009	14601.2(a) VC	M	Driving when privilege suspended or revoked (DUI)	GUILTY	12/09/2009	Pled Guilty	12/09/2009
4	0	01/15/2009	4060 BP	M	Possess controlled substance without prescription	GUILTY	12/09/2009	Pled Guilty	12/09/2009

Participants:

Role	Badge	Agency	Name	Vacation Start	Vacation End
Retained Attorney		RETAT	Pohlson, Gary M.		
Retained Attorney		RETAT	Bethune, Lisa		
District Attorney		OCDA	Zimmer, Richard Anthony		
District Attorney		OCDA	Goodman, Kristin R		
District Attorney		OCDA	Brar, Paul Singh		
District Attorney		OCDA	Gold, Cheryl		
District Attorney		OCDA	Carr, Sharon		
District Attorney		OCDA	O'Hara, Kathleen J		

Heard Hearings:

Date	Hearing Type - Reason	Courtroom	Hearing Status	Special Hearing Result
05/26/2009	Arraignment -	H10	Heard	
05/27/2009	Arraignment -	H10	Heard	Waives arraignment today
05/27/2009	Arraignment -	H10	Heard	waives statutory time for
05/27/2009	Arraignment -	H10	Heard	Waives arraignment today
05/27/2009	Arraignment -	H10	Heard	waives statutory time for
06/10/2009	Arraignment -	H10	Cancel	

06/10/2009 Arraignment -	H7	Heard	waives statutory time for
07/13/2009 Pre Trial -	H7	Cancel	
07/13/2009 Pre Trial -	H13	Heard	waives statutory time for
08/12/2009 Pre Trial -	H13	Heard	waives statutory time for
08/12/2009 Pre Trial -	H13	Heard	waives statutory time for
09/23/2009 Pre Trial -	H13	Heard	waives statutory time for
09/23/2009 Pre Trial -	H13	Heard	waives statutory time for
11/04/2009 Pre Trial -	H13	Heard	
11/13/2009 Pre Trial -	H10	Heard	waives statutory time for
12/02/2009 Pre Trial -	H13	Heard	waives statutory time for
12/09/2009 Pre Trial -	H13	Heard	waives statutory time for
03/08/2010 Sentencing -	H13	Heard	
03/09/2010 Sentencing -	H13	Heard	waives statutory time for
06/02/2010 Sentencing -	H13	Heard	
06/07/2010 Chambers Work -	HJA	Heard	
06/08/2010 Motion Modification of Probation	H10	Cancel	
06/08/2010 Motion Modification of Probation	H13	Heard	
07/02/2010 Financial Evaluation -	HNBCOL	Cancel	
08/25/2010 Hearing Proof of enrollment	H12	Cancel	
08/25/2010 Hearing Proof of enrollment	H4	Cancel	
08/25/2010 Financial Evaluation -	HNBCOL	Cancel	
08/25/2010 Hearing Proof of enrollment	H10	Heard	
08/26/2010 Hearing Proof of enrollment	H10	Heard	
12/16/2010 Hearing Progress Review	H10	Heard	

Bond:

Bail Date	Post Amount	Bondsman	Bondsman Address	Surety	Surety Address	Details		
						Action	Action Date	Amount
01/26/2009	10000.0	1st Class Bail Bonds, Inc	null	International Fidelity Insurance Company	null	Active	01/26/2009	10000
						Exonerated	03/03/2009	10000

Sentences:

Seq #	Sentence Date	Sentence	Due Date
1	06/02/2010	5 years Probation	
2	08/26/2010	8 days Jail in lieu of fine	
3	08/26/2010	6 days Jail in lieu of fine	
4	06/02/2010	Restitution	
5	06/02/2010	18 months Multiple Offender Alcohol Program	
6	06/02/2010	90 days Jail	
7	06/02/2010	10 days Jail	

Probation:

Sent Seq #	Type	Term	End Date
1	INFORMAL	5 years	06/01/2015

History:

Status	Status Date	End Date
Active	06/02/2010	06/01/2015
Expired	06/01/2015	06/01/2015

H. Dean Steward
ATTORNEY AT LAW

17 Corporate Plaza Drive
Suite 254
Newport Beach, CA 92660
949-481-4900

Arrest 4
6/5/2008
Arrest 5
7/14/2008
Arrest 7
8/16/2010

Aug. 8, 2022

Cesar Cabrera

Via Email

Re: Inquiry from ~~Oregon~~ NEVADA Board of Pharmacy

Dear Cesar-

I've reviewed the items requested by Mr. Hunt of the Board of Pharmacy. You have asked me to address items 2, 4, 5 and 7 of the requests.

Initially, I note that along with attorney (now Superior Court Judge) Gary Pohlson, I represented you on the federal case in Santa Ana, California from 2008 to 2010. In that the case is 12 years old, I have no hard copies of your case material. I do, however, have some electronic documents, plus access to PACER, the federal court docket system.

I have the following responses to the items listed:

2. The 2-6-04 incident was 3-4 years before I began representing you. I have no recall of such an event and no responding documents.

4. On 6-5-08, DEA arrested you and took you to their Orange County offices. You and I spent several hours with the agents and

• Admitted-California & Hawaii • Fellow-American College of Trial Lawyers •
fax: 949-706-9994 • e-mail: deansteward7777@gmail.com

agreed to cooperate and assist them in further investigation. You were released that day and if there was a report generated, it was never shared with you and me.

5. The 7-14-08 incident was our initial appearance in federal court in Santa Ana after arriving at a disposition. You were summoned to court, not arrested. You were admitted to bail after a routine court appearance. I attach the docket entry for that day.

7. On the August 16, 2010 incident, I am unaware of any such occurrence. I believe that was about the time you self-surrendered to serve your sentence. I have checked the PACER data base for the District of Kansas and your name does not appear there. I attached confirmation.

Please let me know if you need any further information.

Sincerely,



H. Dean Steward

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

CRIMINAL MINUTES - ARRAIGNMENT

Case Number: 8:08-CR-00167 Recorder: CS 07/14/2008 Date: 07/14/2008

Present: The Honorable Marc L. Goldman, U.S. Magistrate Judge

Court Clerk: Terri Steele Assistant U.S. Attorney: Carmen Luege

United States of America v.	Attorney Present for Defendant(s)	Language	Interpreter
CESAR CABRERA Summons	H. Dean Steward Retained		

PROCEEDINGS: ARRAIGNMENT OF DEFENDANT(S) AND ASSIGNMENT OF CASE.

Defendant is arraigned and states true name is as charged.

Defendant is given a copy of the Information.

Defendant acknowledges receipt of a copy and waives reading thereof.

Defendant's first appearance.
Bond is ordered in the amount of a $100,000.00 See attached copy of the bond. Court orders defendant to report to the U.S. Marshal's Office forthwith for processing.

Waiver of Indictment submitted, accepted by the court and filed.

The Court enters a plea of not guilty on behalf of the defendant to all counts in the Information.

This case is assigned to the calendar of District Judge James V. Selna.
It is ordered that the following date(s) and time(s) are set:
Jury Trial September 9, 2008 at 8:30 a.m.
Status Conference August 25, 2008 at 9:00 a.m.
Defendant and counsel are ordered to appear before said judge at the time and date indicated.

The Judge's Order issued.

Trial estimate: 7 days.

Government counsel moves to seal these proceedings. Request denied. Case ordered unsealed for PIA. Government counsel to file a motion for sealing with the assigned district judge.

cc: Statistics Clerk, ~~PSALA~~ PSASA, ~~USMSA~~

I HEREBY CERTIFY THAT THIS DOCUMENT WAS SERVED BY FIRST CLASS MAIL POSTAGE PREPAID, TO ALL COUNSEL, ~~(OR PARTIES)~~ AT THEIR RESPECTIVE MOST RECENT ADDRESS OF RECORD IN THIS ACTION ON THIS DATE.

DATED: 7-16-08

DEPUTY CLERK

00 : 07

Initials of Deputy Clerk: ts

UNITED STATES OF AMERICA, Plaintiff,

v.

Cesar Cabrera

Defendant/~~Material Witness~~.

CASE NUMBER: SACR08-167

4234

COMPLAINT: | INDICTMENT / (INFORMATION):

VIOLATION OF TITLE: 21 USC & 18 USC | SECTION: 841(a) & 1957

☐ PERSONAL RECOGNIZANCE (Signature only - no dollar amount)
☐ UNSECURED APPEARANCE BOND IN THE AMOUNT OF $_____
☑ APPEARANCE BOND IN THE AMOUNT OF $ 100,000
☐ WITH CASH DEPOSIT (AMOUNT OR %) _____
☑ WITH AFFIDAVIT OF SURETY NO JUSTIFICATION (Form CR-4)
By DFT's wife
☐ WITH AFFIDAVIT WITH JUSTIFICATION OF SURETY (Form CR-3)
☐ WITH DEEDING OF PROPERTY
☐ COLLATERAL BOND IN AMOUNT OF (Cash or Negotiable Securities) $_____
☐ CORPORATE SURETY BOND IN AMOUNT OF (Separate Form Required) $_____
☐ ADDITIONAL REQUIREMENTS: _____
☑ BAIL FIXED BY COURT _____

RELEASE No. SUMMONS

☐ RELEASE TO PRETRIAL ONLY
☐ FORTHWITH RELEASE
☑ ALL CONDITIONS OF BOND SHALL BE MET AND BOND POSTED BY: 7/29/08 *Date*

☐ ALL REQUIREMENTS HAVE BEEN MET: _____

Deputy Clerk *Deputy Clerk*

PRE-CONDITIONS TO RELEASE

☐ Bail is subject to Nebbia hearing which is a hearing to inquire about the source of the collateral.
☐ The Nebbia hearing can be waived by the government.

ADDITIONAL CONDITIONS OF RELEASE

In addition to the GENERAL CONDITIONS of RELEASE, as specified on other side, the following conditions of release are imposed upon you:

☐ Defendant shall submit to: [ ] Pretrial Supervision. [ ] Intensive Pretrial Supervision.
☐ Surrender all passports to the Clerk of Court, or sign a declaration no later than, _____ and not apply for the issuance of a passport during the pendency of this case.
☐ Travel is restricted to: CD/CA _____
☐ Do not enter premises of any airport, seaport, railroad, or bus terminal which permits exit from the Continental U.S. or area of restricted travel without Court permission.
☐ Reside as approved by PSA and do not relocate without prior permission from PSA. _____
☐ Maintain or actively seek employment and provide proof to PSA.
☐ Maintain or commence an educational program and provide proof to PSA.
☐ Avoid all contact, directly or indirectly, with any person who is or who may become a victim or potential witness in the subject investigation or prosecution, including but not limited to: _____
☐ Not possess any firearms, ammunition, destructive devices, or other dangerous weapons. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the US Marshal.
☐ Not use/possess any identification other than in your own legal name or true name. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the U.S. Marshal.
☐ Not use alcohol.
☐ Not use or possess illegal drugs. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the US Marshal.
☐ Submit to drug [and/or] alcohol testing and outpatient treatment as directed by PSA. You shall pay all or part of the cost for testing and treatment based upon your ability to pay as determined by PSA.
☐ Participate in residential drug [and/or] alcohol treatment as deemed necessary by PSA. You shall pay all or part of the cost for treatment based upon your ability to pay as determined by PSA. [ ] **Release to PSA only.**
☐ Participate in mental health evaluation, and/or counseling and/or treatment as directed by PSA. You shall pay all or part of the costs based upon your ability to pay as determined by PSA.

Defendant Initials CC **Date** 7/14/08

ORIGINAL - YELLOW COPY | PINK- PRETRIAL SERVICES | WHITE - DEFENDANT COPY

GPO U.S GOVERNMENT PRINTING OFFICE 2005-785-040

Cesar Cabrera
Defendant/~~Material Witness~~.

CASE NUMBER: SACR08-167

☐ Participate in one of the following home confinement program components and abide by all requirements of the program which [ ] **will** or [ ] **will not** include electronic monitoring or other location verification system. You shall pay all or part of the cost of the program based upon your ability to pay as determined by PSA.

[ ] **Curfew.** You are restricted to your residence every day: [ ] from _____ to _____. [ ] as directed by PSA. [ ] **Release to PSA only.**

[ ] **Home Detention.** You are restricted to your residence at all times except for employment; education; religious services; medical, substance abuse, or mental health treatment; attorney visits; court-ordered obligations; or other activities as pre-approved by PSA. [ ] **Release to PSA only.**

[ ] **Home Incarceration.** You are restricted to your residence at all times except for medical needs or treatment; religious services; and court appearances as pre-approved by PSA. [ ] **Release to PSA only.**

☐ Not possess or have access to, either in the home, the workplace, or any other location, any device which offers Internet access, except as approved by PSA. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property by Pretrial Services in conjunction with the US Marshal.

☐ Not associate or have verbal, written, telephonic, or electronic communication with any person who is less than the age of 18 except in the presence of another adult who is the parent or legal guardian of the minor.

☐ Not loiter/be found within 100 feet of any school yard, park, playground, arcade, or other place primarily used by children under the age of 18.

☐ Not be employed by, affiliate with, own, control, or otherwise participate directly or indirectly in conducting the affairs of any daycare facility, school, or other organization dealing with the care, custody, or control of children under the age of 18.

☐ Not view or possess child pornography or child erotica. [ ] In order to determine compliance, you will agree to submit to a search of your person and/or property, including computer hardware and software, by Pretrial Services in conjunction with the US Marshal.

☑ Other conditions: See attached Stipulation + Order.

✓ 7/14/08 — *Date*

✓ [signature] — *Defendant/~~Material Witness~~' Signature*

✓ 949-378-3184 — *Telephone Number*

✓ [redacted] Trabuco Canyon, CA 92679 — *City, State And Zip Code*

☐ **Check if interpreter is used:** I have interpreted into the _____ language all of the above conditions of release and have been told by the defendant that he or she understands all of the conditions of release.

_____ *Interpreter's signature* — _____ *Date*

Approved: _____ *United States District Judge / Magistrate Judge* — _____ *Date*

If Cash Deposited: Receipt # _____ For $_____

(This bond may require surety agreements and affidavits pursuant to Local Criminal Rules 46-3.2 and 46-6)

ORIGINAL - YELLOW COPY | PINK- PRETRIAL SERVICES | WHITE - DEFENDANT COPY

G2O U.S.GOVERNMENT PRINTING OFFICE: 2005-785-040

FILED
JUL 14 2008
CLERK, U.S. DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
SOUTHERN DIVISION AT SANTA ANA
BY _____ DEPUTY

THOMAS P. O'BRIEN
United States Attorney
ROBB C. ADKINS
Assistant United States Attorney
Chief Santa Ana Office
CARMEN R. LUEGE
Assistant United States Attorney
(Cal. State Bar # 115905)
Ronald Reagan Federal Building
411 W. Fourth Street
Santa Ana, California 92701
Telephone: (714) 338-3538
E:mail: carmen.luege@usdoj.gov

Attorneys for Plaintiff
UNITED STATES OF AMERICA

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA, Plaintiff, v. CESAR CABRERA, Defendant.	No. SA CR 08-167 STIPULATION RE BAIL RELEASE CONDITIONS; AND ORDER UNDER SEAL

United States of America, through its attorney of record, Assistant United States Attorney Carmen R. Luege, and defendant Cesar Cabrera, individually and through his attorney of record, stipulate and agree as follows:

1. Defendant is scheduled to appear for post indictment arraignment on July 14, 2008.

2. Defendant has signed a cooperation plea agreement and will be assisting the Drug Enforcement Administration (DEA) and the Internal Revenue Service (IRS) with an ongoing criminal investigation. As part of his cooperation, defendant may be

required to negotiate drug transactions with the targets of the investigation.

3. Pretrial Services does not supervise defendants who are cooperating with the government, particularly when the cooperation may require that defendant have contact with the targets of the investigation.

THEREFORE, IT IS HEREBY AGREED AND STIPULATED that defendant be released on bail pending trial on the following conditions:

(1) A $100,000 appearance bond with affidavit of surety without justification executed by defendant's spouse.

(2) Defendant shall be subject to intensive supervision by DEA Diversion Investigator (DI) Violeta Willmott and IRS SA Remoun Karlous.

(3) Defendant shall surrender all passports to the SA Remoun Karlous and not apply for the issuance of a passport during the pendency of this case.

(4) Defendant's travel is to be restricted to the Central District of California unless otherwise permitted by DI Willmott or SA Karlous.

(5) Defendant shall not enter a seaport, an airport, or any other terminal that permits exit from the continental United States without DI Willmott's or SA Karlous' permission.

(6) Defendant shall not use or possess any illegal drugs.

(7) Defendant shall be subject to drug/alcohol testing as deemed necessary by DI Willmott or SA Karlous.

DEAN STEWARD
Counsel for Defendant
Cesar Cabrera

7-14-08
Date

ORDER

It is so ordered.

7/14/08
Date

United States District Court Judge

MARC L. GOLDMAN
U.S. MAGISTRATE JUDGE

(8) Defendant shall not possess any kind of firearms or destructive devices.

(9) Defendant shall be subject to searches of his person and/or property by DI Willmott or SA Karlous Relating to and to insure compliance with conditions of bail.

(10) Defendant shall maintain verifiable ~~lawful~~ employment.

(11) Defendant shall participate in mental health counseling and/or treatment as deemed necessary by DI Willmott or SA Karlous. Defendant shall pay all cost of the mental health counseling/treatment.

~~IT IS FURTHER AGREED AND STIPULATED, that if defendant violates any of the conditions set forth above, the bond will be forfeited and an arrest warrant will be issued to place defendant in the custody of the U.S. Marshal pending trial.~~

UNITED STATES ATTORNEY'S OFFICE
FOR THE CENTRAL DISTRICT OF CALIFORNIA

THOMAS P. O'BRIEN
United States Attorney

CARMEN R. LUEGE
Assistant United States Attorney

7/14/2008
Date

I have read this stipulation and carefully discussed every part of it with my attorney. I understand the terms of my conditional release, and I voluntarily agree to comply with those terms.

CESAR CABRERA
Defendant

7/14/08
Date

No information was found that matched the search criteria entered.

PACER Service Center			
Transaction Receipt			
08/08/2022 12:51:03			
PACER Login:	deansteward	**Client Code:**	
Description:	Search	**Search Criteria:**	Last Name: Cabrera First Name: Cesar
Billable Pages:	1	**Cost:**	0.10
Exempt flag:	Not Exempt	**Exempt reason:**	Not Exempt

CLOSED

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA (Southern Division - Santa Ana)
CRIMINAL DOCKET FOR CASE #: 8:08-cr-00167-JVS-1

Case title: USA v. Cabrera

Date Filed: 07/01/2008

Date Terminated: 06/01/2010

Assigned to: Judge James V. Selna

Defendant (1)

Cesar Cabrera
TERMINATED: 06/01/2010

represented by **H. Dean Steward**
H. Dean Steward Law Offices
17 Corporate Plaza Suite 254
Newport Beach, CA 92660
949-481-4900
Fax: 949-706-9994
Email: deansteward7777@gmail.com
LEAD ATTORNEY
ATTORNEY TO BE NOTICED
Designation: Retained

Pending Counts

21:841(a) DISTRIBUTION OF HYDROCODONE
(1)

Disposition

Defendant sentenced to 27 months imprisonment on Counts 1 - 3 of the Information, to run concurrently. 3 years supervised release, concurrently under terms and conditions of US Probation Office and General Order 318. Pay special assessment of $300. All fines are waived. Court recommends that BOP conduct a mental health evaluation and provide necessary treatment. Court recommends placement in 500 hour drug treatment program.

Defendant sentenced to 27 months imprisonment on Counts 1 - 3 of the Information, to run concurrently. 3 years

21:841(a) DISTRIBUTION OF HYDROCODONE (2)	supervised release, concurrently under terms and conditions of US Probation Office and General Order 318. Pay special assessment of $300. All fines are waived. Court recommends that BOP conduct a mental health evaluation and provide necessary treatment. Court recommends placement in 500 hour drug treatment program.
18:1957(a) ENGAGING IN MONETARY TRANSACTIONS (3)	Defendant sentenced to 27 months imprisonment on Counts 1 - 3 of the Information, to run concurrently. 3 years supervised release, concurrently under terms and conditions of US Probation Office and General Order 318. Pay special assessment of $300. All fines are waived. Court recommends that BOP conduct a mental health evaluation and provide necessary treatment. Court recommends placement in 500 hour drug treatment program.

Highest Offense Level (Opening)

Felony

Terminated Counts	**Disposition**
None	

Highest Offense Level (Terminated)

None

Complaints	**Disposition**
Defendant in violation of 21:841 and 18:1956	

Plaintiff

USA

represented by **Carmen R Luege**
AUSA - Office of US Attorney
Criminal Division
411 West 4th Street Suite 8000
Santa Ana, CA 92701-4599
714-338-3500

Email: caseview.ecf@usdoj.gov
TERMINATED: 05/14/2009
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

Christine S Bautista
AUSA - Office of US Attorney
Criminal Division - US Courthouse
312 North Spring Street 12th Floor
Los Angeles, CA 90012
213-894-8911
Fax: 213-894-0142
Email: USACAC.criminal@usdoj.gov
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

Date Filed	#	Docket Text
06/02/2008	1	COMPLAINT filed as to Defendant Cesar Cabrera in violation of 21:841 and 18:1956. Approved by Magistrate Judge Arthur Nakazato. (mt) [8:08-mj-00263-DUTY *SEALED*] (Entered: 06/04/2008)
06/30/2008	2	NOTICE OF LODGING filed by Plaintiff USA as to Defendant (Attachments: # 1 Proposed Order)(Luege, Carmen) (Additional attachment(s) added on 7/1/2008: # 2 Not For Public View) (rla). Modified on 7/1/2008 (rla). [8:08-mj-00263-DUTY *SEALED*] (Entered: 06/30/2008)
07/01/2008	3	NOTICE of Manual Filing of Application and Proposed Order filed by Plaintiff USA as to Defendant Cesar Cabrera (Luege, Carmen) [8:08-mj-00263-DUTY *SEALED*] (Entered: 07/01/2008)
07/01/2008	6	INFORMATION filed as to Cesar Cabrera (1) count(s) 1-2, 3. Offense occurred in OC. (mt) (Entered: 07/09/2008)
07/01/2008	7	CASE SUMMARY filed by AUSA Carmen R. Luege as to Defendant Cesar Cabrera; defendants Year of Birth: 1960 (ade) (Entered: 07/09/2008)
07/01/2008	8	MEMORANDUM filed by Plaintiff USA as to Defendant Cesar Cabrera re: Judge Stephen G. Larson. (ade) (Entered: 07/09/2008)
07/01/2008	9	MEMORANDUM filed by Plaintiff USA as to Defendant Cesar Cabrera. re: Magistrate Judge John Charles Rayburn, Jr., Magistrate Judge Jacqueline Chooljian, Magistrate Judge Patrick J. Walsh, Magistrate Judge Jennifer T. Lum, Magistrate Judge Jeffrey W. Johnson. (ade) (Entered: 07/09/2008)
07/07/2008	64	Summons Issued as to Cesar Cabrera (dg) (dv). (Not for Public View Pursuant to the E-Government Act of 2002) (Entered: 07/14/2008)
07/11/2008	13	Summons Returned Executed on 7/8/08 as to Cesar Cabrera (mt) (Entered: 07/29/2008)

07/14/2008	12	STATEMENT OF CONSTITUTIONAL RIGHTS filed by Defendant Cesar Cabrera (rla) (Entered: 07/18/2008)
07/14/2008	14	MINUTES OF POST-INDICTMENT ARRAIGNMENT: held before Magistrate Judge Marc L. Goldman as to Cesar Cabrera (1) Count 1-2,3. Defendant arraigned, states true name: as charged. Attorney: H Dean Steward for Cesar Cabrera, Retained, present. Defendants first appearance. Court orders bail set for Cesar Cabrera (1) $100,000.00, See attached copy of the bond. Court orders defendant to report to the US Marshals Office forthwith for processing. The Court enters a plea of not guilty on behalf of the defendant to all counts as charged in the Information. Case assigned to Judge James V. Selna. Jury Trial set for 9/9/2008 08:30 AM before Judge James V. Selna. Status Conference set for 8/25/2008 09:00 AM before Judge James V. Selna. Defendant and counsel are ordered to appear. The Judges Order issued. Trial estimate: 7 days. Government counsel moves to seal these proceedings. Request denied. Case ordered unsealed for PIA. Government counsel to file a motion for sealing with the assigned district judge. Court Smart: CS 7/14/2008. (mt) (Entered: 07/29/2008)
07/14/2008	15	WAIVER OF INDICTMENT by Defendant Cesar Cabrera before Magistrate Judge Marc L. Goldman (mt) (Entered: 07/29/2008)
07/14/2008	16	DESIGNATION AND APPEARANCE OF COUNSEL; filed by H Dean Steward appearing for Cesar Cabrera (mt) (Entered: 07/29/2008)
07/14/2008	18	DECLARATION RE: PASSPORT filed by Defendant Cesar Cabrera (mt) (Entered: 07/29/2008)
07/30/2008	22	BOND AND CONDITIONS OF RELEASE filed as to Defendant Cesar Cabrera conditions of release: $100,000.00 Appearance Bond with affidavit of surety no justification by defendants wife (see attached bond for details) approved by Magistrate Judge Marc L. Goldman. (mt) (Entered: 08/02/2008)
05/14/2009	31	UNDER SEAL - NOTICE OF REASSIGNMENT of Criminal Case. (nbo) (Entered: 05/28/2009)
06/01/2009	32	SEALED DOCUMENT - STIPULATION Re Continuance of Status Conference. (nbo) (Entered: 06/04/2009)
06/02/2009	33	SEALED DOCUMENT - ORDER (nbo) (Entered: 06/04/2009)
10/16/2009	40	ORDER by Judge James V. Selna: granting 38 Exparte Application to Seal (ade) (Entered: 10/22/2009)
05/24/2010	61	MINUTES OF SENTENCING Hearing held before Judge James V. Selna as to Defendant Cesar Cabrera. Defendant Cesar Cabrera (1), Count(s) 1, 2, 3, Defendant sentenced to 27 months imprisonment on Counts 1-3 of the Information, to run concurrently. 3 years supervised release, concurrently under terms and conditions of US Probation Office and General Order 318. Pay special assessment of $300. All fines are waived. Court recommends that Bureau of Prison conduct a mental health evaluation and provide necessary treatment. Court recommends placement in 500 hour drug treatment program. Bond exonerated upon surrender. Defendant advised of right of appeal. (Defendant to surrender not later than 8/16/2010.) Court Reporter: Sharon

		Seffens. (nbo) Modified on 7/7/2010 (nbo). (Entered: 06/08/2010)
06/01/2010	62	JUDGMENT AND COMMITMENT by Judge James V. Selna as to Defendant Cesar Cabrera (1), Count(s) 1, 2, 3, Defendant sentenced to 27 months imprisonment on Counts 1-3 of the Information, to run concurrently. 3 years supervised release, concurrently under terms and conditions of US Probation Office and General Order 318. Pay special assessment of $300. All fines are waived. Court recommends that Bureau of Prisons conduct a mental health evaluation and provide necessary treatment. Court recommends placement in 500 hour drug treatment program. (nbo) (Entered: 06/08/2010)
06/04/2010	60	*SEALED DOCUMENT* Re: SENTENCING MEMORANDUM (dg) (Entered: 06/08/2010)
07/07/2010	63	NOTICE OF CLERICAL ERROR, as to Defendant Cesar Cabrera: Due to clerical error the incorrect filed date was used on Sentencing Minute Order 61 . The docket entry will be corrected to reflect the correct filed date. (nbo) (Entered: 07/07/2010)

PACER Service Center

Transaction Receipt

08/05/2022 16:35:12

PACER Login:	cesarcabrera	**Client Code:**	
Description:	Docket Report	**Search Criteria:**	8:08-cr-00167-JVS End date: 8/5/2022
Billable Pages:	5	**Cost:**	0.50

Case Summary

Case Number: 03SF0050
OC Pay Number: 1812831
Originating Court: Harbor - Laguna Niguel Facility
Pay or Appear by:
Traffic School Completion Date:
Next Payment Date:
Defendant: Cabrera, Cesar Burguillos
Demographics:

Eyes:	Brown
Hair:	Black
Height(ft/in) :	5'7"
Weight (lbs):	165

Arrest 1
1/8/2003

Arrest 2
2/6/2004

Names:

Last Name	First Name	Middle Name	Type
Cabrera	Cesar	Burguillos	Alias
Cadrera	Cesar	Burguillos	Alias
CABERA	CESAR	BURGUILLOS	Court True Name
Cabrera	Cesar	Burguillos	Real Name
Cadrera	Cesar	Burguillos	Alias

Case Status:

Status:	Closed
Case Stage:	Entered
Release Status:	
Warrant:	N
DMV Hold :	N
Charging Document:	Complaint
Mandatory Appearance:	Y
Owner's Resp:	N
Amendment #:	0

Counts:

Seq	S/A	Violation Date	Section Statute	OL	Violation	Plea	Plea Date	Disposition	Disposition Date
1	0	01/08/2003	11351 HS	F	Possession of controlled substance with intent to sell	NOT GUILTY	02/05/2003	Dismissed	12/18/2003
2	0	01/08/2003	11352(a) HS	F	Sale or transport of controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003
3	0	01/08/2003	11351 HS	F	Possession of controlled substance with intent to sell	NOT GUILTY	02/05/2003	Dismissed	12/18/2003
4	0	01/08/2003	11352(a) HS	F	Sale or transport of controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003
5	0	01/08/2003	11375(b)(2) HS	M	Possession controlled substance	GUILTY	12/18/2003	Pled Guilty	12/18/2003

Participants:

Role	Badge	Agency	Name	Vacation Start	Vacation End
Retained Attorney		RETAT	Pohlson, Gary M.		
District Attorney		OCDA	Jacobs, Tammy		
District Attorney		OCDA	Marangi, Stefanie		
District Attorney		OCDA	Selin, Anne		
District Attorney		OCDA	Sullens, Jack		

Heard Hearings:

Date	Hearing Type - Reason	Courtroom	Hearing Status	Special Hearing Result
02/05/2003	Arraignment -	S2	Heard	
02/19/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
03/19/2003	Pre Trial -	S2	Heard	10 court days
04/30/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
05/29/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
07/23/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
08/07/2003	Pre Trial -	S2	Heard	10 court days/60 calendar days
09/04/2003	Pre Trial -	S2	Heard	

10/08/2003	Pre Trial -	S2	Heard
11/13/2003	Pre Trial -	S2	Heard
12/04/2003	Pre Trial -	S2	Heard
12/18/2003	Pre Trial -	S1	Cancel
12/18/2003	Pre Trial -	S2	Heard

Bond:

Bail Date	Post Amount	Bondsman	Bondsman Address	Surety	Surety Address	Details		
						Action	Action Date	Amount
01/14/2003	25000.0	Creative Bail Bonds	null	Lexington National Insurance Corporation	null	Active	01/14/2003	25000
						Exonerated	12/18/2003	25000

Sentences:

Seq #	Sentence Date	Sentence	Due Date
1	12/18/2003	3 years Probation	
2	12/18/2003	90 days Jail	
3	12/18/2003	Restitution	

Probation:

Sent Seq #	Type	Term	End Date
1	FORMAL	3 years	12/17/2006

History:

Status	Status Date	End Date
Active	12/18/2003	12/17/2006
Expired	12/17/2006	12/17/2006

Case Number: POM8PK01595-01

Defendant Name: CABRERA, CESAR

Violation Date: *January 11, 2008*

Filing Date: March 13, 2008

Courthouse: Pomona Courthouse South

Arrest 3
1/11/2008

CASE INFORMATION

Count	Charge Section	Charge Statute	Plea	Disposition	Disposition Date
01	23152(A)	Vehicle Code	Nolo Contendere	Guilty/Convicted	07/11/2008
02	14601.1(A)	Vehicle Code	Not Guilty	Dismissed or Not Prosecuted	07/11/2008
03	20002(A)	Vehicle Code	Nolo Contendere	Guilty/Convicted	07/11/2008
04	12500(A)	Vehicle Code	Nolo Contendere	Guilty/Convicted	07/11/2008

EVENTS

Upcoming Scheduled Events

None

Past Events

Date	Time	Location	Dept/Room Number	Events
March 20, 2008	08:30 AM	Pomona Courthouse South	003	ARRAIGNMENT
April 17, 2008	08:30 AM	Pomona Courthouse South	003	PRETRIAL HEARING

April 18, 2008	08:30 AM	Pomona Courthouse South	003	BENCH WARRANT HOLD
May 30, 2008	08:30 AM	Pomona Courthouse South	003	PRETRIAL HEARING
July 2, 2008	08:30 AM	Pomona Courthouse South	003	PRETRIAL HEARING
July 11, 2008	08:30 AM	Pomona Courthouse South	003	PRETRIAL HEARING
April 29, 2009	08:00 AM		CLK	DOCKET LINE ENTRY
April 29, 2009	08:30 AM		CLK	DOCKET LINE ENTRY
May 5, 2009	09:00 AM	Pomona Courthouse South	003	COURT CONSIDERATION
July 14, 2009	08:00 AM		CLK	DOCKET LINE ENTRY
August 7, 2009	08:30 AM	Pomona Courthouse South	002	BENCH WARRANT HEARING
August 30, 2010	08:00 AM		CLK	DOCKET LINE ENTRY
August 30, 2010	08:30 AM	Pomona Courthouse South	002	POSSIBLE VIOL. OF PROBATION
October 1, 2010	08:00 AM		CLK	DOCKET LINE ENTRY
October 1, 2010	08:30 AM	Pomona Courthouse South	002	MODIFICATION OF PROBATION
September 30, 2020	09:00 AM		CLK	DOCKET LINE ENTRY
September 16, 2021	08:00 AM		CLK	DOCKET LINE ENTRY

BAIL

No Information Found

SENTENCING INFORMATION

THE INFORMATION PROVIDED ON THIS WEBSITE CONTAINS ONLY AN EXTRACTION FROM THE COURT RECORD. IT IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND IS NOT A FULL AND COMPLETE RECORD OF COURT PROCEEDINGS.

Sentencing Information			
SENTENCING DATE:	July 11, 2008		
For Count(s):	01	PROBATION/MANDATORY SUPERVISION:	FORMAL PROBATION 3 YEAR(S)
JAIL TERM:		JAIL TERM:	
BASE FINE/TOTAL FINE:	$0.00	BASE FINE/TOTAL FINE:	$400.00
(OR) Jail term instead of fine:		(OR) Jail term instead of fine:	
Additional Terms			
PROGRAM:			
PROGRAM INSTEAD OF FINE:			
ALCOHOL PROGRAM:			
THE DEFENDANT SHALL ENROLL AND PARTICIPATE IN AND SUCCESSFULLY COMPLETE A 3-MONTH LICENSED FIRST-OFFENDER ALCOHOL AND OTHER DRUG EDUCATION AND COUNSELING PROGRAM.			
LICENSE RESTRICTION/SUSPENSION:			

Sentencing Information

SENTENCING DATE:	July 11, 2008		
For Count(s):	03	PROBATION/MANDATORY SUPERVISION:	FORMAL PROBATION 3 YEAR(S)
JAIL TERM:		JAIL TERM:	
BASE FINE/TOTAL FINE:	$0.00	BASE FINE/TOTAL FINE:	$100.00
(OR) Jail term instead of fine:		(OR) Jail term instead of fine:	
Additional Terms			
PROGRAM:			
PROGRAM INSTEAD OF FINE:			
ALCOHOL PROGRAM:			
LICENSE RESTRICTION/SUSPENSION:			

Sentencing Information			
SENTENCING DATE:	July 11, 2008		
For Count(s):	04	PROBATION/MANDATORY SUPERVISION:	FORMAL PROBATION 3 YEAR(S)
JAIL TERM:		JAIL TERM:	

BASE FINE/TOTAL FINE:	$0.00	BASE FINE/TOTAL FINE:	$100.00
(OR) Jail term instead of fine:		(OR) Jail term instead of fine:	
Additional Terms			
PROGRAM:			
PROGRAM INSTEAD OF FINE:			
ALCOHOL PROGRAM:			
LICENSE RESTRICTION/SUSPENSION:			

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

June 22, 2021

CERTIFIED MAIL

Cesar B. Cabrera
[redacted] Via Navarra
Mission Viejo, CA 92691

RE: Petition for Reinstatement of Pharmacist License
Cesar B. Cabrera, RPH 41132

Dear Mr. Cabrera:

Attached is the Decision and Order of the Board of Pharmacy (Board) regarding the above-referenced matter. Your attention is directed to pages 7-8 of the Decision.

Effective July 22, 2021, your petition for reinstatement of Pharmacist License No. RPH 41132, is granted. Upon satisfaction of the following conditions, your pharmacist license shall be reinstated:

a. Take and pass the California Pharmacist Jurisprudence Examination (CPJE) and Northern American Pharmacist Licensure Examination (NAPLEX) within one (1) year of the effective date of this decision. Failure to take and pass the examinations within one (1) of the effective date of this Order shall invalidate the order granting the petition for reinstatement, petitioner shall be deemed to have failed the conditions precedent to re-licensure and your pharmacist license shall remain revoked.
b. You shall pay all costs of the examinations required by the Board.
c. You are required to be fingerprinted as part of the re-licensure process. Live scan information can be found on the Board's website as part of the pharmacist licensure and examination application packet. Please submit a copy of the completed live scan form with a copy of this letter. Upon written notice by the Board indicating fulfillment of these conditions, your license will be fully reinstated. In addition, upon successful passing the examinations you shall pay the licensing fee of $527.00 ($505 renewal fee, $22 CURES fee).

If you wish to file a petition for reconsideration pursuant to Government Code section 11521, the petition must be received prior to the effective date of the decision. However, please be aware the Board needs approximately five days to process a petition for reconsideration. Attached is a copy of the Government Code section for your review.

If you have any questions concerning this matter, you may contact me at (916) 518-3008.

Sincerely,

Anne Sodergren
Executive Officer

By

Susan Cappello
Enforcement Manager

cc: Kristina Jarvis, DAG
Adam B. Brown, Esq.

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Petition for Reinstatement of Pharmacist License
Cesar B. Cabrera, RPH 41132

I am over 18 years of age, and not a party to the within cause; my business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed as follows:

NAME	CERTIFIED NO.
Cesar B. Cabrera [redacted] Via Navarra Mission Viejo, CA 92691	7019 2970 0002 2050 1357
Adam B. Brown, Esq. 3848 W. Carson Street, Suite 206 Torrance, CA 90503	7019 2970 0002 2050 1364

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on June 22, 2021, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on June 22, 2021, at Sacramento, California.

Susan Cappello, Enforcement Manager

BEFORE THE
CALIFORNIA STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for Reinstatement of:

CESAR B. CABRERA, Petitioner

Agency Case No. 2949

OAH No. 2021030370

DECISION

This matter was heard on March 18, 2021, before a quorum of the California State Board of Pharmacy (Board), Department of Consumer Affairs, by WebEx. Administrative Law Judge Coren D. Wong, Office of Administrative Hearings, State of California, presided.

Kristina T. Jarvis, Deputy Attorney General, appeared pursuant to Government Code section 11522.

Adam B. Brown of the Law Office of Brown & Brown represented petitioner Cesar B. Cabrera, who was present throughout the hearing.

Evidence was received, the record closed, and the matter submitted for written decision on March 18, 2021.

SUMMARY

Petitioner seeks reinstatement of his license to practice pharmacy, which was revoked because he violated the conditions of his probation. When all the evidence is considered, petitioner established that he has been sufficiently rehabilitated to justify reinstating his license after he completes the licensing examinations and pays the outstanding costs he owes the Board. Therefore, his petition is granted.

FACTUAL FINDINGS

License History

1. The Board issued petitioner Pharmacist License Number RPH 41132 on August 18, 1987.

PRIOR ACCUSATION

2. On July 27, 2004, a former Executive Officer of the Board signed an Accusation seeking to discipline petitioner's license because he was convicted of a crime substantially related to the qualifications, functions, or duties of a pharmacist – possession for sale of hydrocodone. Petitioner signed a stipulated settlement placing his license on probation for five years. Conditions of probation included: 1) a 90-day license suspension; 2) reimbursing the Board $6,300 for its costs of investigation and enforcement; 3) completing a rehabilitation program; and 4) abstain from drugs and alcohol.

3. The Board adopted the stipulated settlement on February 4, 2005. Petitioner's five-year probation period began March 5, 2005.

PETITION TO REVOKE PROBATION

4. On April 21, 2006, a former Executive Officer of the Board filed a Petition to Revoke petitioner's probation. The Petition to Revoke alleged that petitioner: 1) practiced pharmacy while his license was suspended; 2) failed to reimburse the Board for its costs of investigation and enforcement; 3) failed to comply with the requirements of a rehabilitation program by being terminated from the Pharmacist Recovery Program (PRP), testing positive for alcohol, returning to work without having a worksite monitor agreement, working at a facility with a relative, failing to enter inpatient chemical dependency treatment, returning to work after relapse, returning to work after being suspended by the PRP, and failing to comply with his PRP contract; and 4) tested positive for alcohol.

5. Petitioner signed a stipulated settlement revoking his license. The Board issued a Decision and Order adopting the stipulated settlement on January 22, 2007, and the effective date of petitioner's license revocation was February 21, 2007.

Petition for Reinstatement

6. On November 26, 2019, petitioner signed a Petition for Reinstatement, which the Board received three months later.

7. Petitioner has been sober from alcohol since July 17, 2009. He obtained his sobriety by attending a 28-day residential treatment program at Hoag Hospital Addiction Treatment, completing an intensive outpatient program at Pacific Hills Treatment, participating in group therapy at Addiction Treatment for Health Care Professionals, and completing a nine-month/500-hour residential treatment program at Residential Drug Abuse Program. Petitioner continues to attend Alcoholics Anonymous meetings to help maintain his sobriety.

8. Petitioner obtained his drug and alcohol counselor certificate from Saddleback College in 2014, and has been working in the recovery field since then. He has worked as a Case Manager/Certified Counselor at Sobertec, LLC, a Case Manager/Behavioral Technician at SoCal Detox, LLC, and the Clinical Director/Program Director for Beachside Recovery, LLC.

9. Petitioner was the Executive Director of Milestone Addiction Centers from August 2016 to June 2019. He was responsible for overseeing the day-to-day operations of a 52-bed residential treatment center in Costa Mesa, California. He has been the Assistant Clinical Director and Compliance Officer for Inspire Health Center since June 2019. Inspire Health Center is a residential drug and alcohol treatment facility in Newport Beach, California. He is responsible for overseeing the clinical aspect of the treatment program and assisting with administrative duties. Additionally, he helps develop, initiate, maintain, and revise policies and procedures to ensure the program remains in compliance with the Joint Commission on Accreditation of Health Care Organizations and state licensing requirements.

10. Petitioner discovered a new passion working with those addicted to drugs and/or alcohol. He estimated the number of people he has counseled since 2014 to be "in the hundreds." He explained that working with others battling addictions keeps him "grounded." If his license is reinstated, he intends to continue serving those in recovery by working at a retail pharmacy that serves detox facilities and residential treatment homes.

11. Petitioner completed 62.5 hours of continuing education between June 14, 2017, and February 5, 2021. However, only 30.5 hours were Board-approved programs, all of which were completed on February 4 and 5, 2021. At hearing,

petitioner explained the remaining 32 hours were completed as part of the requirements for maintaining his drug and alcohol counselor certificate.

12. Petitioner submitted four letters of recommendation that were subsequently verified by Board staff – two from licensed pharmacists and two from citizens. Although the two licensed pharmacists were aware of petitioner's disciplinary history, neither of the citizens were. However, all four authors wrote in favor of reinstating petitioner's license.

13. At hearing, petitioner recognized that his license could be reinstated on a probationary basis, and unhesitatingly expressed his willingness to comply with any terms and conditions imposed by the Board. He explained he did not understand his obligation to reimburse the Board for its costs of investigation and enforcement prior to his license being revoked, but now recognizes his obligation to do so. He owed $3,137.50 as of the date of hearing.

Analysis

14. The conduct underlying the Board's revocation of petitioner's license was serious. He violated the Pharmacy Law (Bus. & Prof. Code, § 4000 et seq.), and the Board deemed it appropriate to place him on five years' probation. He violated numerous conditions of probation, including the temporary suspension of his license. Petitioner's license was revoked on February 21, 2007, and he has not practiced pharmacy for more than 14 years.

15. Petitioner spent the first few years after his license was revoked focusing on obtaining sobriety from alcohol. He achieved sobriety on July 17, 2009, and has maintained his sobriety ever since. He obtained certification as a drug and alcohol counselor in 2014 and committed himself to helping others battling addiction. He

confirmed his commitment at hearing by describing his plans to work in a retail pharmacy serving detox facilities and residential treatment homes if his license is reinstated.

16. Petitioner's evidence and testimony was credible. He demonstrated insight into the misconduct which led to his license being revoked. He showed remorse for that conduct. When all the evidence is considered, petitioner produced clear and convincing evidence of his ability to return to the practice of pharmacy in a manner consistent with public health, safety, and welfare, subject to the conditions precedent specified below.

LEGAL CONCLUSIONS

Applicable Burden/Standard of Proof

1. Petitioner has the burden of proving his eligibility for reinstatement, and he must do so by clear and convincing evidence. (*Hippard v. State Bar of California* (1990) 49 Cal.3d 1084, 1091-1092.) "The courts have defined clear and convincing evidence as evidence which is so clear as to leave no substantial doubt and as sufficiently strong to command the unhesitating assent of every reasonable mind. [Citations.] It has been said that a preponderance calls for probability, while clear and convincing proof demands a high probability [citations]." (*In re Terry D.* (1978) 83 Cal.App.3d 890, 899; italics omitted.)

Applicable Law

2. A pharmacist may petition the Board for reinstatement after three years have elapsed since the effective date of the disciplinary order. (Bus. & Prof. Code, §

4309, subd. (a)(1).) When deciding a petition, the Board may consider factors such as the petitioner's actions since discipline was imposed, the offenses for which discipline was opposed, and the petitioner's rehabilitation. (Bus. & Prof. Code, § 4309, subd. (d)(1), (2) & (4).)

The Attorney General must be given notice of any petition filed, and "shall be afforded an opportunity to present either oral or written argument before the" Board. (Gov. Code, § 11522.)

Conclusion

3. Petitioner met his burden of producing clear and convincing evidence of sufficient rehabilitation to justify reinstatement for the reasons explained in Factual Findings 14 through 16. Therefore, his Petition for Reinstatement is granted.

ORDER

It is hereby ordered that petitioner Cesar B. Cabrera's petition for reinstatement is GRANTED. Upon satisfaction of the following conditions precedent, Pharmacist License Number RPH 41132 shall be reinstated:

1. Petitioner shall take and pass The North American Pharmacist Licensure Examination (NAPLEX) and the California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE) within one (1) year of the effective date of this Order. Failure to take and pass the examinations within one (1) year of the effective date of this Order shall invalidate the order granting the petition for reinstatement, petitioner shall be deemed to have failed the conditions precedent for re-licensure, and Pharmacist License Number RPH 41132 shall remain revoked.

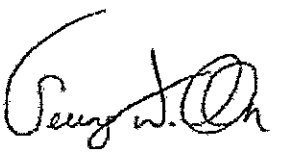
2. Petitioner shall pay the fees in place at the time for these examinations.

3. Petitioner shall pay all applicable application and licensing fees as well as any outstanding costs of investigation and enforcement.

This Decision shall become effective at 5:00 p.m. on July 28, 2021.

It is so ORDERED on June 28, 2021.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By 

Seung W. Oh, Pharm.D.
Board President

ERRATA

RECEIVED
FEB 20 2019
Brown & Brown

Corrections to Stipulated Revocation of License and Order and Exhibit A Accusation/Petition to Revoke Probation No. 2949

Stipulated Revocation of License and Order and Exhibit A, the Accusation/Petition to Revoke Probation No. 2949, contains references to Pharmacist License No. RPH 49485 in the underlying disciplinary action entitled "In the Matter of the Accusation against Cesar B. Cabrera" which, pursuant to a decision of the Board of Pharmacy effective May 27, 2005, revoked Respondent's Pharmacist License but stayed revocation in favor of probation for five (5) years. Those references mistakenly use Pharmacist License No. RPH 49485 rather than Pharmacist License No. RPH 41132. This clerical error is hereby corrected as part of the Board's Stipulated Revocation of License and Order. This Errata page shall become part of Respondent's disciplinary history with the Board. For the purposes of correcting the record, the following changes are hereby made to the Stipulated Revocation of License and Order and Exhibit A:

Stipulated Revocation of License and Order:

Page 1, Line 17: Substitute "41132 " for "49485"
Page 2, Line 4: Substitute "41132 " for "49485"
Page 3, Line 24: Substitute "41132 " for "49485"

Exhibit A

Page 1, Line 15: Substitute "41132 " for "49485"
Page 1, Line 23: Substitute "41132 " for "49485"
Page 6, Line 6: Substitute "41132 " for "49485"
Page 6, Line 7: Substitute "41132 " for "49485"

BILL LOCKYER, Attorney General
of the State of California
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Supervising Deputy Attorney General
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Facsimile: (619) 645-2061

Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER OF AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition to Revoke Probation Against: CESAR B. CABRERA [redacted] Old Hickory Road Trabuco Canyon, CA 92679 Pharmacist License No. 49485 Respondent.	Case No. 2949 OAH No. L 2006070432 **STIPULATED REVOCATION OF LICENSE AND ORDER**

In the interest of a prompt and speedy resolution of this matter, consistent with the public interest and the responsibility of the Board of Pharmacy (Board), the parties hereby agree to the following Stipulated Revocation of License and Order which will be submitted to the Board for approval and adoption as the final disposition of the Petition.

PARTIES

1. Patricia F. Harris (Complainant) is the Executive Officer of the Board of Pharmacy. She brought this action solely in her official capacity and is represented in this matter by Bill Lockyer, Attorney General of the State of California, by James M. Ledakis, Deputy Attorney General.

2. CESAR B. CABRERA (Respondent) is represented in this proceeding by attorney, Donald Brown, whose address is 3848 Carson Street, Suite 206, Torrance, CA 90503.

3. On or about August 18, 1987, the Board issued Pharmacist License No. RPH 49485 to Respondent. The License was in full force and effect at all times relevant to the charges brought in Petition No. 2949 and will expire on December 31, 2006, unless renewed.

JURISDICTION

4. The Petition to Revoke Probation was filed before the Board, and is currently pending against Respondent. The Petition and all other statutorily required documents were properly served on Respondent on April 12, 2006. Respondent timely filed his Notice of Defense contesting the Petition. A copy of Petition No. 2949 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Petition No. 2949. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Revocation of License and Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Petition; the right to be represented by counsel, at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

/

/

/

CULPABILITY

8. Respondent understands that the charges and allegations in Petition No. 2949, if proven at a hearing, constitute cause for imposing discipline upon his Pharmacist License.

9. For the purpose of resolving the Petition without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Petition and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to order the Revocation of his Pharmacist License without further process.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

12. The parties understand and agree that facsimile copies of this Stipulated Revocation of License and Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Pharmacist License No. 49485, issued to Respondent CESAR B. CABRERA is revoked and accepted by the Board.

14. The Revocation of Respondent's Pharmacist License and the acceptance of the revoked license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's

ENDORSEMENT

The foregoing Stipulated Revocation of License and Order is hereby respectfully submitted for consideration by the Board.

DATED: December 6, 2006

BILL LOCKYER, Attorney General
of the State of California

JAMES M. LEDAKIS
Deputy Attorney General

Attorneys for Complainant

DOJ Matter ID: SD2005800300
Stipulated Revocation.wpd

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER OF AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition Against: CESAR B. CABRERA [redacted] Old Hickory Road Trabuco Canyon, CA 92679 Pharmacist License No. 49485 Respondent.	Case No. 2949 OAH No. L 2006070432

DECISION AND ORDER

The attached Stipulated Revocation of License and Order is hereby adopted by the Board, as its Decision in this matter.

This Decision shall become effective on February 21, 2007.

It is so ORDERED January 22, 2007.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By William Powers
WILLIAM POWERS
Board President

license history with the Board.

15. Respondent shall lose all rights and privileges as a pharmacist in California as of the effective date of the Director's Decision and Order.

16. Respondent shall cause to be delivered to the Board all his licenses on or before the effective date of the Decision and Order.

17. Respondent understands and agrees that if he ever applies for licensure or petitions for reinstatement in the State of California, the Board shall treat it as a new application for licensure. Respondent must comply with all the laws, regulations and procedures for licensure in effect at the time the application or petition is filed, and all of the charges and allegations contained in Petition No. 2949 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the application or petition.

ACCEPTANCE

I have carefully read the above Stipulated Revocation of License and Order and have fully discussed it with my attorney, Donald Brown. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Revocation of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board.

DATED: 12/5/06.

CESAR B. CABRERA (Respondent)

I have read and fully discussed with CESAR B. CABRERA the terms and conditions and other matters contained in this Stipulated Revocation of License and Order. I approve its form and content.

DATED: NOV 30 2006.

DONALD BROWN
Attorney for Respondent

BILL LOCKYER, Attorney General
of the State of California
JAMES M. LEDAKIS, State Bar No. 132645
Deputy Attorney General
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Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: CESAR B. CABRERA [redacted] Old Hickory Road Trabuco Canyon, CA 92679 Pharmicist No. RPH 49485 Respondent.	Case No. 2949 **PETITION TO REVOKE PROBATION**

Complainant alleges:

PARTIES

1. Patricia F. Harris (Complainant) brings this Petition to Revoke Probation solely in her official capacity as the Executive Officer of the Board of Pharmacy.

2. On or about August 18, 1987, the Board issued Pharmacist No. RPH 49485 to CESAR B. CABRERA (Respondent). Said license will expire on December 31, 2006, unless renewed.

3. In a disciplinary action entitled "In the Matter of the Accusation Against Cesar B. Cabrera," Case No. 2777, the Board issued a decision, effective March 5, 2005, in which Respondent's Pharmacist license was revoked. However, the revocation was stayed and Respondent's pharmacist license was placed on probation for a period of five (5) years with

certain terms and conditions. A copy of that decision is attached as Exhibit A and is incorporated by reference.

JURISDICTION

4. This Petition to Revoke Probation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

5. Section 4300 of the Code states:

> (a) Every license issued may be suspended or revoked.
>
> . . . .
>
> (d) The board may initiate disciplinary proceedings to revoke or suspend any probationary certificate of licensure for any violation of the terms and conditions of probation. Upon satisfactory completion of probation, the board shall convert the probationary certificate to a regular certificate, free of conditions.

6. Section 4301 of the Code states:

> The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:
>
> . . . .
>
> (f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

7. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

8. Section 118, subdivision (b), of the Code provides that the suspension, expiration, surrender, cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

Facts:

9. On January 8, 2003, respondent was arrested by the Orange County Sheriff's Department for possession for sale of Hydrocodone, which he admitted stealing from

his employer in Long Beach, California. On December 18, 2003, respondent pled guilty to felony possession for sale of Hydrocodone. He was sentenced to serve 90 days in jail, pay $400.00 in restitution, complete a one year outpatient drug treatment, and given three years probation.

10. On July 27, 2004, the Board filed an Accusation against respondent for a conviction substantially related his licensure as a pharmacist.

11. On December 27, 2004, respondent signed a stipulated settlement placing his license on five years probation with suspension and other terms and conditions.

12. On February 4, 2005, the Board adopted the stipulated agreement with respondent to be effective March 5, 2005. On March 8, 2005, respondent appeared at his probation conference to review all the terms and conditions of his probation, including his suspension from pharmacy practice from March 5, 2005 through June 4, 2005.

13. As part of the Pharmacists Recovery Program Treatment Contract, respondent agreed to be bound by the terms of the program. As part of his recovery, respondent agreed to the following:

a. Abstain from the use of alcohol and all other mind altering drugs;
b. Return to work as a pharmacist up to 24 hours per week;
c. Not work in a pharmacy where a family member is employed;
d. Be supervised 75% of each work week by another licensed pharmacist;
e. Not supervise others, act a Pharmacist in Charge, Manager or preceptor to interns or new employees;
f. Report all relapses to Maximus and cease practice upon relapse;
g. Understand that he could be terminated from the PRP for failure to comply with the contract.

14. On June 27, 2005 and July 6, 2005, respondent tested positive for alcohol. On July 6, 2005, respondent denied alcohol use and denied knowing that the PRP Program prohibited alcohol use. Finally, he admitted to drinking. Maximus verbally suspended respondent from the practice of pharmacy and told him to leave work.

15. Maximus advised respondent that he did not have a work-site monitor in place and that he had not completed the work-site monitor paperwork. Respondent was advised that his current work place, Home Care Pharmacy in Riverside, violated his PRP contract because his wife was the Pharmacist in Charge. Later, respondent was notified in writing that he

returned to work at Home Care Pharmacy without notification to Maximus; continued to work at Home Care Pharmacy where his wife was the Pharmacist in Charge, which was in conflict with his PRP contract; and that continued violations could result in his termination from the PRP Program due to non-compliance. Respondent was ordered to enter an inpatient residential chemical dependency treatment program for 30 days treatment.

16. On July 8, 2005, respondent was working at Home Care Pharmacy, and was the only pharmacist present. There were two pharmacy technicians present. The Board confronted respondent with working in violation of his probation, and working in violation of his suspension. Respondent had a key to the pharmacy.

17. Maximus notified the Board that respondent had been terminated from the Pharmacists' Recovery Program effective July 13, 2005 for these violations:

a. Tested positive for alcohol on June 27, 2005 and July 5, 2006;
b. Returned to work without a work site monitor agreement in place with a licensed pharmacist;
c. Returned to work where a relative worked;
d. Failed to enter inpatient chemical dependency treatment;
e. Returned to work after relapse;
f. Returned to work after suspension by Maximus;
g. Non compliance with PRP Contract.

18. On July 14, 2005, the Board sent respondent a letter informing him that his license was suspended due to his termination from the PRP program. Respondent was advised not to enter any pharmacy during his suspension and not to practice pharmacy.

19. On August 11, 2005, the Board advised respondent that he failed to reimburse the Board its costs per the Board decision.

20. On October 6, 2005, the Board inspected Home Care Pharmacy and discovered that respondent was the only pharmacist on duty at the store. Respondent was confronted by the Board, but he had no excuses for working in violation of the Board's prior order suspending him for 90 days. Respondent worked on the following dates in violation of the 90 day suspension: March 7, 10, 21, 2005; April 13, 16, 2005; May 16, 20, 26, 31, 2005; and June 3, 2005.

FIRST CAUSE TO REVOKE PROBATION

(Suspension Period)

21. At all times after the effective date of Respondent's probation, Condition No. 1 stated: Respondent shall be suspended from the practice of pharmacy for a period of 90 days.

22. Respondent's probation is subject to revocation because he failed to comply with Probation Condition No. 1, as set forth in paragraphs 9 through 20 above, that is, he continued to work during his 90 day suspension.

SECOND CAUSE TO REVOKE PROBATION

(Reimbursement of Board Costs)

23. At all times after the effective date of Respondent's probation, Condition No. 7 stated: Respondent shall reimburse the Board its costs.

24. Respondent's probation is subject to revocation because he failed to comply with Probation Condition No. 7, as set forth in paragraphs 9 through 20 above.

THIRD CAUSE TO REVOKE PROBATION

(Rehabilitation Program)

25. At all times after the effective date of Respondent's probation, Condition No. 15 stated: Respondent shall comply with the terms of the Pharmacists' Recovery Program.

26. Respondent's probation is subject to revocation because he failed to comply with Probation Condition No. 15, as set forth above in paragraphs 9 through 20.

FOURTH CAUSE TO REVOKE PROBATION

(Abstain from Drugs and Alcohol)

27. At all times after the effective date of Respondent's probation, Condition No. 17 stated: Respondent shall not use alcohol or drugs.

28. Respondent's probation is subject to revocation because he failed to comply with Probation Condition No. 17, as set forth in paragraphs 9 through 20.

/

/

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board issue a decision:

1. Revoking the probation that was granted by the Board of Pharmacy in Case No. 2777 and imposing the disciplinary order that was stayed thereby revoking Pharmacist license no. RPH 49485 issued to CESAR B. CABRERA;

2. Revoking or suspending Pharmacist license no. RPH 49485, issued to CESAR B. CABRERA;

3. Taking such other and further action as deemed necessary and proper.

DATED: 4/21/06

P. J. Harris

PATRICIA F. HARRIS
Executive Officer
Board of Pharmacy
State of California
Complainant

SD2005800300
Petition to Revoke Probation.wpd

California State Board of Pharmacy
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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

PETITION FOR REINSTATEMENT OF LICENSE TO PRACTICE PHARMACY REVOKED BY ADMINSTRATIVE ACTION

Section 4309 of the Business and Professions Code states that a licensee may petition the Board of Pharmacy for the reinstatement of his or her license if they meet the following requirements:

1. Three years has elapsed from the effective date of the decision ordering disciplinary action; or
2. Two years has elapsed since a petition was previously filed pursuant to section 4309 of the Business and Professions Code and the petitioner was afforded a hearing; or
3. A petitioner is not currently under sentence or on court-imposed probation or parole for any criminal offense. **IF YOU ARE NO LONGER ON CRIMINAL PROBATION, YOU MUST SUBMIT PROOF OF TERMINATION OF CRIMINAL PROBATION;** and
4. There is currently no accusation or petition to revoke probation pending against the petitioner with the board.

If you meet the above requirements, you may petition the board by completing and submitting the attached petition form. When completing your petition, please refer to the attached "Guidelines for Petitions for Reinstatement, Reduction of Penalty, and Early Termination of Probation." These guidelines outline the rehabilitation criteria the board has determined a petitioner should meet when petitioning for license reinstatement.

The petition form **must** be accompanied by **two** or more verifiable letters of recommendations addressed to the board from holders of licenses issued by the Board of Pharmacy, and by **two** or more letters of recommendations from citizens. The letters must be within the last year from the date you are submitting your petition. Each author must indicate in their letter that they have personal knowledge of the disciplinary penalty imposed by the board and your activities since the disciplinary penalty was imposed. The board suggests that letters of recommendation include facts that demonstrate an author's personal knowledge of the subject's penalty and the petitioner's activities. Examples of activities may include employment, community service, volunteer work, etc. A board representative may contact you or anyone who has submitted a letter on your behalf.

Also, required is documentation of **30 hours of Board approved continuing education** (acquired within the last two years from the date your application is received by the board). Photocopies of the certificates of completion should be sent and the original certificates retained for your records.

Submit the petition with the required documents to the address above, to the attention of the enforcement unit. The petition will be processed and evaluated for scheduling at the next available board meeting. Please be advised that you should allow **90** days for the processing of your petition, and the petition set for hearing. Below is a schedule of board meeting dates with the cut-off date for submission of a petition.

You will be notified in writing of the hearing date. At the hearing, you will be afforded the opportunity to present both oral and written evidence of your rehabilitation; and you may, but need not be, represented by counsel. In deciding the case, the board will take into consideration the petition, all recommendations, and any oral or written evidence. The board will be represented by the Attorney General's Office and an administrative law judge will preside over the hearing.

BOARD MEETING DATES	CUT-OFF DATES	LOCATION
January 24 - 25, 2017	November 24, 2016	Glendale
May 3 - 4, 2017	February 3, 2017	TBD
July 25 - 26, 2017	April 25, 2017	TBD
November 7 - 8, 2017	August 7, 2017	TBD

California State Board of Pharmacy
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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

GUIDELINES FOR PETITIONS FOR REINSTATEMENT, REDUCTION OF PENALTY OR EARLY TERMINATION OF PROBATION

In petitioning for reinstatement and early termination of probation under Business and Professions Code section 4309 or reduction of penalty under Government Code section 11522, the petitioner has the burden of demonstrating any rehabilitative or corrective measures he or she has taken since the revocation action and, that he or she has the necessary and current qualifications and skills to safely engage in the practice of pharmacy within the scope of current law, and accepted standards of practice. In reaching its determination the board considers various factors including the following:

(a) The original violation(s) for which action was taken against the petitioner's license including:

1. The type, severity, number, and length of violations.
2. Whether the violation involved intentional, negligent or other unprofessional conduct.
3. Actual or potential harm to the public, patients, or others.
4. The length of time since the violation(s) was committed.

(b) Prior disciplinary and criminal actions also taken against the petitioner by the board, and state, local or federal agency or court including:

1. The petitioner's compliance with all terms of probation, parole, previous discipline or other lawfully imposed sanctions including any order of restitution.
2. Whether the petitioner is currently on or has been terminated from probation or other lawfully imposed sanction.
3. The petitioner's legal and regulatory history to and since the violation(s).

(c) The petitioner's attitude toward his or her commission of the original violation(s) and his or her attitude in regard to compliance with legal sanctions and rehabilitative efforts.

(d) The petitioner's documented rehabilitative efforts including:

1. Efforts to maintain and/or upgrade professional skills and knowledge through continuing education or other methods.
2. Efforts to establish safeguards to prevent repetition of the original violation(s) including changes or modifications in policies, structure, systems, or methods of behavior applicable to the petitioner's pharmacy practice.
3. Service to community or charitable groups.
4. Voluntary restitution to those affected by the original violation(s).
5. Use of appropriate professional medical or psychotherapeutic treatment.
6. Participation in appropriate self-help and/or rehabilitation groups.
7. Use of appropriate peer review mechanisms.
8. Participation in professional pharmacy organizations or associations.

(e) Assessment of petitioner's rehabilitative and corrective efforts including:

1. Whether the efforts relate to the original violation(s).
2. The date rehabilitative efforts were initiated.
3. The length, time, and expense associated with rehabilitative efforts or corrective actions.
4. The assessment and recommendations of qualified professionals directly involved in the petitioner's rehabilitative efforts or acting at the request of the board, including their description of the petitioner's progress and their prognosis of the petitioner's current ability to practice pharmacy.
5. The petitioner's reputation for truth, professional ability and good character since the commission of the original violation(s).
6. The nature and status of ongoing and continuing rehabilitative efforts.

In addition, the board may consider other appropriate and relevant matters not listed in the above guidelines.

Please note that all statements to be introduced at hearing must be made in person or pursuant to Government Code section 11514 (evidence by affidavit). All other statements not made in person or pursuant to Government Code section 11514 must be under oath and will be considered only as administrative hearsay.

California State Board of Pharmacy
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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

PETITION FOR REINSTATEMENT OF CERTIFICATE TO PRACTICE PHARMACY REVOKED THROUGH ADMINISTRATIVE DISCIPLINARY ACTION

Pursuant to section 4309 of the Business and Professions Code, a person whose certificate, license, permit, registration or exemption has been revoked or suspended may petition the Board to reinstate the certificate, license, permit, registration or exemption after a period of not less than three years has elapsed from the date of the revocation or suspension.

In determining whether the disciplinary penalty should be set aside and the terms and conditions, if any, which should be imposed if the disciplinary penalty is set aside, the board may investigate and consider all activities of the petitioner since the disciplinary action was taken, the offense for which discipline was imposed, activity during the time the certificate, license, permit, registration or exemption was in good standing and the petitioner's general reputation for truth, professional ability and good character.

Please print or type

1. Name	2. Date of Birth	3. California License Number

4. Residence Address — Street and Number — City — State — Zip Code

5. Telephone Number

Hm ( ) _____

Wk ( ) _____

6. Are you licensed in any other state? yes ☐ no ☐

State	Date of Issuance	Status of License

7. University, College or School of Pharmacy you attended.

Name of School	Dates Attended		Graduation Date	Degree
	From	To		

8. List years, location, and type of practice for 5 years prior to the revocation of your California License.

Dates		Location	Type of Practice
From	To		

9. If your license is restored, what type of pharmacy to you intend to practice?

_____

_____

10. Are you or have you ever been addicted to the use of narcotics or hypnotics? Yes ____ No ____

11. Are you or have you ever been habitually intemperate in the use of alcohol or other drugs? Yes ____ No ____

12. Have you ever been or are you currently under observation or treatment for mental disorders, alcoholism, narcotic or hypontic drug addiction? Yes ____ No ____

13. Have you ever been convicted of or pled no contest to a violation of any law of a foreign country, the United States, any state or a local ordinance? You must include all misdemeanor and felony convictions, regardless of the age of the offense, including those which have been set aside under Penal Code section 1203.4 (which includes diversion programs). Yes ____ No ____

14. Are you now on probation or parole for any criminal or administrative violations in this state or any other state? (Attach certified copies of all disciplinary or court documents.) Yes ____ No ____

15. Have you ever had disciplinary action taken against your pharmacist license in this state or any other state? Yes ____ No ____

If the answer to any questions, 10 through 15, is yes you must attach a statement of explanation giving full details.

ON AN ATTACHED SHEET OF PAPER ANSWER THE FOLLOWING QUESTIONS

16. List the date of revocation of your license and explain fully the cause of the disciplinary action.

17. Explain fully why you feel your license should be restored.

18. Describe fully your activites and occupation since the date of the revocation of your license; include dates, employers, and locations.

19. Describe any rehabilitative or corrective measures you have taken since your license revocation to prepare yourself for reinstatement. List dates, nature of programs, and current status. You may include any community service or volunteer work.

20. List all post-graduate or refresher courses, with dates, location and type of course, you have taken since your license was revoked.

21. List all pharmaceutical literature you have studied during the last year.

22. List all continuing education courses you have completed since your license was revoked. Attach copies of the certificates.

23. List names, addresses, and telephone numbers of persons submitting the letters of recommendation accompanying this petition.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE _____ Signature _____

NOTICE

Pursuant to Business and Professions Code section 4309(b) et seq., all items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the petition being rejected as incomplete. The information will be used to determine qualifications for reinstatement under the California Pharmacy Law. The official responsible for information maintenance is the Executive Officer, telephone (916) 445-5014, 400 R Street, Sacramento, California 95814-6237. The information may be transferred to another governmental agency, if necessary, for it to perform its duties. Each individual has the right to review the files or records maintained on them by our agency, unless the records are

California State Board of Pharmacy
1625 N. Market Blvd, N219, Sacramento, CA 95834
Phone: (916) 574-7900
Fax: (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

INSTRUCTIONS FOR FILING A PETITION

These instructions should be followed when filing a petition with the Board of Pharmacy to reinstate your pharmacist license after it has been revoked or to reduce a Board-imposed penalty.

The burden of proof is on you to establish clear and convincing evidence that you are entitled to have your petition granted under California law. **It is your responsibility**, as the petitioner, to provide the Board with sufficient evidence to establish that it will be safe for consumers if your petition is granted. You must show that you are sufficiently rehabilitated and competent to safely practice pharmacy.

PROCESS FOR FILING A PETITION

Q. How do I file a petition with the Board of Pharmacy?

A. Filing a petition with the Board of Pharmacy is a two-step process:

1. Submit the following items to the Board.
   - The attached petition form completed and signed.
   - Documents to support your current competence and rehabilitation.

2. Appear at the hearing before the Board to present evidence of your rehabilitation and competency.

EVIDENCE

Evidence is the information that you submit to substantiate your request, including documentation and testimony.

Q. How can I support that my evidence is authentic and valid?

A. You should submit original, dated signed evidence if at all possible. Documents should be on official letterhead whenever appropriate, such as letters from employers, health care professionals and other official sources. Any letters or statements should contain the following "Penalty of Perjury" statement at the end: "I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct." The statement should be signed and dated by the writer.

Q. What kinds of evidence are appropriate to present?

A. The following documents are examples of appropriate evidence, which may be helpful in demonstrating your rehabilitative efforts and competency. Documents should be recent and dated. The list is not intended to be comprehensive, and you are not limited to these examples. You should submit evidence that is relevant to the violation that led to the discipline of your license and your subsequent rehabilitation.

- Written statements from employers and persons in positions of authority who have on-the-job knowledge of your work performance. For probationers and out-of-state licensees who have practiced pharmacy subsequent to their disciplinary action, the statements should report on your current competency. (Include Penalty of Perjury statement.)

- Performance evaluation(s) from your current and recent employers.

- Letters from counselors regarding your participation in rehabilitation or recovery program, where appropriate. These should include a description of the program, frequency of sessions, diagnosis and prognosis in relation to safety to practice, current state of rehabilitation (or improvement), the counselor's basis for determining improvement, and credentials of counselor, and any other relevant information he or she can provide.

- Letters describing your participation in support groups, e.g. Alcoholics Anonymous, Narcotics Anonymous, Pharmacist Support Groups, etc... Where appropriate. Letters should include dates and frequency of attendance and documentation of attendance such as sign in-sheets. (Include Penalty of Perjury statement.)

- Laboratory analyses or drug screen reports, where appropriate.

- Physical and/or mental examination or assessment report by a licensed physician, psychiatrist, or psychologist related to your rehabilitation and safety to practice. If your license was revoked as a result of impairment due to mental or physical illness, the law requires competent evidence of the absence or control of the condition, which caused the action taken by the board.

- Certificates of completion or transcripts of courses related to pharmacy, which you may have completed since your license was disciplined.

- Letters or proof of community and volunteer work or other activities, which may be appropriate or relevant to demonstrating rehabilitation from the acts which, led to discipline. (Include Penalty of Perjury statement.)

Q. Must these documents be original documents?

A. Yes, original documents should be submitted as evidence with the petition packet. (Always keep a copy of these originals for your records.) All documents that are submitted with the petition packet must be clear and readable.

Q. Will the board contact people who submit documents on my behalf?

A. Yes, the board reserves the right to contact individuals who submit documents on your behalf to verify the information. A list of names, addresses, and phone numbers for everyone submitting documents on you behalf must be included with your petition packet.

HEARING

The Board hears the petitioner in a formal administrative hearing that resembles a court proceeding. At your hearing you have an opportunity to present evidence of your rehabilitation and competency.

Q. How is the hearing conducted?

A. An Administrative Law Judge will preside over the hearing proceedings. The Members of the Board of Pharmacy will hear and rule on your petition. You will sit at a table in front of the Board Members and the Administrative Law Judge. A Deputy Attorney General (DAG) from the Office of the California Attorney General will represent the State. The DAG will make a preliminary statement outlining all disciplinary actions, which have been taken against your license, and describe the documents you have submitted into evidence. The DAG may ask you questions about your violation and discipline, and efforts you have undertaken to rehabilitate yourself.

Q. What will I be expected to do?

A. You will be sworn under oath by the judge who will ask you to state in your own words what you have done to rehabilitate yourself and to maintain current pharmacy knowledge and skills. **Be prepared to make an oral presentation at this point, which includes such a statement.** The Board Members, the Administrative Law Judge and the Deputy Attorney General may ask questions to clarify your statement or elicit additional information regarding your rehabilitation and current competency.

Q. May I be represented by an attorney at the hearing?

A. Yes, but it is not required. You may represent yourself or an attorney may represent you.

Q. May I have persons come to speak on my behalf?

A. Yes, However, their testimony and yours should be directed specifically toward your pharmacy competence and/or rehabilitation. You may choose to bring family members or friends for support even if they do not testify.

Q. May I submit documents at the time of the hearing?

A. It is preferable and to your advantage to make every effort to submit all relevant documents with your petition 90 days prior to your hearing. This gives the Board Members a reasonable amount of time to review and study them beforehand. If you do submit something at the hearing, you must bring dated original documents. Please be aware that submitting documents at the last minute often causes delays in the processing and may result in a continuance in order to provide the Board Members with an opportunity to fully evaluate your documentation.

Q. How is the date and place for my hearing decided?

A. Enclosed is a schedule of Board meetings, dates and final filing dates for petitions. Petitions are scheduled during the closed session portion of each Board meeting. If the docket for petitions is not already filled, you will be scheduled for the Board meeting that you request.

Q. When will I know the exact date, time, and location for the hearings?

A. Approximately ten days prior to the Board meeting you will receive a formal "NOTICE OF PETITION HEARING" stating the date, time, and place at which you are to appear. Several cases may be scheduled on the hearing docket and it is not possible to know how long each case will last. Therefore, you need to be prepared to remain throughout the day depending on the number and length of cases and in which order they are scheduled.

THE BOARD'S DECISION

Q. When will I be notified of the Board's decision regarding my petition?

A. The Board's decision to grant or deny your petition will be mailed to you within approximately six weeks. The decision is not final until this legal document is mailed to you.

Q. If the Board does not grant my petition, may I petition again?

A. Yes. You may petition again one year after the effective date of the Board's decision to deny your petition. However, if you apply after one year has elapsed, it is at the board's discretion whether a hearing will be held.

BILL LOCKYER, Attorney General
of the State of California
JAMES M. LEDAKIS, State Bar No. 132645
Deputy Attorney General
California Department of Justice
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Attorneys for Complainant

RECEIVED
FEB 2 0 2019
Brown & Brown

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: CESAR BURGUILLOS CABRERA, R.P.H. [redacted] Old Hickory Road Trabuco Canyon, CA 92679 Pharmacist License No. RPH 41132 Respondent.	Case No. 2777 OAH No. L-2004080434 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Board of Pharmacy the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will be submitted to the Board for approval and adoption as the final disposition of the Accusation.

PARTIES

1. Patricia F. Harris (Complainant) is the Executive Officer of the Board of Pharmacy has brought this action solely in her official capacity and is represented in this matter by Bill Lockyer, Attorney General of the State of California, by James M. Ledakis, Deputy Attorney General.

2. Respondent Cesar Burguillos Cabrera, R.P.H. (Respondent) is represented in this proceeding by attorney Donald Brown, whose address is 3848 Carson Street, Suite 206 Torrance, CA 90503.

3. On or about August 18, 1987, the Board of Pharmacy issued Pharmacist License No. RPH 41132 to Cesar Burguillos Cabrera, R.P.H. (Respondent). The License was in full force and effect at all times relevant to the charges brought in Accusation No. 2777 and will expire on December 31, 2004, unless renewed.

JURISDICTION

4. Accusation No. 2777 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 4, 2004. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 2777 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 2777. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 2777, if proven at a hearing, constitute cause for imposing discipline upon his Pharmacist License.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

10. Respondent agrees that his Pharmacist License is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

12. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Director may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacist License No. RPH 41132 issued to Respondent Cesar Burguillos Cabrera, R.P.H. (Respondent) is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

1. **Actual Suspension**. Pharmacist license number RPH 41132, issued to Respondent Cesar Burguillos Cabrera, R.P.H. is suspended for a period of ninety (90) days.

During suspension, Respondent shall not enter any pharmacy area or any portion of the licensed premises of a wholesaler, veterinary food-animal drug retailer or any other distributor of drugs which is licensed by the Board, or any manufacturer, or where dangerous drugs and devices or controlled substances are maintained. Respondent shall not practice pharmacy nor do any act involving drug selection, selection of stock, manufacturing, compounding, dispensing or patient consultation; nor shall Respondent manage, administer, **or** be a consultant to any licensee of the Board, or have access to or control the ordering, manufacturing or dispensing of dangerous drugs and devices or controlled substances.

Respondent shall not engage in any activity that requires the professional judgment of a pharmacist. Respondent shall not direct or control any aspect of the practice of pharmacy. Respondent shall not perform the duties of a pharmacy technician or an exemptee for any entity licensed by the Board. Subject to the above restrictions, Respondent may continue to own or hold an interest in any pharmacy in which he holds an interest at the time this decision becomes effective unless otherwise specified in this order.

1. **Obey All Laws.** Respondent shall obey all state and federal laws and regulations substantially related to or governing the practice of pharmacy.

Respondent shall report any of the following occurrences to the Board, in writing, within 72 hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty or nolo contendere in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- discipline, citation, or other administrative action filed by any state and federal agency which involves Respondent's license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling or distribution or billing or charging for any drug, device or controlled substance.

2. **Reporting to the Board.** Respondent shall report to the Board quarterly. The report shall be made either in person or in writing, as directed. Respondent

shall state under penalty of perjury whether there has been compliance with all the terms and conditions of probation. If the final probation report **is not** made as directed, probation shall be extended automatically until such time as the final report is made and accepted by the Board.

3. **Interview with the Board.** Upon receipt of reasonable notice, Respondent shall appear in person for interviews with the Board upon request at various intervals at a location to be determined by the Board. Failure to appear for a scheduled interview without prior notification to Board staff shall be considered a violation of probation.

4. **Cooperation with Board Staff.** Respondent shall cooperate with the Board's inspection program and in the Board's monitoring and investigation of Respondent's compliance with the terms and conditions of his probation. Failure to comply shall be considered a violation of probation.

5. **Notice to Employers.** Respondent shall notify all present and prospective employers of the decision in case number 2777 and the terms, conditions and restrictions imposed on Respondent by the decision. Within 30 days of the effective date of this decision, and within 15 days of Respondent undertaking new employment, Respondent shall cause his direct supervisor, pharmacist-in-charge and/or owner to report to the Board in writing acknowledging the employer has read the decision in case number 2777.

If Respondent works for or is employed by or through a pharmacy employment service, Respondent must notify the direct supervisor, pharmacist-in-charge, and/or owner at every pharmacy of the and terms conditions of the decision in case number 2777 advance of the Respondent commencing work at each pharmacy.

"Employment" within the meaning of this provision shall include any full-time, part-time, temporary, relief or pharmacy management service as a pharmacist, whether the Respondent is considered an employee or independent contractor.

6. **No Preceptorships, Supervision of Interns, Being Pharmacist-in-Charge (PIC), or Serving as a Consultant.** Respondent shall not supervise any intern pharmacist or perform any of the duties of a preceptor, nor shall Respondent be the

pharmacist-in-charge of any entity licensed by the Board unless otherwise specified in this order.

7. **Reimbursement of Board Costs.** Respondent shall pay to the Board its costs of investigation and prosecution in the amount of $6,300. Respondent may make arrangements with his probation monitor to make payments over the course of his probation, but all payments must be made in full per agreement as a condition of probation.

The filing of bankruptcy by Respondent shall not relieve Respondent of his responsibility to reimburse the Board its costs of investigation and prosecution.

8. **Probation Monitoring Costs.** Respondent shall pay the costs associated with probation monitoring as determined by the Board each and every year of probation. Such costs shall be payable to the Board at the end of each year of probation. Failure to pay such costs shall be considered a violation of probation.

9. **Status of License**. Respondent shall, at all times while on probation, maintain an active current license with the Board, including any period during which suspension or probation is tolled.

If Respondent's license expires or is canceled by operation of law or otherwise, upon renewal or reapplication, Respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

10. **License Surrender while on Probation/Suspension.** Following the effective date of this decision, should Respondent cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, Respondent may tender his license to the Board for surrender. The Board shall have the discretion whether to grant the request for surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, Respondent will no longer be subject to the terms and conditions of probation.

Upon acceptance of the surrender, Respondent shall relinquish his pocket license to the Board within 10 days of notification by the Board that the surrender is accepted. Respondent may not reapply for any license from the Board for three years from the effective

date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the Board.

11. **Notification of Employment/Mailing Address Change.** Respondent shall notify the Board in writing within 10 days of any change of employment. Said notification shall include the reasons for leaving and/or the address of the new employer, supervisor or owner and work schedule if known. Respondent shall notify the Board in writing within 10 days of a change in name, mailing address or phone number.

12. **Tolling of Probation.** Should Respondent, regardless of residency, for any reason cease practicing pharmacy for a minimum of 40 hours per calendar month in California, Respondent must notify the Board in writing within 10 days of cessation of the practice of pharmacy or the resumption of the practice of pharmacy. Such periods of time shall not apply to the reduction of the probation period. It is a violation of probation for Respondent's probation to remain tolled pursuant to the provisions of this condition for a period exceeding three years.

"Cessation of practice" means any period of time exceeding 30 days in which Respondent is not engaged in the practice of pharmacy as defined in Section 4052 of the Business and Professions Code.

13. **Violation of Probation.** If Respondent violates probation in any respect, the Board, after giving Respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order which was stayed. If a petition to revoke probation or an accusation is filed against Respondent during probation, the Board shall have continuing jurisdiction and the period of probation shall be extended, until the petition to revoke probation or accusation is heard and decided.

If Respondent has not complied with any term or condition of probation, the Board shall have continuing jurisdiction over Respondent, and probation shall automatically be extended until all terms and conditions have been satisfied or the Board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty which was stayed.

14. **Completion of Probation.** Upon successful completion of probation, Respondent's license will be fully restored.

15. **Rehabilitation Program - Pharmacists Recovery Program (PRP).** Within 30 days of the effective date of this decision, Respondent shall contact the Pharmacists Recovery Program for evaluation and shall successfully participate in and complete the treatment contract and any subsequent addendums as recommended and provided by the PRP and as approved by the Board. The costs for PRP participation shall be borne by the Respondent.

If Respondent is currently enrolled in the PRP, said participation is now mandatory and is no longer considered a self-referral under Business and Professions Code section 4363, as of the effective date of this decision. Respondent shall successfully participate in and complete his current contract and any subsequent addendums with the PRP. Probation shall be automatically extended until Respondent successfully completes his treatment contract. Any person terminated from the program shall be automatically suspended upon notice by the Board. Respondent may not resume the practice of pharmacy until notified by the Board in writing. The Board shall retain jurisdiction to institute action to terminate probation for any violation of this term.

16. **Random Drug Screening.** Respondent, at his own expense, shall participate in random testing, including but not limited to biological fluid testing (urine, blood), breathalyzer, hair follicle testing, or a drug screening program approved by the Board. The length of time shall be for the entire probation period and the frequency of testing will be determined by the Board. At all times Respondent shall fully cooperate with the Board, and shall, when directed, submit to such tests and samples for the detection of alcohol, narcotics, hypnotics, dangerous drugs or other controlled substances. Failure to submit to testing as directed shall constitute a violation of probation. Any confirmed positive drug test shall result in the immediate suspension of practice by Respondent. Respondent may not resume the practice of pharmacy until notified by the Board in writing.

17. **Abstain from Drugs and Alcohol Use.** Respondent shall completely abstain from the possession or use of alcohol, controlled substances, dangerous drugs and their associated paraphernalia except when the drugs are lawfully prescribed by a licensed practitioner as part of a documented medical treatment. Upon request of the Board, Respondent shall provide documentation from the licensed practitioner that the prescription was legitimately issued and is a necessary part of the treatment of the Respondent.

18. **No Ownership of Premises.** Respondent shall not own, have any legal or beneficial interest in, or serve as a manager, administrator, member, officer, director, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the Board. Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the Board within 90 days following the effective date of this decision and shall immediately thereafter provide written proof thereof to the Board.

19. **Tolling of Suspension.** If Respondent leaves California to reside or practice outside this state, for any period exceeding 10 days (including vacation), Respondent must notify the Board in writing of the dates of departure and return. Periods of residency or practice outside the state - or any absence exceeding a period of 10 days shall not apply to the reduction of the suspension period. Respondent shall not practice pharmacy upon returning to this state until notified by the Board that the period of suspension has been completed.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Donald Brown. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board.

DATED: 12/21/04

CESAR BURGUILLOS CABRERA, R.P.H.
(Respondent)

12/17/2004 10:07 Dept. of Justice → 9131079206891

I concur with this stipulated settlement.

DATED: DEC 2 9 2004.

DONALD BROWN
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

DATED: January 3, 2005.

BILL LOCKYER, Attorney General
of the State of California

JAMES M. LEDAKIS
Deputy Attorney General

Attorneys for Complainant

DOJ Matter ID: SD2004800487
80045735.wpd

12/17/2004 10:07 Dept. of Justice → 9131079206891 NO.431 D011

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: CESAR BURGUILLOS CABRERA, R.P.H. [redacted] Old Hickory Road Trabuco Canyon, CA 92679 Pharmacist License No. RPH 41132 Respondent.	Case No. 2777 OAH No. L-2004080434

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, as its Decision in this matter.

This Decision shall become effective on March 6, 2005.

It is so ORDERED February 4, 2005.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By _____
STANLEY W. GOLDENBERG
Board President

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Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: CESAR B. CABRERA [redacted] Old Hickory Road Trabuco Canyon, CA 92679 License No. RPH 41132 Respondent.	Case No. 4777 **ACCUSATION**

Complainant alleges:

PARTIES

1. Patricia F. Harris (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about August 18, 1987, the Board of Pharmacy issued Original Pharmacist License Number RPH 50646 to CESAR B. CABRERA (Respondent). Said license will expire on December 31, 2004, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board of Pharmacy (Board), under the authority of the following sections of the Business and Professions Code (Code).

4. Section 4022 of the Code states:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use, except veterinary drugs that are labeled as such, and includes the following:

"(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.

"(b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a _____," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

". . .,

5. Section 4300 of the Code states:

"(a) Every license issued may be suspended or revoked.

"(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

". . .,

6. Section 4301 of the Code states:

"The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

". . .,

(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

. . . ,

(j) The violation of any of the statutes of this state or of the United States regulating controlled substances and dangerous drugs.

. . . ,

(l) The conviction of a crime substantially related to the qualifications, functions, and duties of a licensee under this chapter. The record of conviction of a violation of Chapter 13 (commencing with Section 801) of Title 21 of the United States Code regulating controlled substances or of a violation of the statutes of this state regulating controlled substances or dangerous drugs shall be conclusive evidence of unprofessional conduct. In all other cases, the record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime, in order to fix the degree of discipline or, in the case of a conviction not involving controlled substances or dangerous drugs, to determine if the conviction is of an offense substantially related to the qualifications, functions, and duties of a licensee under this chapter. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this provision. The board may take action when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

(p) Actions or conduct that would have warranted denial of a license.

. . . ,"

7. Section 4059 of the Code states, in pertinent part, that a person may not furnish any dangerous drug except upon the prescription of a physician, dentist, podiatrist, optometrist, or veterinarian. A person may not furnish any dangerous device, except upon the prescription of a physician, dentist, podiatrist, optometrist, or veterinarian.

8. Section 4060 of the Code states:

"No person shall possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, or veterinarian, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, or a physician assistant pursuant to Section 3502.1. This section shall not apply to the possession of any controlled substance by a manufacturer, wholesaler, pharmacy, physician, podiatrist, dentist, veterinarian, certified nurse-midwife, nurse practitioner, or physician assistant, when in stock in containers correctly labeled with the name and address of the supplier or producer.

"Nothing in this section authorizes a certified nurse-midwife, a nurse practitioner, or a physician assistant to order his or her own stock of dangerous drugs and devices."

9. Section 118, subdivision (b), of the Code provides that the suspension/expiration/surrender/cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

10. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DRUGS DEFINED:

11. "Tylenol with Codeine No. 4," is also known generically as a combination drug containing Acetaminophen and not more than 1.8 grams of Codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active non-narcotic ingredients in recognized therapeutic amounts. It is a Schedule III controlled substance as designated by California Health and Safety Code section 11056(e)(2).

12. "Diazepam" also known as "Valium" is a Schedule IV drug as classified by Health & Safety Code Section 11057(d)(9).

13. "Dyazide," a brand name for triamterene, is unsafe for self-medication, and is a dangerous drug as defined by California Business and Professions Code section 4022.

14. "Fastin, 30 mg.," is a brand name for phentermine hydrochloride which is a Schedule IV controlled substance as designated by California Health and Safety Code section 11057(f)(4).

15. "Glucophage", also known generically as "Metformin" is a dangerous drug as defined by California Business and Professions Code section 4022.

16. "Hydrocodone" is a Schedule III drug as classified by Health & Safety Code section 11056(e)(4).

17. "Carisoprodol" is the generic form of Soma and is a dangerous drug as defined under Business & Professions Code section 4022.

STATEMENT OF FACTS:

18. On January 8, 2003, Long Beach Police Officer P.R. stopped his patrol car to assist a stranded motorist, Respondent, on the side of the road. Respondent told the officer that he hit a mud puddle and his engine died. Officer P.R. called a tow truck for respondent.

19. During a routine license check, Officer P.R. discovered that Respondent was driving on a suspended drivers license and expired license plates. Incident to Respondent's arrest, Officer P.R. observed in plain view a medium sized pill bottle, with no label, in an open soft sided brief case in Respondent's car. Respondent told the officer that the pills were Soma (a dangerous drug) and that he did not have a prescription for them in his possession. Officer P.R. requested permission to search his car and Respondent consented. Officer P.R. took into custody $1,850 in cash, 1000 tablets of Acetaminophen with Codeine #3, 174 tablets of Hydrocodone 10/325, 270 tablets of Vicodin ES 7.5/750, 141 tablets of Hydrocodone/APAP, 100 tablets of Soma, 700 tablets of Diazepam, 97 tablets of Metformin Hydrochloride, 24 tablets of Hyzaar and a small bottle of 10 tablets of generic Soma.

20. Officer P.R. asked Respondent if he had a prescription for all the aforementioned drugs and Respondent replied "no". Respondent told Officer P.R. that he took the drugs from Wards Pharmacy in Long Beach, California, where he worked part time.

Respondent was arrested for driving on a suspended license and drug possession.

21. On December 18, 2003, Respondent pled guilty to two felony counts and one misdemeanor count for possession of drugs with intent to sell as follows: 1) Felony possession for sale of Hydrocodone with Acetaminophen, 2) Felony possession for sale of Acetaminophen with Codeine, and 3) misdemeanor possession for sale of Diazepam.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct for Acts Involving Moral Turpitude)

22. Respondent is subject to disciplinary action under section 4301(f) for unprofessional conduct involving moral turpitude in that on December 18, 2003, he pled guilty to two felony counts and one misdemeanor count related to possession of drugs with intent to sell.

23. Complainant incorporates by reference paragraphs 18 through 21.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct for Violation of Law)

24. Respondent is subject to disciplinary action under section 4301(j) for violation of statutes related to controlled substances in that Respondent was convicted of two counts of violating Health & Safety Code section 11351 and one count of violating Health & Safety Code section 11375 in the Superior Court for the County of Orange, State of California.

25. Complainant incorporates by reference as though fully set forth paragraphs 18 through 21.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct for Conviction of Crime Substantially Related to his Duties as a Pharmacist)

26. Respondent is subject to disciplinary action under section 4301(l) for conviction of crimes substantially related to his duties as a pharmacist in that Respondent pled guilty to two felony counts of possession and one misdemeanor count of possession of drugs with intent to sell resulting in a conviction for violation of Health & Safety Code sections 11351 and 11375.

/

27. Complainant incorporates by reference as though fully set forth paragraphs 18 through 21.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct for Engaging in Conduct Warranting Denial of a License)

28. Respondent is subject to disciplinary action under section 4301(p) for engaging in conduct that would have warranted the denial of his license in that he was convicted of two felonies and one misdemeanor for possession of drugs with intent to sell.

29. Complainant incorporates by reference as though fully set forth paragraphs 18 through 21.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending RPH License No. 41132, issued to CESAR B. CABRERA;

2. Ordering CESAR B. CABRERA to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

3. Taking such other and further action as deemed necessary and proper.

DATED: 7/23/04

P. F. Harris

PATRICIA F. HARRIS
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

17

17A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

4

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (02/11/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: Alan Middle: David Last: Bolnick

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Home Address: [redacted] Dorchester Rd

City: Birmingham State: MI Zip: 48009

Telephone: [redacted] Email: [redacted]

Degree: MD Practitioner License #: 12119 Specialty: Maternal Fetal Medicine

(You MUST have a current and active license with your respective BOARD to request and hold a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Desert Perinatal Associates

Practice Address: 5761 S. Fort Apace Rd. Suite #:

City: Las Vegas State: NV Zip: 89148

(This must be a practicing address. A license will not be issued to a home address or to a PO Box.)

Telephone: 702-341-6610 Fax: 702-341-6961 Email: dheu@dpanv.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	X	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	X	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	X	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
Consent Order Order Terminating Consent Order	Georgia Georgia	1995 2018	95-6333 95-6333

Criminal Action:	State:	Date:	Case #:	County:	Court:
Unlawfully Prescribing Medication *Charges dismissed with Pretrial Order	Georgia	1991	36098	Baldwin	Milledgeville
Performing Unnecessary Medical Services *2005 All Charges Dismissed*	Georgia	2004	#04CR4463 #04CR4453	Baldwin	Milledgeville

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alan Bolnick, M.D.
Print Name (First, Last)

5/31/2022
Date

Original Signature (electronic, copies or stamps not accepted)

5/31/2022
Date

Board Use Only: Date Processed: _____ Amount: 200 cc

In September 1991, in Milledgeville, Georgia, I was charged with unlawfully prescribing anabolic steroids, Hydrocodone, and Phentermine and with possession of Phentermine. I had erred in not properly charting the prescription for the steroids, which was for a friend who had been complaining of erectile disfunction. I *had* charted the other prescriptions, however, which were for a nurse employee of my practice. Accordingly, the allegations against me appeared to be more serious than they actually were.

After consulting with my attorney, who advised me that there were defenses to the charges brought against me, I decided to resolve the matter through a Pretrial Diversion Consent Order, which I entered into on December 18, 1991. Pursuant to that Order, I was required: (a) not to violate any federal or state statutes laws or local laws or ordinances; (b) to pay a $10,000.00 fine; (c) to perform 350 hours of community service by treating female prisoners of Baldwin County, Georgia; and (d) to forfeit my vehicle to the State of Georgia. I believed at the time that an expeditious resolution of the charges would be best for all concerned, including my employee, in that we could avoid the time, expense, and publicity associated with going to trial.

I fully complied with the terms of the Order and all charges against me were dismissed with the consent and approval of the District Attorney's Office. I have no criminal conviction as a result of the charges and have never lost my DEA prescribing privileges despite having been charged. Moreover, I have not been convicted of any crimes since being charged with the above offenses in 1991, and I have maintained an active license in Connecticut, Florida, Georgia, Michigan Nevada, and New York, with no medical board actions or complaints regarding patient care or medication.

A true and correct copy of the Pretrial Diversion Consent Order and the charges filed against me is attached as "Exhibit A" and is incorporated herein for all purposes. The medical records in support of my defense (i.e., evidence that I had properly charted the prescriptions written to my former employee) are no longer in my possession, in that such records were destroyed after ten years.

STATE WARRANT AND MITTIMUS

GEORGIA, BALDWIN COUNTY

Personally came DET. JAMES D. JOSEY, who on oath says that, to the best of his knowledge and belief, DR. ALAN BOLNICK did, in the County aforesaid, commit the offense of, TO-WIT VIOLATION OF THE GEORGIA CONTROLLED SUBSTANCE ACT in said County, between the hours of ___ M and ___ M., on the 28th day of AUGUST 19 91. The place of occurrence of said offense being BIG B DRUGS, MILLEDGEVILLE, GA.
and against STATE OF GEORGIA
Said offense being described as DR. ALAN BOLNICK DID PRESCRIBE HYDROCODONE (LORTAB), A SCHEDULE III DRUG, IN VIOLATION OF O.C.G.A. 16-13-41 AND 16-13-42 .

and this dependent makes this affidavit that a warrant may issue for his arrest.

James D. Josey
Affiant

Sworn to and subscribed before me this 5th day of SEPT. , 19 91

Phil T. Dell
MAGISTRATE

GEORGIA, BALDWIN COUNTY

To any Sheriff or his deputy, Coroner, Constable, or Marshal of said State, GREETING:

For sufficient causes made known to me in the above affidavit, you are hereby commanded to arrest the defendant named in the foregoing affidavit charged by the prosecutor therein with the offense against the laws of this State named in said affidavit and bring him before me or some other Judicial officer of this State to be dealt with as the law directs

Herein fail not, This 5th of Sept. 19 91 Phil T. Dell
MAGISTRATE

GEORGIA, BALDWIN COUNTY

After hearing the evidence in the above case it is ordered that said defendant be bound in a bond of _____ Dollars for his appearance on the first day at the _____ next term or session next after this day of the _____ Court of _____ to be held in and for said County to answer the charge of _____

In default thereof that he be committed to the common jail of said County, there to be safely kept until thence delivered by due course of law.

Given under my hand and seal this ___ day of _____, 19 ___

(L.S.)
MAGISTRATE

EXHIBIT B

STATE WARRANT AND MITTIMUS

GEORGIA, BALDWIN COUNTY

Personally came DET. JAMES D. JOSEY, who on oath says that, to the best of his knowledge and belief, DR. ALAN BOLNICK did, in the County aforesaid, commit the offense of, TO-WIT VGCSA: POSSESSION OF PHENTERMINE in said County, between the hours of 12:00 P.M. and 1:00 P.M., on the 5th day of SEPTEMBER 19 91. The place of occurrence of said offense being VIDEO WAREHOUSE PARKING LOT, MILLEDGEVILLE, GA. and against STATE OF GEORGIA

Said offense being described as DR. ALAN BOLNICK DID HAVE WITHIN HIS POSSESSION A QUANTITY OF PHENTERMINE (ADIPEX), A SCHEDULE IV DRUG, WHEN SEARCHED BY LAW-ENFORCEMENT OFFICERS.

and this dependent makes this affidavit that a warrant may issue for his arrest.

James D. Josey
Affiant.

Sworn to and subscribed before me this 5th day of SEPT. 19 91

Rob T. Goth
MAGISTRATE

GEORGIA, BALDWIN COUNTY

To any Sheriff or his deputy, Coroner, Constable, or Marshal of said State, GREETING:

For sufficient causes made known to me in the above affidavit, you are hereby commanded to arrest the defendant named in the foregoing affidavit charged by the prosecutor therein with the offense against the laws of this State named in said affidavit and bring him before me or some other judicial officer of this State to be dealt with as the law directs.

Herein fail not. This 5th of Sept., 19 91

Rob T. Goth
MAGISTRATE

GEORGIA, BALDWIN COUNTY

After hearing the evidence in the above case it is ordered that said defendant be bound in a bond of _____ Dollars for his appearance on the first day at the _____ next term or session next after this day of the _____ Court of _____ to be held in and for said County to answer the charge of _____

In default thereof that he be committed to the common jail of said County, there to be safely kept until thence delivered by due course of law.

Given under my hand and seal this _____ day of _____, 19 ____

_____ (L.S.)
MAGISTRATE

STATE WARRANT AND MITTIMUS

GEORGIA, BALDWIN COUNTY

Personally came DETECTIVE JAMES D. JOSEY, who on oath says that, to the best of his knowledge and belief, DR. ALAN BOLNICK did, in the County aforesaid, commit the offense of, TO-WIT VIOLATION OF THE GEORGIA CONTROLLED SUBSTANCE ACT. in said County, between the hours of ____ M. and ____ M., on the 26th day of JULY 19 91. The place of occurrence of said offense being BIG B DRUG STORE, MILLEDGEVILLE, GA. and against STATE OF GEORGIA

Said offense being described as DR. ALAN BOLNICK DID PRESCRIBE PHENTERMINE (ADIPEX), A SCHEDULE IV DRUG, IN VIOLATION OF O.C.G.A.: 16-13-41 AND 16-13-42.

and this dependent makes this affidavit that a warrant may issue for his arrest.

Affiant.

Sworn to and subscribed before me this 5th day of SEPT., 19 91

MAGISTRATE

GEORGIA, BALDWIN COUNTY

To any Sheriff or his deputy, Coroner, Constable, or Marshal of said State, GREETING:

For sufficient causes made known to me in the above affidavit, you are hereby commanded to arrest the defendant named in the foregoing affidavit charged by the prosecutor therein with the offense against the laws of this State named in said affidavit and bring him before me or some other judicial officer of this State to be dealt with as the law directs.

Herein fail not, This 5th of Sept, 19 91

MAGISTRATE

GEORGIA, BALDWIN COUNTY

After hearing the evidence in the above case it is ordered that said defendant be bound in a bond of ____ Dollars for his appearance on the first day at the next term or session next after this day of the ____ Court of ____ to be held in and for said County to answer the charge of

In default thereof that he be committed to the common jail of said County, there to be safely kept until thence delivered by due course of law.

Given under my hand and seal this ____ day of ____, 19 ____

(L.S.)

MAGISTRATE

STATE WARRANT AND MITTIMUS

GEORGIA, BALDWIN COUNTY

Personally came Det. James D. Mazza, who on oath says that, to the best of his knowledge and belief, Dr. Alan D. Bolnick did, in the County aforesaid, commit the offense of, TO-WIT VGCSA- Distribution of Anabolic Steroids (16-13-24, 16-13-30) in said County, between June 5, 1991 and 26th day of July 19 91. The place of occurrence of said offense being Terrace Inn Health Spa, N. Columbia St., Milledgeville, Ga. 31061 and against Laws of the State of Georgia

Said offense being described as accused did unlawfully distribute anabolic steroids.

and this dependent makes this affidavit that a warrant may issue for his arrest.

James Mazza

Affiant.

Sworn to and subscribed before me this 4TH day of SEPTEMBER 19 91

CJSCOTC

GEORGIA, BALDWIN COUNTY

To any Sheriff or his deputy, Coroner, Constable, or Marshal of said State, GREETING:

For sufficient causes made known to me in the above affidavit, you are hereby commanded to arrest the defendant named in the foregoing affidavit charged by the prosecutor therein with the offense against the laws of this State named in said affidavit and bring him before me or some other Judicial officer of this State to be dealt with as the law directs.

Herein fail not. This SEPTEMBER 4, 19 91

CJSCOTC

GEORGIA, BALDWIN COUNTY

After hearing the evidence in the above case it is ordered that said defendant be bound in a bond of _____ Dollars for his appearance on the first day at the next term or session next after this day of the Court of _____ to be held in and for said County to answer the charge of

In default thereof that he be committed to the common jail of said County, there to be safely kept until thence delivered by due course of law.

Given under my hand and seal this _____ day of _____, 19 ____

_____ (L.S.)

STATE WARRANT AND MITTIMUS

GEORGIA, BALDWIN COUNTY

Personally came Det. James D. Mazza, who on oath says that, to the best of his knowledge and belief, Dr. Alan D. Bolnick did, in the County aforesaid, commit the offense of, TO-WIT Unauthorized Distribution and Dispensation of Anabolic Steroids 16-13-42 in said County, between the hours of 9:00 A.M. and 9:00 P.M., on the 5th day of June 19 91. The place of occurrence of said offense being Big B Drugs, 1841 N. Columbia St., Milledgeville, Ga. 31061 and against Laws of the State of Georgia

Said offense being described as said accused did prescribe anabolic steroids for other than legitimate medical purposes. ref: 386009969

and this dependent makes this affidavit that a warrant may issue for his arrest.

James D Mazza

Affiant.

Sworn to and subscribed before me this 4TH day of SEPTEMBER, 19 91

CJSCOTC

GEORGIA, BALDWIN COUNTY

To any Sheriff or his deputy, Coroner, Constable, or Marshal of said State. GREETING:

For sufficient causes made known to me in the above affidavit, you are hereby commanded to arrest the defendant named in the foregoing affidavit charged by the prosecutor therein with the offense against the laws of this State named in said affidavit and bring him before me or some other Judicial officer of this State to be dealt with as the law directs.

Herein fail not, This SEPTEMBER 4, 19 91

CJSCOTC

GEORGIA, BALDWIN COUNTY

After hearing the evidence in the above case it is ordered that said defendant be bound in a bond of _____ Dollars for his appearance on the first day at the next term or session next after this day of the Court of _____ to be held in and for said County to answer the charge of _____

In default thereof that he be committed to the common jail of said County, there to be safely kept until thence delivered by due course of law.

Given under my hand and seal this _____ day of _____, 19 ____

(L.S.)

Section 4

2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?

On May 5, 1990, in Milledgeville, Georgia, I was charged with the misdemeanor offense of Driving Under the Influence of Alcohol. On June 13, 1990, I pleaded *nolo contendere* and was fined $385.00.

In September 1991, I was charged with unlawfully prescribing medications to an acquaintance and with unlawful possession of diet drug. On December 18, 1991, I entered into a Pretrial Diversion Consent Order. I fully complied with the terms of that Order and all charges against me were subsequently dismissed.

See A (Exhibit)

In March 2004, I was charged with violations of Medicaid laws by allegedly performing medically unnecessary services which allegations were untrue and which I steadfastly disputed. In June 2005, all charges against me were dismissed with prejudice on a pretrial basis by agreement with the prosecution and records relative to the charges were sealed by the Court.

See C (Exhibit)

3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?

On September 30, 1994, the State of Georgia Composite Medical Board ("Georgia Medical Board") notified me that a hearing had been scheduled regarding allegations that I had not properly charted medications that I had prescribed for three individuals. That notice was a public document (but was not a citation *per se*) and a formal disciplinary action was initiated by the filing of that notice.

See B (Exhibit)

On April 5, 1995, I entered into a Consent Order with the Georgia Medical Board, which resolved the matter. I fully complied with the terms of the Consent Order. However, for reasons that are unclear, the Georgia Medical Board did not terminate the Consent Order after receiving proof of such compliance. Accordingly, in 2017, I retained counsel in Georgia and filed a petition to terminate the Consent Order. An Order Terminating the Consent Order was signed on January 11, 2018.

4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?

On September 30, 1994, the State of Georgia Composite Medical Board ("Georgia Medical Board") notified me that a hearing had been scheduled regarding allegations that I had not properly charted medications that I had prescribed for three individuals. That notice was a public document (but was not a citation *per se*) and a formal disciplinary action was initiated by the filing of that notice.

5/31/22

On April 5, 1995, I entered into a Consent Order with the Georgia Medical Board, which resolved the matter. I fully complied with the terms of the Consent Order. However, for reasons that are unclear, the Georgia Medical Board did not terminate the Consent Order after receiving proof of such compliance. Accordingly, in 2017, I retained counsel in Georgia and filed a petition to terminate the Consent Order. An Order Terminating the Consent Order was signed on January 11, 2018.

5/31/22

Exhibit A

IN THE SUPERIOR COURT OF BALDWIN COUNTY
STATE OF GEORGIA

STATE OF GEORGIA,	)	
	)	
vs.	)	CASE NO. 36098
	)	
ALAN D. BOLNICK,	)	
	)	
Defendant.	)	

PRETRIAL DIVERSION CONSENT ORDER

WHEREAS, the State of Georgia, acting through the office of the district attorney of the Ocmulgee Judicial Circuit (hereinafter the State), has conducted certain investigations and procured certain warrants of arrest in connection with said investigation; and

WHEREAS, the parties hereto are desirous of resolving any and all claims of noncompliance with the controlled substance and dangerous drug laws of the State of Georgia and all other matters pertaining to certain charges which were brought or may be brought against Alan D. Bolnick, M.D., without further litigation and the expenses incurred therewith, and the Court having carefully considered the positions of the parties, the acts alleged to have been committed by the Defendant, his defenses and excuses thereto, and the ramifications thereof;

NOW, THEREFORE, the State and Alan D. Bolnick consenting thereto, it is the Order of this Court that further proceedings be deferred for a period of two years from today's date, it being the intention of the parties to enter into a pretrial diversion agreement, and by these presents, the parties having agreed to a

pretrial diversion agreement, the same is approved by this Court, upon the provisions as agreed to by the parties that the following condition be imposed and complied with:

1. The State of Georgia hereby agrees that it shall engage in no further prosecution of the charges relating to either: (1) the matters that are the subject of those warrants that have been issued to date against Alan D. Bolnick; or (2) any other matter relating to the prescription or dispensation of controlled substances or dangerous drugs by Alan D. Bolnick that has been the subject of investigation by the State up to and including the date of this agreement. The State further agrees that the charges instituted heretofore shall be deferred and dismissed, if the said Alan D. Bolnick complies with all terms of this pretrial diversion agreement.

2. Alan D. Bolnick shall not violate any federal, state, or local laws or ordinances.

3. Alan D. Bolnick shall pay the sum of $10,000.00 to the State of Georgia, said sum to be paid within thirty (30) days of today's date.

4. Alan D. Bolnick shall perform 350 hours of community service, treating City and/or County female prisoners delivered for treatment or requested to be treated by the Sheriff of Baldwin County, Georgia, and the City Police of the City of Milledgeville, with records to be kept by the Baldwin County Probation Office of the hours of community service performed, such records to be submitted by Alan D. Bolnick, the Sheriff of Baldwin County, and the Chief of the Milledgeville Police Department.

AB

5. Alan D. Bolnick agrees to transfer all proceeds from or the right, title and interest to the 1987 Mercedes-Benz to the State of Georgia, or its designated law enforcement agency, to be used for law enforcement purposes, said Mercedes-Benz being the subject of a forfeiture proceeding or case pending in the Superior Court of Baldwin County, Georgia.

6. Alan D. Bolnick understands and agrees that upon a violation of any of the terms and conditions of this order, the State may proceed with the prosecution of the charges which are the subject matter of this pre-sentence agreement and seek contempt.

7. Alan D. Bolnick understands and agrees that upon his successful fulfillment of the various terms and conditions set out herein or upon release by the Court of the terms and conditions prior to the period of time set out herein, he shall stand discharged of any offenses charged or which may be charged arising out of the subject matter or transactions which gave rise to this pretrial diversion agreement.

8. It is agreed between the parties that the Court may at any time revoke and/or modify the conditions or terms set out herein upon notice and good cause shown, and may at any time discharge Alan D. Bolnick from the conditions of this Order.

9. It is understood by the parties and agreed that upon due notice and hearing, if it is determined that a violation of this pretrial diversion agreement has occurred, notwithstanding the performance of any terms to the date of the violation, the State shall be allowed to proceed with prosecution of any and all charges arising out of the transaction giving rise to this agreement.

10. Nothing contained herein shall be construed as an admission of guilt or culpability, it being the specific intent of the parties to enter into an agreement to resolve all matters arising out of the transaction which gave rise to the warrants of arrest for Alan D. Bolnick, M.D., and the parties have entered into this pretrial diversion agreement to provide for the payment of certain amounts to the State to cover costs incurred in this matter, and further to provide for the performance of certain pretrial diversion stipulations.

SO ORDERED, this 18TH day of December, 1991.

Judge, Superior Court of Ocmulgee Judicial Circuit

Recommended and agreed to by:

Alan D. Bolnick

Attorney for Alan D. Bolnick

Assistant District Attorney

FILED IN THIS OFFICE
18 DAY OF DEC 19 91
DEPUTY CLERK SUPERIOR COURT BALDWIN CO. GEORGIA

The conditions and terms of the Pre-Trial Diversion Sentence have been explained to the Defendant and acknowledgement signed and copy of order given to Defendant This 18th day of December, 1991.

Probation Officer

Defendant

AB

Exhibit B

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

STATE OF GEORGIA

GEORGIA COMPOSITE MEDICAL BOARD
JAN 11 '18
DOCKET NUMBER 94-633

IN THE MATTER OF:	*	
	*	
ALAN DAVID BOLNICK, M.D.,	*	
License No. 27967,	*	
Respondent.	*	

BOARD ORDER TERMINATING PUBLIC CONSENT ORDER

1.

The Georgia Composite Medical Board ("Board") entered a Public Consent Order ("Order") in the above-styled matter on or about April 6, 1995, Docket No. 94-633, which placed Respondent's license to practice medicine in the State of Georgia under a public reprimand.

2.

On or about January 5, 2018, the Board received a petition from the Respondent to terminate the Public Consent Order. The Board reviewed the petition and Respondent's compliance with the terms of the Order and determined Respondent has complied with the terms and conditions of probation.

Based on the foregoing, the Board hereby terminates the probation of Respondent's license. Respondent's license is returned to unrestricted status and is in good standing.

SO ORDERED, this 11th day of January, 2018.

GEORGIA COMPOSITE MEDICAL BOARD

(BOARD SEAL)

BY: E.D DeLoach, MD
E. Daniel DeLoach, M.D.
Chairperson

ATTEST:
LaSharn Hughes, MBA
Interim Executive Director

9B

Exhibit C

STATE HEALTH CARE FRAUD CONTROL UNIT
2100 East Exchange Place
Building One, Suite 200
Tucker, Georgia 30084-5336
(770) 414-3640 Office (770) 414-3660 Fax

March 26, 2008

Health Care Providers, Committees, and applicable State Medical Boards

Re: State of Georgia v. Alan D. Bolnick, M.D. and Jay M. Bolnick M.D., Indictment No.04CR4463/ 04CR44753

Dear Interested Party:

This letter is provided in reference to the above-styled criminal case, and at the request of the two physicians who were formerly defendants in this prosecution.

I was the lead prosecutor in this case. This case was commenced by an indictment (and a superseding indictment). An indictment is not evidence that any crime has been committed. An indictment is by law, only a determination of "probable cause." This determination is made based upon confidential testimony taken before a grand jury of 16 members. By law, grand jury proceedings are confidential and secret. A potential defendant does not have a right to appear before a grand jury that is considering a case. In this prosecution, the two physicians were not invited to appear, nor did they appear before the grand jury to defend themselves prior to the filing of charges.

This case never proceeded to the trial stage. Subsequent to the indictment, the state continued its investigation, with the cooperation of the two physicians and their counsel. As a result of additional information developed in the investigation subsequent to indictment, the prosecutors concluded that the prosecution should be discontinued. All charges were voluntarily dismissed by the State of Georgia "with prejudice", meaning that the State of Georgia did not intend to refile these same or related charges at a later time. The State also represented to the Court, as a part of the dismissal, that the State did not intend to bring new or different charges against these two physician defendants in connection with any of the conduct that was the subject of the indictment and the superseding indictment.

There are no charges pending or nor any future charges contemplated against these physicians by the State of Georgia. The State's file in this case was destroyed after the dismissal. This matter is closed insofar as the State of Georgia is concerned.

Sincerely:

Charles M. Richards

Charles M. Richards
Senior Assistant Attorney General
State of Georgia

17B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: Joseph Middle: Lee Last: Williams

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] Traverse Creek Lane

City: Las Vegas State: NV Zip: 89135

Telephone: [redacted] Email: [redacted]

Degree: Medical Doctor Practitioner License #: 6701 Specialty: Hair Restoration Surgery

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Advanced Medical Hair Institute

Practice Address: 9060 W. Post Rd Suite #: 100

City: Las Vegas State: NV Zip: 89148

Telephone: 7022570888 Fax: 7022551149 Email: adminmgr@need-hair.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✔	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph, Williams
Print Name (First, Last)

08/17/2022
Date

J. O'Brien, MD
Original Signature (electronic, copies or stamps not accepted)

8/17/22
Date

Board Use Only: Date Processed: _____ Amount: 200.00 CC Reid 8.23.22

Olivia Mora

From: Yenh Long
Sent: Friday, September 2, 2022 2:51 PM
To: Mark I. Sedar; Candy Nally; Olivia Mora; Darla Zarley; Shannan Johns; Jenine M. Davis; Dave Jones
Cc: David Wuest
Subject: Dr. Joseph Williams

Hello Mark, Candy and Olivia,

I received a call from Dr. Williams today, DOB 04/14/1950, who submitted a new CS application a couple of days ago. There is a case on him because he did not renew his CS registration back in 2020 and was writing CS prescriptions on an expired license. He requested today to have a temporary license so he can continue to treat his patient until the case is resolved.

Olivia, please issue Dr. Williams a temporary CS registration with an expiration date of December 1, 2022.

Darla and PMP team,

Dr. Williams understands his PMP account was shut off. Could one of you please reactivate his account while he has a temporary license?

Thank you,

Yenh Long, Pharm.D., BCACP
Nevada State Board of Pharmacy
Email: ylong@pharmacy.nv.gov
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89512
Ph: 775-850-1440
Fax: 775-850-1444

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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Joseph Lee WILLIAMS

License Number:	6701
License Type:	Medical Doctor
License Status:	Active
Initial License Date:	Mar-06-1993
Expiration Date:	Jun-30-2023
Public Address:	9060 W Post Road, Ste 100
Public City:	Las Vegas
Public State:	Nevada
Public ZIP Code:	89148
Public Country:	United States
Public Phone Number:	7022570888
Credential:	M.D.

Specialties

Specialty
Hair Transplantation

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
University of North Carolina / Chapel Hill, NC	Medical Doctor Degree	N/A	Dec-22-1976

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
Wilford Hall USAF Medical Center / Lackland AFB,TX	Internship	Surgery,General	Jul-01-1977	Jun-30-1978
Wilford Hall USAF Medical Center / Lackland AFB,TX	Residency	Urology	Jul-01-1978	Jun-30-1982

Board Actions

Powered by Thentia Cloud (https://www.thentia.com)

Summary Attachments

None.

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary Attachments

None.

Malpractice Information

Summary Attachments

None.

Candy Nally

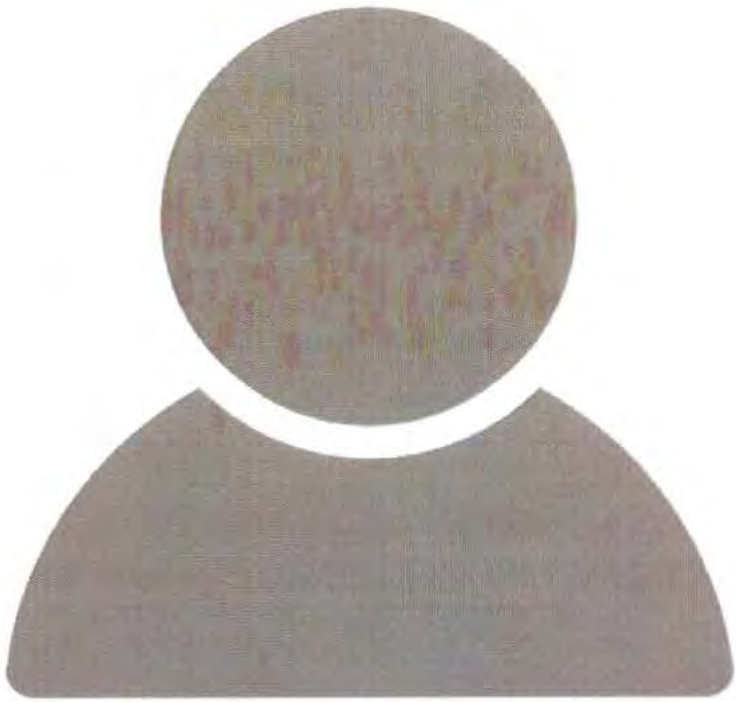
From: Monitoring Program
Sent: Wednesday, August 17, 2022 11:00 AM
To: Darlene Nases
Cc: Darla Zarley; Candy Nally; Olivia Mora; Mark I. Sedar
Subject: Joseph Williams CS18591
Attachments: PrescriberActivityRequest Williams,Joseph_expired CS.pdf

Hi Darlene, could you please start a case for this prescriber? his CS expired on 10/31/2020 and he has continued to write 378 controlled substance prescriptions since then. We closed his PMP account for Non-renewal on 3/28/2022. Please see attached information for the file.

Thank you,

Nevada Prescription Monitoring Program
775-687-5694

- Acknowledgement
- Employment
- Application Data
- License
- Comment
- Log
- Correspondence
- Document
- Compliance
- Fingerprints



Status: Non Renewed

Individual Details

Name : WILLIAMS JOSEPH LEE
Individual ID : 53520
DOB : [redacted]
License# : CS18591
Original Issue Date : 05/19/2010
Mailing Address : 9060 W. Post Rd, Ste. 100
LAS VEGAS,NV, 89148
Practice Phone : (702) 266-6505
Home Phone : [redacted]
Cell Phone : [redacted]
Email Address : drwilliams@nevada-hair.com

License Details

- Controlled Substance - 11/01/2018 - 10/31/2020 - Non Renewed
- Controlled Substance - 09/20/2016 - 10/31/2018 - Renewed
- Controlled Substance - 11/17/2009 - 10/31/2008 - Renewed
- Practitioner Dispensing - - 10/31/2008 - Closed

This information is provided as a courtesy on behalf of the Nevada Prescription Monitoring Program. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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Renewal Application
Controlled Substance

Application Fee :	$200.00
Convenience Fee :	$10.00
License Number :	CS27754
License T ype :	Controlled Substance
New Expiration Date :	10/31/2024

Personal Information

First Name : WILSON

Middle (initial only) : FULLA

Last Name : BERNALES

License # : CS27754

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Redrock Medical Group

Military Address : ☐

Street : 5701 W Charleseton Blvd #100

Country : United States

City : Las Vegas

State : Nevada

Zip : 89146

Practice Phone : (702) 321-3737

Practice Fax : (XXX) XXX-XXXX

Email Address : [redacted]@hotmail.com

Sex : Male

Practice License Number:

Specialty: Family Medicine

Child Support Information – Check appropriate answer

- (●) I am NOT SUBJECT to a court order for the support of a child.
- ( ) I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ( ) I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition other than dishonorable — ( ) Yes (●) No

Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable — ( ) Yes (●) No

Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administration of the United States in the capacity of the commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? — ( ) Yes (●) No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license? ○ Yes ◉ No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? ○ Yes ◉ No

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? ◉ Yes ○ No

I committed fraud by using a recommendation letter without permission of Dr. Laine Russell, DO because she change her mind about it and cause OK probation, NV letter of reprimand, WY suspension, NY surrender, FL Ethics class/fines, PA fine, DE probation done/Ethics class, NM revoked, CT expired

Document Name	Document T ype	Date	Link	Action
No Record Found				

Document Name : Document Type : -Select DocumentType-

Document : Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload Cancel

Board Administrative Action :

State : Select Date : MM/DD/YYYY

Case # :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ◉ Yes ○ No

I committed fraud by using a recommendation letter without permission of Dr. Laine Russell, DO because she change her mind about it and cause OK probation, NV letter of reprimand, WY suspension, NY surrender, FL Ethics class/fines, PA fine, DE probation done/Ethics class, NM revoked, CT expired

Document Name	Document T ype	Date	Link	Action
No Record Found				

Document Name : Document Type : -Select DocumentType-

Document : Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload Cancel

Board Administrative Action :

State : Select Date : MM/DD/YYYY

Case # :

Criminal Action :

State : Select Date : MM/DD/YYYY

Case # :

County : Court :

DEA Registration

Document Name	Document T ype	Date	Link	Action

4336

No Record Found

Document Name :

Document Type : NV DEA Certificate

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload | Cancel

Acknowledgement and Declaration

By signing and submitting this renewal application, I certify that: 1. My DEA certificate is ACTIVE and reflects my current NV practicing address, 2. I hold an active Nevada license with my professional licensing board, and 3. I have an active Nevada Prescription Monitoring Program (PMP) account.

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature : Wilson Bernales

Date Of Application : 10/05/2022

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2022 to 10/31/2024	License Renewal Fee	$200.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	$210.00

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 63976707768

InvoiceDate : 10/05/2022

Paid

Pay & Submit

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Kristopher Mangosing

To: David Wuest
Subject: RE: Request for Non-Pharmacy Worksite Approval

From: Kate Gibbons <kate.gibbons@includedhealth.com>
Sent: Tuesday, December 6, 2022 2:16 PM
To: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Cc: Yenh Long <ylong@pharmacy.nv.gov>
Subject: Request for Non-Pharmacy Worksite Approval

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good afternoon,

Per NAC 639.403, I'd like to request board approval to practice pharmacy at a site that is not a licensed pharmacy.

Below are my responses to the questions required by law:
(a) The name of the pharmacist: Katherine Gibbons
(b) A description of the services that the pharmacist intends to provide at the site: Primarily patient education, formulary navigation, assistance with cost-savings opportunities (ex. co-pay cards, patient assistance programs, etc.), and support for telehealth providers with clinical questions.
(c) The location at which the pharmacist will provide the services: Personally I will be working remotely from a home office in Inlet Beach, FL. Corporate headquarters are for Included Health at the following address: One California Street, Ste. 2300, San Francisco, CA 94111.
(d) An identification of the types of patients or other persons to whom the pharmacist intends to provide the services: Inclusion criteria is patients whose employers have contracted with Included Health to provide navigation and virtual care services.
(e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services: No services provided to pharmacies; I am an employee of Included Health and will provide services through my employment at this company only.
(f) A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services: State and federal healthcare & pharmacy-related laws as well as multiple clinical databases including UpToDate, Micromedex, and Natural Medicines; internally, policies and procedures available via a company-wide database
(g) The days and hours during which the pharmacist intends to provide the services: Monday - Friday, 7a - 4p CST
(h) An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable: Included Health employs a large team of healthcare providers and support staff; if the pharmacist is unavailable, medication access questions may be managed by support staff & clinical questions may be managed by healthcare providers. If not urgent, questions are left for the pharmacist for the next business day.
(i) An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records: Included Health has an extensive PHI/HIPAA policy; PHI is not stored on laptops or printed, all calls and communication as well as viewing patient profiles are only done in a private space, patient identities are verified using two identifiers on EVERY call, patient information is never emailed, medical release forms are required to obtain records. Laptops require two factor authentication & access via a VPN, as well as fingerprint to access. There is a corporate HIPAA compliance training annually to ensure all care team members are up to date on policies.

(j) Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy: No
(k) A description of the business plan for the services provided: Per Included Health direction. At the current time, clinical pharmacy services are offered to patients enrolled in our Connected Care Program (longitudinal case management) and Virtual Primary Care Program (telehealth). We also serve as subject matter experts to providers and the care team at Included Health. Our goal is to expand this to serve Nevada patients.

Please let me know if any additional information is needed & what next steps would be to schedule a hearing with the Board.

Thank you,
Kate

--

Kate Gibbons, PharmD, BCPS

Clinical Pharmacist

Office: +1 (800) 929-0926 x7029

includedhealth.com



Our mission is to raise the standard of healthcare for everyone.

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Board Action:

Motion: Wayne Mitchell moved to approve pharmaceutical technician in training application for Jasmine McLaurie.

Second: Jade Jacobo

Action: Passed unanimously.

10. Application for Veterinarian Authority to Dispense Drugs Registration – Appearance.

A. Carrie Lambert, DVM

Carrie Lambert appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Wuest provided background that Ms. Lambert has been in treatment for alcohol abuse for the last three years and is currently in treatment. She is in compliance with her program and is applying for Veterinarian Authority to Dispense Dangerous Drugs.

Ms. Lambert stated that Mr. Wuest's summary is correct.

Ms. Lambert answered questions to the Board's satisfaction.

Board Action:

Motion: Wayne Mitchell moved that the application for Ms. Lambert be approved with conditions that she comply with the Nevada State Board of Veterinary Medical Examiners' Stipulated Agreement, and that quarterly PRN-PRN evaluations be submitted to the Nevada State Board of Pharmacy Staff.

Second: Jade Jacobo

Action: Passed unanimously.

11. Applications for Out-of-State Compounding Pharmacy License – Appearance

A. APS Pharmacy – Palm Harbor, FL

Yarisi Valero, Quality Control, and Dave Hill, CEO, appeared and were sworn by President Park prior to answering questions or offering testimony.

Joe Dodge, Board inspector, questioned Mr. Hill and Ms. Valero regarding APS Pharmacy's products and services provided, product testing, shipping procedures, and past FDA inspections.

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APPROVED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R041-21

Filed September 28, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted

AUTHORITY: §§ 1 and 2, NRS 639.070 and 639.1371.

A REGULATION relating to pharmaceutical technicians; revising provisions governing the registration of pharmaceutical technicians and pharmaceutical technicians in training; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Pharmacy to adopt regulations establishing the required qualifications for registration as a pharmaceutical technician. (NRS 639.1371) Existing regulations establish such qualifications, which include multiple possible combinations of education and experience. (NAC 639.240) **Section 1** of this regulation removes provisions authorizing the issuance of registration as a pharmaceutical technician to an applicant who: (1) is registered as a pharmaceutical technician in another state that has equivalent requirements for registration to this State and has certain experience; (2) has certain experience in another state that does not offer registration; or (3) is certified by the Pharmacy Technician Certification Board or the National Healthcareer Association and has certain education and experience in another state. Instead, **section 1** authorizes the issuance of a certificate of registration to any applicant who is practicing as a pharmaceutical technician in good standing in another state who files: (1) a form certifying that the person has successfully completed 1,500 hours of training and experience as a pharmaceutical technician performing certain services; and (2) if that state requires a registration, license or certificate to practice as a pharmaceutical technician, a copy of the registration, license or certificate. **Section 1** also removes a requirement that an applicant who attended a school outside of the United States submit to the Board a copy of an evaluation of his or her academic transcript as to whether his or her grades are equivalent to the grades required for an applicant who attended a school or program of training in the United States. **Section 1** additionally: (1) prescribes the documentation required to prove that an applicant meets certain qualifications; and (2) revises the conditions for the issuance of registration.

Section 2 of this regulation similarly revises the conditions for the issuance of registration as a pharmaceutical technician in training. **Section 2** additionally revises the expiration date of such registration from 24 months after the date of issuance to October 31 of each even-numbered year. **Section 2** also revises certain documentation that a managing pharmacist of a pharmacy where a pharmaceutical technician in training is employed is required to submit to the Board.

Section 1. NAC 639.240 is hereby amended to read as follows:

639.240 1. No person may perform the duties of a pharmaceutical technician until the person has been issued a certificate of registration.

2. An applicant for registration as a pharmaceutical technician must:

(a) Be 18 years of age or older;

(b) Be a high school graduate or the equivalent;

(c) Have complied with the requirements of subsection 4 of NRS 639.1371, as amended by section 6 of Senate Bill No. 408, chapter 218, Statutes of Nevada 2021 at page 1018; and

(d) Have complied with one of the following requirements:

(1) The successful completion of a program of training for pharmaceutical technicians, including, but not limited to, a program of training offered by a postsecondary school, that is approved by the Board pursuant to NAC 639.256.

~~[(2) Registration]~~ ***The applicant must provide with the application a copy of a certificate evidencing successful completion of such a program.***

(2) Active practice in good standing in another state as a pharmaceutical technician**.** ~~[, if the requirements for registration in that state are equivalent to the requirements of this State, and the successful completion of at least 240 hours of employment as a pharmaceutical technician in a pharmacy in that state, which must be verified by the managing pharmacist of the pharmacy.~~

~~(3) If the state in which the applicant has been employed does not offer registration, licensure or certification as a pharmaceutical technician:~~

~~(I) The successful completion of at least 1,500 hours of experience in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371 during the 3 years immediately preceding the date on which his or her application was submitted;~~

~~(II) The successful completion of at least 350 hours of employment in a pharmacy in this State; and~~

~~(III) The acquisition of a written statement to the Board from the managing pharmacist of the pharmacy referred to in sub-subparagraph (II) stating that the applicant, during his or her employment, demonstrated competence to perform the tasks assigned to him or her.~~

~~→ Such an applicant must register as a pharmaceutical technician in training before he or she completes the requirements of sub-subparagraph (II).~~

~~(4)~~] ***The applicant must provide with the application:***

(I) A form prescribed by the Board that is notarized and signed by the managing pharmacist of the pharmacy where the applicant was employed certifying that the applicant has successfully completed 1,500 hours of training and experience as a pharmaceutical technician providing the services set forth in paragraph (c) of subsection 3 of NRS 639.1371; and

(II) If required by that state to practice as a pharmaceutical technician, a copy of the registration, license or certificate issued to the applicant by that state.

(3) The successful completion of at least 1,500 hours of training and experience as a ***registered*** pharmaceutical technician in training ~~.~~] ***providing the services set forth in paragraph (c) of subsection 3 of NRS 639.1371 in a pharmacy in this State. The applicant must provide with the application a form prescribed by the Board and completed by the managing pharmacist of the pharmacy at which the applicant received training certifying the successful completion of such training and experience.*** A pharmaceutical technician in training may accumulate certified hours of training from each place of employment.

~~[(5)]~~ *(4)* The successful completion of a program of training for pharmaceutical technicians conducted by a branch of the Armed Forces of the United States, the Indian Health Service of the United States Department of Health and Human Services or the United States Department of Veterans Affairs.

~~[(6) Certification by the Pharmacy Technician Certification Board or the National Healthcareer Association as a pharmacy technician if:~~

~~(I) The applicant successfully completes a program of training for pharmaceutical technicians conducted by a postsecondary school in another state;~~

~~(II) The program is accredited or otherwise approved by the appropriate regulatory authority in that state; and~~

~~(III) The applicant successfully completes at least 240 hours of employment as a pharmaceutical technician in training in a pharmacy in another state, which must be verified by the managing pharmacist of the pharmacy.~~

~~3. An applicant who attended a school outside the United States must submit to an organization which evaluates educational credentials a copy of the transcript of his or her academic record from that school for a determination of whether the grades the applicant received are substantially equivalent to the grades required for an applicant who attended a school, or a program of training for pharmaceutical technicians that is accredited by the American Society of Health-System Pharmacists, in the United States. The applicant must ensure that a copy of the organization's evaluation of the transcript is submitted to the Board.~~

~~4.]~~ ***The applicant must provide with the application a copy of a certificate evidencing the successful completion of such a program of training.***

3. The Board may deny an application for registration as a pharmaceutical technician if the applicant has:

(a) Been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or

(b) A history of drug abuse.

~~[5. Upon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a certificate of registration to the pharmaceutical technician.]~~

4. If the Board does not deny the application pursuant to subsection 3 and determines that the applicant meets the requirements of this chapter and chapter 639 of NRS for registration as a pharmaceutical technician, the Board will issue a certificate of registration as a pharmaceutical technician to the applicant.

Sec. 2. NAC 639.242 is hereby amended to read as follows:

639.242 1. An applicant for registration as a pharmaceutical technician in training must:

(a) Be 18 years of age or older;

(b) Be a high school graduate or the equivalent; and

(c) Participate in training while on the job and acquire experience that is commensurate with the duties of his or her employment.

2. The Board may deny an application for registration as a pharmaceutical technician in training if the applicant has:

(a) Been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or

(b) A history of drug abuse.

3. A person may perform the duties of a pharmaceutical technician while the person is receiving the training and experience required by paragraph (c) of subsection 1 if he or she is registered with the Board.

4. ~~[Upon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed.]~~ ***If the Board does not deny the application pursuant to subsection 2 and determines that the applicant meets the requirements of this chapter and chapter 639 of NRS for registration as a pharmaceutical technician in training, the Board will issue a certificate of registration as a pharmaceutical technician in training to the applicant.***

5. Registration as a pharmaceutical technician in training ~~[is effective for 24 months after the date of issuance unless an extension is granted by the Board.]~~ ***expires on October 31 of each even-numbered year unless renewed before that date.***

6. ~~[The registration certificate of a pharmaceutical technician in training who is receiving the training and experience required by paragraph (c) of subsection 1 will specify the pharmacy where he or she will be employed. Termination of that employment voids the registration, and the trainee must reapply for registration before his or her services may be used by another pharmacy. This subsection does not prohibit a trainee from accumulating certified hours of training from each place of employment.~~

~~7.]~~ The managing pharmacist of the pharmacy where a pharmaceutical technician in training is employed to receive the training and experience required by paragraph (c) of subsection 1 shall file with the Board a ~~[signed affidavit]~~ ***completed form prescribed by the Board*** certifying:

(a) The number of hours of training and experience the trainee has successfully completed;

(b) The specific training and experience the trainee has completed; and

(c) That the trainee is competent to perform the duties of a pharmaceutical technician.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee
Rev (12/07/2022)

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

If you will be working as a "dispensing technician" at a dispensing practitioner's office, DO NOT COMPLETE THIS APPLICATION. Complete the "Dispensing Technician" application at www.bop.nv.gov.

Approval of this application is required to request for a Pharmaceutical Technician (PT) registration. A PT registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Print and mail the completed application to the address indicated above with a **non-refundable fee of $50.00** paid for by credit or debit card or a check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.

To register as a PT, you must meet one of the qualifications and provide the required documents as indicated below (NAC 639.240):

1. The successful completion of an ASHP-approved PT school or training program.
    a. Provide a copy of certificate of completion of the program.
2. **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by **a signed affidavit** by the managing pharmacist of the pharmacy.
    a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing.
    b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy in that state.
3. The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.
    a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy in this state as a registered PTT.
4. The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United Sates Department of Health and Human Services or the U.S. Department of Veterans Affairs.
    a. Provide a copy of certificate of completion of the program.

In addition to the requirements above, submit fingerprints for a background check by following the instructions at https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf. **ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371**

Please note:

- Applicants who do not qualify under one of the categories listed in NAC 639.240(2)(d) must apply as a pharmaceutical technician in training pursuant to NAC 639.242.
- Access Nevada Revised Statutes and Administrative Codes for pharmacy practice at www.bop.nv.gov.
- Every registered pharmaceutical technician shall, within 10 days after changing his or her residence or place of practice, give written notice of the change to the Board. NAC 639.225
- All PT registrations expire October 31 of even-numbered years. Fees are not pro-rated.
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee
Rev (12/07/2022)

Section 1: General Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN: _____ Sex: ☐ M ☐ F ☐ X

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Section 3: Employment Information

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?		
2. Are you a high school graduate or the equivalent?		

Commented [YL1]: Ask the Board if they would like for the PTT to provide a copy of their diploma or GED.

Section 5: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 6: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 7: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box).	**Required documents to be submitted with your application.**
☐ The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
☐ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by **a signed affidavit** by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing. b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
☐ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application).
☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United Sates Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.

Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371
In addition to the requirements in section 7, submit fingerprints for a background check by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

_____
Print Name

_____ _____
Original Signature, no copies or stamps accepted Date

Board Use Only	Date Received: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206. Reno. Nevada 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Expiration Date: _ _/_ _ (MM/YY	**CVV** (3 digits on back of card): _____	**Registration Amount:** $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee

Rev (12/07/2022)

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

DO NOT COMPLETE THIS APPLICATION if you will be working as a "dispensing technician" at a dispensing practitioner's office. Complete the "Dispensing Technician Trainee" application found at www.bop.nv.gov.

Approval of this application is required to request for a Pharmaceutical in Training (PTT) registration. A PTT registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Print and mail the completed application along with a **non-refundable fee of $50.00** paid for by credit or debit card or a check, cashier's check, or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.

A PTT registration is required for a person to perform the duties of a pharmaceutical technician (PT), under the supervision of a pharmacist, in a Nevada licensed pharmacy, to acquire the necessary hours of training and experience performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371 to become a pharmaceutical technician (PT).

Please note:

- Access Nevada Revised Statutes and Administrative Codes for pharmacy practice at www.bop.nv.gov.
- Hours of training and experience as a PTT may be accumulated from each Nevada licensed pharmacy in which you are receiving training and experience performing the duties set forth in paragraph (c) of subsection 3 or NRS 639.1371. NAC 639.242.
- Every registered pharmaceutical technician shall, within 10 days after changing his or her residence or place of practice, give written notice of the change to the Board. NAC 639.225
- All PTT registrations expire October 31 of even-numbered years. Fees are not pro-rated.
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

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Pharmaceutical Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee
Rev (12/07/2022)

Section 1: General Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN: _____ Sex: ☐ M ☐ F ☐ X

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you are enrolled in a PT school or training program.) NAC 639.258

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Signature of Program Director: _____

Section 3: Employment Information

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Age and Education Requirements (You do not qualify to be a PTT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?		
2. Are you a high school graduate or the equivalent?		

Commented [YL1]: Ask the Board if they would like for the PTT to provide a copy of their diploma or GED.

Section 5: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 6: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 7: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician in training who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

_____

Print Name

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Board Use Only	Date Received: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521
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Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Expiration Date: _ _/_ _ (MM/YY	**CVV** (3 digits on back of card): _____	**Registration Amount:** $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

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EXECUTIVE SECRETARY REPORT
January 11-12, 2023

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **CHANGE OF ADDRESS BUSINESS LIST**
- **Citations & Fines issued pursuant to NRS 639.2895**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
- **REPORT TO BOARD**
  - Legislative Update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
  - DEA Registration Update

January 2023 Temporary Licenses since the last Board Meeting

Nathan Deem	Pharmacist
Jessica Miller Fluharty	Pharmacist
Tahrik Goombs	Pharmacist
Laura Lautenschleger	Pharmacist
Thao Batovsky	Pharmacist
Cindy Chang	Pharmacist
Alicia Finnerty	Pharmacist
Johannes Botes	Pharmacist
Anne Dall	Pharmacist
Gabriela Krzan	Pharmacist
Mark Crosby	Pharmacist
Stacey Mohn	Pharmacist
Scarlett Eckert	Pharmacist
Allen Anthony Jr	Pharmacist
Jackie White	Pharmacist
Anh Vo	Pharmacist
Rocco Sforza	Pharmacist
Zachary Rosko	Pharmacist
Dennis Nguyen	Pharmacist
Cynthia Smith	Pharmacist
Stephanie Gaston	Pharmacist
Aria Adamy	Pharmacist
Jose Gonzalez	Pharmacist
Nicholas Abril	Pharmacist
Trevor Beal	Pharmacist
Jasmin Miles	Pharmacist
Eunice Park	Pharmacist
Robert Hatton	Pharmacist
Khalil Haddad	Pharmacist
Preston Galas	Pharmacist
Bart Anderson	Pharmacist
Kuehne + Nagel Inc.	Wholesaler
Cordis US Corp.	Wholesaler

2023 - NVBOP Business Address Change Only

Date of Request	Business Name	License Number	New Location Address
12/1/2022	Pharmacy Incorporated	PH02508	370 Industrial Road, Murray KY 42071
12/9/2022	Phil Pharmacy Solutions LLC	PH04234	150 E Campus View Blvd Ste 210, Columbus OH 43235
12/12/2022	Biologics by McKesson	PH02131	11800 Weston Pkwy, Cary NC 27513
12/15/2022	Rotech	MP01398	2305 South Presidents Drive, Suite F West Valley City, UT 84120
12/15/2022	MailMyPrescriptions.com dba Genius Rx	PH03765	951 Clint Moore Rd, Boca Raton, FL 33487

Citations & Fines issued pursuant to NRS 639.2895

(Since the last Board Meeting)

- Cite & Fine
  - Unlicensed Practice: 6
- Cease & Desist/Cite & Fine
  - Misfill: 0

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639.NEW – Criminal Conviction/ Administrative Action Reporting (Licensee)	10/10/19	10/18/19	R094-19	11/29/19	01/29/20	03/19/20 Postponed per Brett 4/22/21 Brett to review with Dave.		
639.220 - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the facility is licensed by the State Board of Health (recovery centers)	03/19/20 – postponed to 06/03/20	6/16/20	R085-20	09/17/20	10/22/20 12/03/20	01/13/21	01/29/21	04/14/21
639.NEW - licensing and regulating the practice of pharmacy (appearance requirements)	03/19/20	3/24/20	R041-20	05/14/20	06/09/20	07/16/20	07/22/20	08/26/20
453.550 – Deschedule Epidiolex	06/03/20	6/16/20	R090-20 R073-19	07/30/20	09/11/20	10/15/20	10/28/20	12/29/20
639.NEW – CS Electronic Transmission Exemption	06/03/20	6/16/20	R083-20	10/15/20	10/07/20	11/10/20	12/12/20	12/29/20
639.464 & 639.468 – P&T Committee vs CPA	06/03/20				Dave revising (Dave has file)			
639.NEW – PT Administer Immunizations	07/16/20	07/21/20	R142-20	08/20/20	08/03/20	09/03/20	09/15/20	09/21/20

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
453.510 – Schedule I - Designer Benzos	07/16/20	07/21/20	R143-20	12/14/20	01/26/21	03/03/21	03/24/21	04/14/21
453.510 – Schedule II - Kratom	07/16/20	07/21/20	R144-20	12/14/20 Hold per Dave	03/15/22	04/14/22 04/06/22: Removed from agenda.		
NAC 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners: shared inventory and centralized activities.	09/03/20 01/13/21	03/12/21	R007-21	02/17/22 To Dave for review	03/11/22	04/14/22: Failed 06/02/22:PH	03/21/22	06/13/22
NAC 639.501 – Workplace Assessment Tool	10/15/20	10/21/20	R165-20	11/17/21	12/09/21	01/13/22	01/20/22	02/28/22
NAC 639 Pharmacist Practice Location	10/15/20	10/21/20	R164-20	4/28/22 – under review by Dave/ Brett	11/08/22	12/08/22	*12/28/22 Leg Comm*	
NAC 639 – Cite and Fine for Misfilled Prescriptions	10/15/20	10/21/20	R166-20	08/27/21	1/25/22 – Close per Brett/Karly O'Krent			
NAC 639.220 - Schedule of fees; medical interns and residents reduced fees	01/13/21	02/02/21	R003-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639.NEW Compounded Drugs (dispensing, supplying, furnishing)	01/13/21	01/20/21	R002-21	09/01/21	10/22/21	12/02/21 tabled		

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639.715, 639.718, 639.720: Use of mechanical devices to dispense drugs	03/03/21 06/03/21	06/10/21	R013-21	10/28/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	06/13/22
NAC 453: PMP Integration with electronic health records of practitioners	03/03/21	03/12/21	R008-21	07/13/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639: Reference Standards for Compounding	06/03/21	06/10/21	R012-21					
NAV 639: Hormonal Contraceptive Protocol	07/15/21	09/07/21	R036-21	10/27/21 (returned to LCB 11/3/21 for revision)	12/09/21	01/13/22	01/14/22	02/28/22
NAC 639: Background Check RPH, PT, PTT; increase fees for investigation or issuance or renewal of a license as a manufacturer or wholesaler; application valid for one year; clarify licensing requirements for an outsourcing facility or euthanasia technician. (Senate Bill 408)	07/15/21	07/20/21	R025-21	09/30/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	04/11/22
NAC 453.510: Schedule I – Eutylone and fentanyl related substances.	07/15/21	07/20/21	R023-21	09/28/21	10/22/21	12/02/21	12/10/21	12/22/21
NAC 453.540: Schedule IV – lemborexant and Remimazolam.	07/15/21	07/20/21	R024-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639: Allow pharmacists to dispense drugs approved the FDA for human immunodeficiency virus. (Senate Bill 325)	07/15/21 09/02/21	09/08/21	R039-21	11/04/21	11/05/21 Under review by Yenh 12/12/21 Under review by Dave	03/03/22	03/10/22	04/11/22
NAC 639: Prescription information in English and another language (AB 177).	09/02/21 Continued 12/02/21	12/08/21	R119-21	2/25/22 to Dave/ Yenh for review	03/11/22	04/14/22 07/14/22	04/27/22 06/10/22-Pulled by Leg Com Scheduled for 07/14/22 Public Hearing To LCB 07/20/22	9/27/22 Leg Comm – Failed
NAC 639.010, 639.240, 639.242, 639.256: PT/PTT registration requirements.	09/02/21	09/08/21	R041-21	4/20/22 – Under review by Dave/Yenh	04/27/22	06/02/22	08/17/22 *9/27/22 Leg Comm*	09/28/22
NAC 639.208: Requirements to obtain a registration as a pharmacist by reciprocity.	09/02/21	09/08/21	R040-21	12/29/21 Under review by Dave/Yenh	01/19/22	03/03/22	03/10/22	04/11/22
NAC 639.360: Accreditation of material, course or program (CE)	12/02/21	12/08/21	R120-21	01/10/22 01/26/22: Returned	04/27/22	06/02/22	07/05/22 *9/27/22 Leg Comm*	09/28/22

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
				to LCB for changes. 2/20/22 – To Dave/ Yenh for review. 2/18/22 – Returned to LCB for changes. 3/11/22 – returned to LCB for revisions. 4/7/22 – Under review by Dave/Yenh				
NAC 453.510: Schedule I – Isotonitazene	01/13/22	01/14/22	R006-22	02/23/22 02/24/22 – Under review by Dave/Yenh	03/11/22	04/14/22	04/27/22	06/13/22
NAC 453B: Prescription Drug Donation Program	01/13/22	01/14/22	R007-22	03/21/22 – Under review by Dave/Yenh	10/20/22	12/01/22	*12/28/22 Leg Comm*	
NAC 453: Registration of a law enforcement officer engaged in training a canine in drug detection, and add methoxetamine.	04/14/22	04/21/22	R050-22	04/27/22 Under review by Dave/Yenh	08/05/22	09/08/22	*9/27/22 Leg Comm*	09/28/22

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639: Requires the holder of any certificate, license or permit issued by the BOP to report certain convictions and administrative actions to the Board.	04/14/22	04/21/22	R051-22	05/05/22	06/09/22	07/14/22	07/20/22 *9/27/22 Leg Comm*	09/28/22
NAC 639: Medical Products Wholesaler	06/02/22	06/09/22	R085-22	07/19/22	08/05/22	09/08/22	09/15/22 *9/27/22 Leg Comm*	09/28/22
NAC 639: Medication Assisted Treatment	06/02/22	06/09/22	R087-22	08/08/22	08/31/22	10/13/22	10/19/22 *12/28/22 Leg Comm*	
NAC 639.870: APRN Dispensing License/pharmacy applicant appearance	06/02/22	06/02/22 – Dave revising language.	R086-22	06/29/22 07/05/22: under Dave review				
NAC 639: Dispensing Technicians	07/14/22	08/03/22	R178-22	9/29/22 Under review by Dave	10/20/22	12/01/22	*12/28/22 Leg Comm*	
NAC 639: Automated Dispensing Device	07/14/22	08/03/22	R179-22	8/24/22: Under review by Dave	10/20/22	12/01/22	*12/28/22 Leg Comm*	
NAC 639: Reproductive Health Care Center	07/14/22	08/03/22	R180-22	8/12/22: Under review by Dave	10/20/22	12/01/22	*12/28/22 Leg Comm*	

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
				LCB returned 9/6/22. 9/13/22: Under review by Dave and Yenh.				
NAC 639: Dispensing Practitioners in Reproductive Healthcare Center: single inventory of dangerous drugs.	07/14/22	07/14/22 – Dave revising language. To LCB 08/03/22	R181-22	8/29/22: Under review by Dave	08/31/22	10/13/22	10/19/22 *12/28/22 Leg Comm*	
NAC 453.540: Schedule IV – Daridorexant.	07/14/22	07/19/22	R170-22	08/02/22	08/05/22	09/08/22	09/15/22 *9/27/22 Leg Comm*	09/28/22
NAC 639: Narcotic Treatment Program	10/13/22	10/19/22	R196-22					
NAC 453.310: DEA Registration	10/13/22	10/19/22	R197-22					
NAC 639.2973 & NAC 639.2974: Basic Life Support Certification	10/13/22	10/19/22	R198-22					

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